

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6429

**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: 2003 TNA 4 PH 3:05 RECORD
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST Richard LAST McCain SUFFIX T	OFFICE USE ONLY Date Received CLERK TEXAS PH 3:05 RECORD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS (NO PO BOX) APT / SUITE # CITY STATE ZIP CODE 7100 Grove Crest Dr Austin TX 78736	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 294-3421	Record # Amount	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST Richard LAST McCain SUFFIX T	Date Processed Date Imaged	
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 06 12 / 31 / 2006		
11 ELECTION	ELECTION DATE Month Day Year 11 / 02 / 04	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (party) Travis County Constable Pet 3	13 OFFICE Sought (if known)	
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)		
<input type="checkbox"/> Additional pages			

GO TO PAGE 2

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 Use):

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan: 3-20-06

7 Name of lender: Richard T McCain out-of-state PAC ID# _____

9 Loan Amount (\$) 199.88

6 Is lender's name on statement?
 Y N

8 Lender address: 7100 Grove Crest Rd
 Austin TX 78736

10 Interest rate 0

11 Maturity date 0

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

13 Employer (See Instructions): TREVIS County

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's name on statement?
 Y N

Lender address: City: State: Zip Code

Interest rate

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.