

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5925

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

SUFFIX

McCain

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked:

Receipt #

Amount

Date Processed

Date Imaged

FILED FOR RECORD
2005 JAN 18 PM 4:24
TRAVIS COUNTY CLERK
TRAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE #: CITY: STATE: ZIP CODE

7100 GROVE CREST DR Austin, TX 78736

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 294-3421

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST
Richard

MI
T

NICKNAME

LAST

SUFFIX

McCain

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

7100 Grove Crest Dr Austin TX 78736

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 294-3421

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

10 / 24 / 2004 THROUGH 01 / 15 / 2005

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

11 / 02 / 2004

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Constable Pet 3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

100.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3,006.35

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

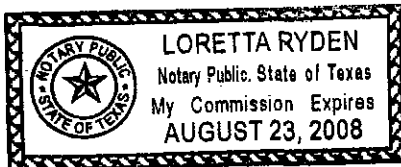
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

29,608.41

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 16, Election Code.

Richard T McCain

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Richard T. McCain* this the *18th* day of *Jan*, 20 *05*, to certify which, witness my hand and seal of office.

Loretta L. Ryden

Signature of officer administering oath

Loretta L. Ryden Notary

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: **1**

2 FILER NAME
Richard M Cain

3 ACCOUNT # (Ethics Commission files)

4 Date
10-26-05

5 Full name of contributor out-of-state PAC (ID#:
Timothy T Stewart

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
**511 West French Place carriage house
SAN ANTONIO, TX 78212**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10-27-05

Full name of contributor out-of-state PAC (ID#:
Mike Hanson

Amount of contribution (\$)
435.00

In-kind contribution description (if applicable)
**Ad in La Prensa newspaper
paper; video tape**

Contributor address: City: State: Zip Code
P.O. Box 500 Mandan, TX 78652

IN KIND

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

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 McCain

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan 10/26/2004

7 Name of lender Richard T McCain

9 Loan Amount (\$) 2,906.35

6 Is lender a financial institution? Y N

8 Lender address: 7100 Grove Crest Dr. Austin, TX. 78736

10 Interest rate
11 Maturity date

12 Principal occupation / Job title (See Instructions) Deputy Constable

13 Employer (See Instructions) Travis County Constable Pct 384

14 Description of Collateral none

15 GUARANTOR INFORMATION not applicable

16 Name of guarantor
17 Guarantor address: City, State, Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan
Is lender a financial institution? Y N

Name of lender
Lender address: City, State, Zip Code

Loan Amount (\$)
Interest rate
Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral none

GUARANTOR INFORMATION not applicable

Name of guarantor
Guarantor address: City, State, Zip Code

Amount Guaranteed (\$)

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:

2 FILER NAME

Richard T McCain

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/26/14

5 Payee name

ACE Printing

7 Amount (\$)

3,006.35

6 Payee address; City; State; Zip Code

7807 Dancoaster, Austin, TX. 78745

8 Purpose of payment (See instructions regarding type of information required.)

sign labor, postage, wastelake measure, oak Hill Gazette door to door flyers

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED