

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5867

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Richard	MI T
	NICKNAME	LAST McCaun	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY STATE ZIP CODE
<input type="checkbox"/> Change of Address	7100 Grove Crest Dr Austin TX 78738		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	294-3421	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Richard	T
	NICKNAME	LAST	SUFFIX
		McCaun	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY STATE ZIP CODE
(Residence or business)	7100 Grove Crest Dr Austin TX 78738		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	294-3421	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officer/holder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10 / 03 / 04		10 / 23 / 04
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11 / 02 / 04		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		TRAVIS County Constable Rep B	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name</p> <p>Address / PO Box, Apt / Suite #, City, State, Zip Code</p>		
<input type="checkbox"/> additional pages			

OFFICE USE ONLY

Date Received

Date Returned

Date Delivered or Date Postmarked

Receipt

Date Processed

Date Imaged

TRAVIS COUNTY CLERK

7/11/04

AMOUNT

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Richard T McCain

16 ACCOUNT # (Ethics Commission file #)

17 NOTICE FROM POLITICAL COMMITTEE(S)

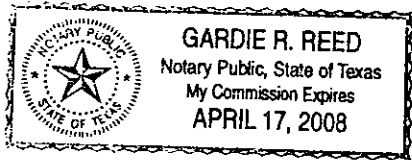
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 510.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 23,271.36
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,702.06

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Richard T. McCain* this the *29th* day of *October*, 20*04*, to certify which, witness my hand and seal of office.

Gardie R. Reed *Gardie R. Reed* *Notary Public*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Richard McCain</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-3-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alexander Villa Lobos</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>703 McKinney Ste 210 Dallas TX 75202</i>			
9 Principal occupation / Job title (See Instructions) <i>Researcher Owner</i>		10 Employer (See Instructions) <i>INTREPID Intel Research</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS **SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule E: 1

2 FILER NAME Richard T McCain **3** ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇐ ⇐ ⇐ ⇐ \$

5 Date of loan 10-03-04 **7** Name of lender Richard T McCain out-of-state PAC (ID# _____) **9** Loan Amount (\$) 22,661.36

6 Is lender a financial institution? Y **8** Lender address: City: State: Zip Code 2100 Grove Coast dr Austin, TX 78736 **10** Interest rate 0

6 Is lender a financial institution? N **11** Maturity date 0

12 Principal occupation / Job title (See Instructions) Deputy Constable **13** Employer (See Instructions) Travis County Constable Rd 3

14 Description of Collateral none

15 GUARANTOR INFORMATION not applicable **16** Name of guarantor _____ **18** Amount Guaranteed (\$) _____
17 Guarantor address; City: State: Zip Code _____

19 Principal Occupation _____ **20** Employer _____

Date of loan _____ Name of lender _____ out-of-state PAC (ID# _____) Loan Amount (\$) _____

Is lender a financial institution? Y Lender address; City: State: Zip Code _____ Interest rate _____

6 Is lender a financial institution? N Maturity date _____

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions) _____

Description of Collateral none

GUARANTOR INFORMATION not applicable Name of guarantor _____ Amount Guaranteed (\$) _____
 Guarantor address; City: State: Zip Code _____

Principal Occupation _____ Employer _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F. 1

2 FILER NAME Richard T McCain 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10-3-04</u>	5 Payee name <u>Marbacha Fire Hall Kitchen</u>	7 Amount (\$) <u>214.50</u>
6 Payee address; City; State; Zip Code <u>1310 FM 1626 Marbacha TX 78652</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Fundraiser</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>Richard McCain</u> Office sought: <u>TRAVIS County Constable Rel;</u> Office held:
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Date <u>10-4-04</u>	Payee name <u>ACE Printing</u>	Amount (\$) <u>\$1,041.00</u>
Payee address; City; State; Zip Code <u>7807 Doncaster Austin TX 78745</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Yard Signs & Voter List</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date <u>10-21-04</u>	Payee name <u>Mail Processing Center</u>	Amount (\$) <u>12,741.60</u>
Payee address; City; State; Zip Code <u>10835 Seaboard Loop Houston TX 77099</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Postage</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date <u>10-21-04</u>	Payee name <u>Georgetown Graphics</u>	Amount (\$) <u>9,273.96</u>
Payee address; City; State; Zip Code <u>PO Box 1384, Georgetown, TX 78627</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Printing & mail sorting</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED