

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7125

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:  6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Richard	<b>OFFICE USE ONLY</b>  Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME	LAST McCain		
		MI T		
		SUFFIX		
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, 78738			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	294-3421		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Richard	MI T	
	NICKNAME	LAST McCain	SUFFIX	
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.		78738	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	294-3421		
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 checked="" type="checkbox"/> July 15 <input 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	
	01	01	2009	
	THROUGH		Month Day Year	
			06/30/2009	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
	11	04	2008	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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			
<input type="checkbox"/> 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 contributions accepted or political expenditures made 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. \*\*

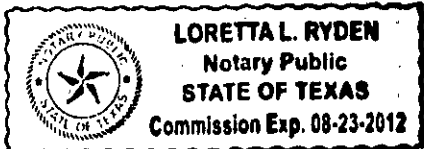
<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$	0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	77.70
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.

*[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 6<sup>th</sup> day of July, 2009 to certify which, witness my hand and seal of office.

*[Signature]* Loretta L. Ryden Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>Richard T McCain</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1-7-09</b>	5 Payee name <b>Yahoo</b>	7 Amount (\$) <b>\$12.95</b>
6 Payee address; City; State; Zip Code <b>701 First Ave SUNNYSIDE Ca 94085</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Web page</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>2-7-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</b>
Payee address; City; State; Zip Code <b>701 First Ave SUNNYSIDE Ca 94085</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Web page</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>3-7-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</b>
Payee address; City; State; Zip Code <b>701 First Ave SUNNYSIDE Ca 94085</b>		
Purpose of payment (See instructions regarding type of information required.) <b>web page</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>4-7-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>12.95</b>
Payee address; City; State; Zip Code <b>701 First Ave SUNNYSIDE Ca 94085</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Web page</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F 2

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

4 Date <u>5-7-09</u>	5 Payee name <u>Yahoo</u>	7 Amount (\$) <u>\$12.95</u>
6 Payee address; City; State; Zip Code <u>701 First Ave Sunnyvale CA 94085</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 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <u>6-7-09</u>	Payee name <u>Yahoo</u>	Amount (\$) <u>\$12.95</u>
Payee address; City; State; Zip Code <u>701 First Ave Sunnyvale CA 94085</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
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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
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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: <b>2</b>
2 FILER NAME <b>Richard T McLean</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <b>Yahoo</b>	8 Amount (\$) <b>\$12.95</b>
<b>1-7-09</b>	6 Payee address: City: State: Zip Code <b>701 First Ave Sunny Side Ca 94085</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>web page</b> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</b>
<b>2-7-09</b>	Payee address: City: State: Zip Code <b>701 First Ave Sunny Side Ca 94085</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>web page</b> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</b>
<b>3-7-09</b>	Payee address: City: State: Zip Code <b>701 First Ave Sunny Side Ca 94085</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>web page</b> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</b>
<b>4-7-09</b>	Payee address: City: State: Zip Code <b>701 First Ave Sunny Side Ca 94085</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>web page</b> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</b>
<b>5-7-09</b>	Payee address: City: State: Zip Code <b>701 First Ave Sunny Side Ca 94085</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>web page</b> (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

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

4 Date <u>6-7-09</u>	5 Payee name <u>Yahoo</u> 6 Payee address; City; State; Zip Code <u>701 East Ave Sunnyvale Ca 94085</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>web page</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>\$12.95</u> <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.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input 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.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input 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.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input 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.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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