

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6819

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> Richard FIRST T MI NICKNAME LAST SUFFIX McCain	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 7100 Grove Crest Dr Austin TX 78736	Date Received JAN 25 2008	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 294-3921	Date Hand-delivered or Date-Postmarked: JAN 25 2008	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> Richard FIRST T MI NICKNAME LAST SUFFIX McCain	Receipt # Amount 9.05	
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	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 294-3421	Date Imaged	
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 (officeholder 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 01 / 25 / 2008 02 / 23 / 2008		
11 ELECTION	ELECTION DATE Month Day Year 02 / 04 / 2008	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Travis County Constable Pet 3	13 OFFICE SOUGHT (if known) Travis County Constable Pet 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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 _____		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Richard McCain

16 ACCOUNT # (Ethics Commission Filers)

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 \$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ *150.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ *0*

4. TOTAL POLITICAL EXPENDITURES \$ *9,080.63*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ *150.00*

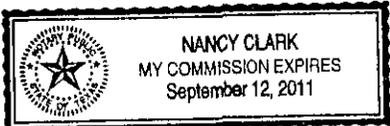
OUTSTANDING LOAN TOTALS

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 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard McCain, this the 26th day of February, 20 08, to certify which, witness my hand and seal of office.

Nancy Clark
Signature of officer administering oath

Nancy Clark
Printed name of officer administering oath

Assit. office Mgr.
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 McCain</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>02/08/06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Scott Davis & Carla Davis</u>	7 Amount of contribution (\$) <u>150.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 367 Lindsay Tx 76250</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Retired J.P.</u>		10 Employer (See Instructions) <u>N/A</u>	
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)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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: <u>2</u>
2 FILER NAME <u>Richard McClain</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>02/13/08</u>	5 Payee name <u>Quick Print</u>	7 Amount (\$) <u>3,056.31</u>
6 Payee address; City; State; Zip Code <u>8311 Shoal Creek Blvd Austin TX 78757</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>Printing mailer</u> <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>02/15/08</u>	Payee name <u>The Jewish Outlook</u>	Amount (\$) <u>182.00</u>
Payee address; City; State; Zip Code <u>outlookads @ Austin.M.com</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Ad in paper</u> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>02-18-08</u>	Payee name <u>Opinion Analysts, INC</u>	Amount (\$) <u>534.80</u>
Payee address; City; State; Zip Code <u>906 Rio Grande</u>		
Purpose of payment (See instructions regarding type of information required.) <u>mail list</u> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>02-19-08</u>	Payee name <u>Quick Print</u>	Amount (\$) <u>3,957.52</u>
Payee address; City; State; Zip Code <u>8311 Shoal Creek Blvd Austin TX 78757</u>		
Purpose of payment (See instructions regarding type of information required.) <u>Postage for mailer</u> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Richard McCain		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-18-08	5 Payee name Mania Morales	7 Amount (\$) \$500.00
6 Payee address; City; State; Zip Code 4704 Cahob Street, Austin TX 78744		
8 Purpose of payment (See instructions regarding type of information required.) Campaign field work <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-23-08	Payee name Mania Morales	Amount (\$) \$850.00
Payee address; City; State; Zip Code 4704 Cahob Street Austin TX 78744		
Purpose of payment (See instructions regarding type of information required.) Campaign field work <small>(If travel outside of Texas, complete Schedule T)</small>		** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G <u>2</u>
2 FILER NAME <u>Richard McCain</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>02/13/08</u>	5 Payee name <u>Quick Print</u> 6 Payee address: City: State: Zip Code <u>8311 Shoal Creek Blvd Austin TX 78757</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Printers mailer</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>3,056.31</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>02/15/08</u>	Payee name <u>The Jewish Outlook</u> Payee address: City: State: Zip Code <u>outlookaos @ Austin .tn.com</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Ad in paper</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>182.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>02/18/08</u>	Payee name <u>Opinion Analysts inc</u> Payee address: City: State: Zip Code <u>906 Rio Grande Austin TX 78701</u> Purpose of expenditure (See instructions regarding type of information required.) <u>mail list</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>534.80</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>02/19/08</u>	Payee name <u>Quick Print</u> Payee address: City: State: Zip Code <u>8311 Shoal Creek Blvd Austin TX 78757</u> Purpose of expenditure (See instructions regarding type of information required.) <u>postage for mailer</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>3,957.52</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>02/18/08</u>	Payee name <u>maria morales</u> Payee address: City: State: Zip Code <u>4704 Cahob street, Austin, TX 78744</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign field work</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$500.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G <i>2</i>
2 FILER NAME <i>Richard McEain</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/23/08</i>	5 Payee name <i>Maria Morales</i>	8 Amount (\$) <i>850.00</i>
6 Payee address; City; State; Zip Code <i>4704 Cabob Street Austin, TX 78744</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign field work</i> <small>(If travel outside of Texas, complete Schedule T)</small>		
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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