

**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. **

<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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>300.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,875.81</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>150.00</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 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.



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 11th day of July, 2008, to certify which, witness my hand and seal of office.
Loretta L. Ryden Loretta L. Ryden Notary
 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: <u>1</u>	
2 FILER NAME <u>Richard McCain</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3-1-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Slaughter Creek Reporter Ken Vargas</u>	7 Amount of contribution (\$) <u>\$300.00</u>	8 In-kind contribution description (if applicable) <u>Ad in paper</u>
6 Contributor address; City; State; Zip Code <u>P.O. Box 1602 Manchaca, TX. 77852</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Publisher & Editor</u>		10 Employer (See Instructions) <u>NEWS PAPER</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: **2**

2 FILER NAME **Richard McCain**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/28/08

5 Payee name
Opinion Analysts inc.
6 Payee address; City; State; Zip Code
906 Rio Grande Austin TX 78701

7 Amount (\$)
\$213.92

8 Purpose of payment (See instructions regarding type of information required.)
mail List
(If travel outside of Texas, complete Schedule T)

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

Date
2/28/08

Payee name
Quick Print
Payee address; City; State; Zip Code
8311 School Creek Blvd. Austin TX 78757

Amount (\$)
\$6,662.09

Purpose of payment (See instructions regarding type of information required.)
Printing and mail postage
(If travel outside of Texas, complete Schedule T)

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

Date
2/29/08

Payee name
Oak Hill Gazette
Payee address; City; State; Zip Code
7200-B Hwy 71 west Austin TX 78735

Amount (\$)
\$544.00

Purpose of payment (See instructions regarding type of information required.)
Ad and inserts in paper
(If travel outside of Texas, complete Schedule T)

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

Date's
**3-7-08
Thur
6-7-08**

Payee name
Yahoo
Payee address; City; State; Zip Code
**701 First Ave
Sunnyvale CA 94089**

Amount (\$)
\$47.80

Purpose of payment (See instructions regarding type of information required.)
**Web Page \$11.95 month
for 4 months**
(If travel outside of Texas, complete Schedule T)

.. 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 McLean**

3. ACCOUNT # (Ethics Commission file #)

4. Date: **3/27/08**

5. Payee name: **Super Cheap Gas**
 6. Payee address: **9804 Gray Blvd Austin, TX 78758**

Amount (\$): **\$63.00**

8. Purpose of payment (See instructions regarding type of information required.): **Banner**
 (If travel outside of Texas, complete Schedule T.)

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

Date: **6/27/08**

Payee name: **Oak Hill Gazette**
 Payee address: **7200-B Hwy 71 west Austin TX 78795**

Amount (\$): **\$345.00**

Purpose of payment (See instructions regarding type of information required.): **Ad Paper**
 (If travel outside of Texas, complete Schedule T.)

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

Date: _____

Payee name: _____
 Payee address: _____ City: _____ State: _____ Zip Code: _____

Amount (\$): _____

Purpose of payment (See instructions regarding type of information required.): _____
 (If travel outside of Texas, complete Schedule T.)

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

Date: _____

Payee name: _____
 Payee address: _____ City: _____ State: _____ Zip Code: _____

Amount (\$): _____

Purpose of payment (See instructions regarding type of information required.): _____
 (If travel outside of Texas, complete Schedule T.)

** 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: 2
2 FILER NAME Richard McCain		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/28/08	5 Payee name Opinion Analysts inc 6 Payee address; City; State; Zip Code 906 Rio Grande Austin, TX. 78701 7 Purpose of expenditure (See instructions regarding type of information required.) Mail List (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$ 213.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/28/08	Payee name Quick Print Payee address; City; State; Zip Code 8311 Shoal Creek Blvd. Austin, TX. 78757 Purpose of expenditure (See instructions regarding type of information required.) Printing and mail postage (If travel outside of Texas, complete Schedule T)	Amount (\$) \$6,662.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/29/08	Payee name Oak Hill Gazette Payee address; City; State; Zip Code 7200-B Hwy 71 west Austin TX 78735 Purpose of expenditure (See instructions regarding type of information required.) Ad and insert in paper (If travel outside of Texas, complete Schedule T)	Amount (\$) \$544.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3-7-08 Thur 6-7-08	Payee name Yahoo Payee address; City; State; Zip Code 701 First Ave Sunnyvale CA. 94089 Purpose of expenditure (See instructions regarding type of information required.) web page for 4 month at \$11.95 a month (If travel outside of Texas, complete Schedule T)	Amount (\$) \$ 47.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/27/08	Payee name Super cheap Signs Payee address; City; State; Zip Code 9804 Gray Blvd. Austin, TX. 78758 Purpose of expenditure (See instructions regarding type of information required.) Banner (If travel outside of Texas, complete Schedule T)	Amount (\$) \$63.00 <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: **2**

2 FILER NAME: **Richard McCain**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **6/27/08**

5 Payee name: **Oak Hill Gazette**

6 Amount (\$): **\$345.00**

6 Payee address: **7200-B Hwy 21 West
Austin TX 78735**

7 Purpose of expenditure (See instructions regarding type of information required.)
Ad in paper
(If travel outside of Texas, complete Schedule T.)

Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T.)	<input type="checkbox"/> Reimbursement from political contributions intended

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