

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6737

FORM C/OH  
OVER 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

NICKNAME

FIRST  
Richard

MI

T

LAST  
McCain

SUFFIX

OFFICE USE ONLY

Date Received

FILED FOR RECORD  
2008 FEB -4 PM 3:10  
TRAVIS COUNTY CLERK  
TRAVIS COUNTY TEXAS

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

Change of Address

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

7100 Grove Crest Dr Austin, TX 78736

Date made, delivered or Date Postmarked

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 294-3421

Receipt Amount

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

NICKNAME

FIRST  
Richard

MI

T

LAST  
McCain

SUFFIX

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

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officer/holder 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

01 / 01 / 2008 THROUGH 01 / 24 / 2008

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year  
03 / 04 / 2008

- Primary
- Runoff
- General
- Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Constable Pct 3 Travis County Constable Pct 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<br><br><input type="checkbox"/> SPECIFIC<br><br><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 | \$ <u>0</u>         |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>350.00</u>    |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ <u>0</u>         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>3,092.28</u>  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>0</u>         |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>29,608.41</u> |

19 AFFIDAVIT

I, the undersigned, 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

APPROX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard T. McCain this the 4<sup>th</sup> day of February 2008, to certify which, witness my hand and seal of office.

*Karen S. Barland*  
Signature of officer administering oath

Karen S. Barland  
Printed name of officer administering oath

Office Manager  
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: <u>1</u>                |  |
| 2 FILER NAME <u>Richard T McCain</u>  |  | 3 ACCOUNT # (Ethics Commission file)              |  |
| 4 Date<br><u>01-09-08</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>Wafa and Ben Rivera</u> | 7 Amount of contribution (\$)<br><u>\$250.00</u>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>3608 Aspen Creek Austin TX 78749</u> |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)<br><u>Plumbing</u>                |  | 10 Employer (See Instructions)<br><u>Self</u>     |  |
| Date<br><u>01-14-08</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>Charlie Baird</u>         | Amount of contribution (\$)<br><u>\$100.00</u>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><u>P.O. Box 1242 Austin TX 78767</u>      |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><u>Deputy Constable</u>          |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:                                 | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code  |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:                                 | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code  |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)                                     |  | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:                                 | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code  |  | (If travel outside of Texas, complete Schedule T) |  |
| 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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|  |   |                                       |
|--|---|---------------------------------------|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule F:             |
| 2 FILER NAME <i>Richard McClain</i>  |   | 3 ACCOUNT # (Ethics Commission files) |
| 4 Date<br><i>1-09-08</i>   | 5 Payee name<br><i>Gill Studios Inc</i>   | 7 Amount (\$)<br><i>\$ 1,736.74</i>   |
| 6 Payee address; City: State: Zip Code<br><i>P.O. Box 2909<br/>Shepherd Mission, Kansas 68201-1309</i> |   |                                       |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>signs</i>        | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |                                       |
| (If travel outside of Texas, complete Schedule T)  |   |                                       |
| Date<br><i>1-09-08</i>   | Payee name<br><i>YAHOO</i>  | Amount (\$)<br><i>\$ 36.95</i>        |
| Payee address; City: State: Zip Code<br><i>701 First Ave<br/>Sunnyvale CA 94089</i>                    |   |                                       |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Web Domain</i>     | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held   |                                       |
| (If travel outside of Texas, complete Schedule T)  |   |                                       |
| Date<br><i>1-15-08</i>   | Payee name<br><i>Worlay Printing Co. Inc</i>  | Amount (\$)<br><i>\$ 1,277.35</i>     |
| Payee address; City: State: Zip Code<br><i>3217 North IH 35<br/>Austin, Texas 78722</i>                |   |                                       |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Pushcards</i>      | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held   |                                       |
| (If travel outside of Texas, complete Schedule T)  |   |                                       |
| Date<br><i>1-29-08</i>   | Payee name<br><i>Lowes</i>  | Amount (\$)<br><i>\$ 41.24</i>        |
| Payee address; City: State: Zip Code<br><i>6400 Brodie Ln.<br/>Austin Tx 78745</i>                     |   |                                       |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Sign Mktg</i>      | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held   |                                       |
| (If travel outside of Texas, complete Schedule T)  |   |                                       |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule G:   |
| 2 FILER NAME<br><i>Richard McClain</i>                    |  | 3 ACCOUNT # (Ethics Commission Uses)  |
| 4 Date<br><i>1-09-08</i>                                  | 5 Payee name<br><i>Gill studios inc</i>  | 8 Amount (\$)<br><i>1,486.74</i>  |
|   | 6 Payee address: City: State: Zip Code<br><i>P.O Box 2909<br/>Shawnee Mission Kansas 66201-1309</i>  | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
|   | 7 Purpose of expenditure (See instructions regarding type of information required.)<br><i>Sigs</i><br>(If travel outside of Texas, complete Schedule T)        |   |
| Date<br><i>1-09-08</i>                                    | Payee name<br><i>Yahoo</i>   | Amount (\$)<br><i>36.95</i>   |
|   | Payee address: City: State: Zip Code<br><i>701 First Ave<br/>Sunnyvale CA 94089</i>  | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
|   | Purpose of expenditure (See instructions regarding type of information required.)<br><i>WEB Domain</i><br>(If travel outside of Texas, complete Schedule T)    |   |
| Date<br><i>1-18-08</i>                                    | Payee name<br><i>Walter Printing Co. inc</i>   | Amount (\$)<br><i>1,177.35</i>  |
|   | Payee address: City: State: Zip Code<br><i>3217 WALK IN 35<br/>Austin TX 78722</i>   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
|   | Purpose of expenditure (See instructions regarding type of information required.)<br><i>Push Cans</i><br>(If travel outside of Texas, complete Schedule T)     |   |
| Date<br><i>1-29-08</i>                                    | Payee name<br><i>Lowe's</i>  | Amount (\$)<br><i>141.24</i>  |
|   | Payee address: City: State: Zip Code<br><i>6400 Biddle Ln<br/>Austin TX 78745</i>  | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
|   | Purpose of expenditure (See instructions regarding type of information required.)<br><i>x-in material</i><br>(If travel outside of Texas, complete Schedule T) |   |
| Date  | Payee name   | Amount (\$)   |
|   | Payee address: City: State: Zip Code   | <input type="checkbox"/> Reimbursement from political contributions intended            |
|   | Purpose of expenditure (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T)                         |   |

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