

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

6979

**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) **FIRST** Richard **MI** T  
**NICKNAME** McCain **LAST** **SUFFIX**

**OFFICE USE ONLY**

Date Received: OCT 27 11:30 AM  
 COUNTY CLERK  
 TRAVIS COUNTY  
 TEXAS  
 FOR RECORD

Date Hand-delivered or Date Postmarked: 3:30  
 Receipt # Amount  
 Date Processed  
 Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
 7100 Green Crest Dr. Austin TX 78738  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: (512) PHONE NUMBER: 294-3421 EXTENSION:

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR (MR) **FIRST** Richard **MI** T  
**NICKNAME** McCain **LAST** **SUFFIX**

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
 7100 Green Crest Dr Austin TX 78738

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: (512) PHONE NUMBER: 294-3421 EXTENSION:

**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: 10 / 02 / 08 THROUGH Month Day Year: 10 / 25 / 08

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 11 / 04 / 08  
 ELECTION TYPE:  Primary  Runoff  General  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**  
 \*\* 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 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,007.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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 T. McCain, this the 27th day of Oct, 2008, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Loretta L. Ryden Office Manager  
 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: <b>1</b>	
2 FILER NAME <b>Richard T McCain</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10-18-08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken ODEN</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>1506 Gaston Ave Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Lawyer</b>		10 Employer (See Instructions)	
Date <b>10-21-08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr Harvek Singh Bains Lakhvinder Bains</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>10207 Spotted Fawn Cir Austin, TX 78733</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10-23-08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wife Rivera Ben Rivera</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>3008 Aspen Creek Pkwy Austin, TX 78749</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10-27-08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Central Texas Castillos Political Action Committee</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>7807 Dunwoody Dr Austin, TX 78745</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10-15-08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce R Royal Ann T Royal</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>9300 Zyle Rd Austin, TX 78737</b>		(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: <b>1</b>
2 FILER NAME <b>Richard T McCain</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10-02-08</b>	5 Payee name <b>Fox KTBC 7 TV</b>	7 Amount (\$) <b>\$2,500.00</b>
6 Payee address; City; State; Zip Code <b>119 E. 10th street Austin TX 78701</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>TV air time</b>  (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>10-02-08</b>	Payee name <b>Time Warner Cable Media</b>	Amount (\$) <b>\$11,006.65</b>
Payee address; City; State; Zip Code <b>12012 N. Mopac Austin TX 78758</b>		
Purpose of payment (See instructions regarding type of information required.) <b>TV air time</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>10-14-08</b>	Payee name <b>KEYE 42 TV</b>	Amount (\$) <b>\$2,505.00</b>
Payee address; City; State; Zip Code <b>10700 metric Blvd Austin TX 78758</b>		
Purpose of payment (See instructions regarding type of information required.) <b>TV air time</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>10-15-08</b> <b>10-18-08</b>	Payee name <b>Quik Print</b>	Amount (\$) <b>\$5,995.90</b>
Payee address; City; State; Zip Code <b>8311 Shoal Creek Blvd Austin TX 78757</b>		
Purpose of payment (See instructions regarding type of information required.) <b>mailer print &amp; postage</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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: **1**

2 FILER NAME **Richard T McCain** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10-04-08</b>	5 Payee name <b>FOX KTBC 7</b> 6 Payee address; City: State: Zip Code <b>119 E 10th Street Austin, TX. 78701</b> 7 Purpose of expenditure (See instructions regarding type of information required.) <b>TV air time</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 Amount (\$) <b>\$2,500.00</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <b>10-02-08</b>	Payee name <b>Time Warner Cable Media</b> Payee address; City: State: Zip Code <b>12012 N. Mopac Austin, TX. 78758</b> Purpose of expenditure (See instructions regarding type of information required.) <b>TV air time</b> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <b>\$11,006.65</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <b>10-14-08</b>	Payee name <b>KEYE 42 TV</b> Payee address; City: State: Zip Code <b>10700 metric Blvd Austin, TX. 78758</b> Purpose of expenditure (See instructions regarding type of information required.) <b>TV air time</b> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <b>\$2,405.00</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <b>10-15-08</b> <b>10-18-08</b>	Payee name <b>Quick Print</b> Payee address; City: State: Zip Code <b>8311 Shoal Creek Blvd Austin, TX. 78757</b> Purpose of expenditure (See instructions regarding type of information required.) <b>mailer print &amp; postage</b> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <b>\$5045.90</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED