

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

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

15 C/OH NAME Richard T McCain 16 ACCOUNT # (Ethics Commission Filers)

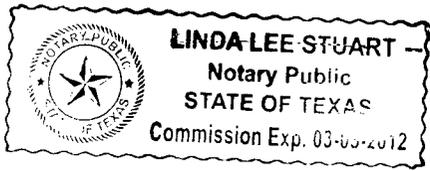
17 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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. ..

<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

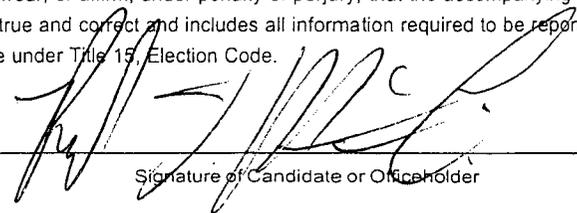
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>23.90</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>27,608.41</u>

19 AFFIDAVIT



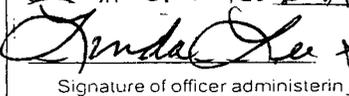
LINDA LEE STUART
Notary Public
STATE OF TEXAS
Commission Exp. 03-03-2012

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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard T. McCain this the 15th day of Jan, 2009, to certify which, witness my hand and seal of office.


 Signature of officer administering

Linda Lee Stuart
Printed name of officer administ

Civil Clerk
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

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

4 Date <u>11-7-08</u>	5 Payee name <u>Yahoo</u>	7 Amount (\$) <u>\$11.95</u>
6 Payee address; City; State; Zip Code <u>701 First Ave Sunny Side CA 94089</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>web page</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>12-7-08</u>	Payee name <u>Yahoo</u>	Amount (\$) <u>\$11.95</u>
Payee address; City; State; Zip Code <u>701 First Ave Sunny Side CA 94089</u>		

Purpose of payment (See instructions regarding type of information required.) <u>web page</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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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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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: 1

2 FILER NAME

Richard T McLean

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-7-08

5 Payee name

Yahoo

6 Payee address; City; State; Zip Code

*701 First Ave
Sonny Side CA 94089*

8 Amount (\$)

\$ 11.95

7 Purpose of expenditure (See instructions regarding type of information required.)

web page

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

12-7-08

Payee name

Yahoo

Payee address; City; State; Zip Code

701 First Ave Sonny Side CA 94089

Amount (\$)

\$ 11.95

Purpose of expenditure (See instructions regarding type of information required.)

web page

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED