

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7252

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: <i>6</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Richard</i>	MI <i>T</i>
	NICKNAME <i>McCain</i>	LAST <i>McCain</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>7100 Grove Crest dr Austin TX, 78736</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>294-3421</i>	EXTENSION
	6 CAMPAIGN TREASURER NAME		
MS / MRS / MR <i>MR</i>		FIRST <i>Richard</i>	MI <i>T</i>
NICKNAME <i>McCain</i>		LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>7100 Grove Crest dr Austin Tx 78736</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>294-3421</i>	EXTENSION
	9 REPORT TYPE		
<input checked="" 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 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
	<i>07/01 / 2009</i>		THROUGH
Month		Day	Year
		<i>12 / 31 / 2009</i>	
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	<i>11 / 04 / 2008</i>		<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)
	<i>Travis County Constable Pct. 3</i>		<i>Travis County Constable Pct. 3</i>
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		

**OFFICE USE ONLY**

Date Received

RECEIVED  
CLERK  
JUL 15 2009  
TEXAS

Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**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)

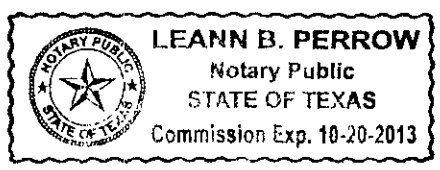
17 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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"/> 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	\$	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 15<sup>th</sup> day of January 2010, to certify which, witness my hand and seal of office.

*[Signature]* LeAnn B. Perrow LeAnn B. Perrow Notary Public  
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: 2

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

4 Date <u>7-7-09</u>	5 Payee name <u>Yahoo</u>	7 Amount (\$) <u>\$12.95</u>
6 Payee address; City; State; Zip Code <u>701 First Ave Sunnyside CA 94085</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>web page</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date <u>8-7-09</u>	Payee name <u>Yahoo</u>	Amount (\$) <u>\$12.95</u>
Payee address; City; State; Zip Code <u>701 First Ave Sunnyside CA 94085</u>		

Purpose of payment (See instructions regarding type of information required.) <u>web page</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date <u>9-7-09</u>	Payee name <u>Yahoo</u>	Amount (\$) <u>\$12.95</u>
Payee address; City; State; Zip Code <u>701 First Ave Sunnyside CA 94085</u>		

Purpose of payment (See instructions regarding type of information required.) <u>web page</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date <u>10-7-09</u>	Payee name <u>Yahoo</u>	Amount (\$) <u>\$12.95</u>
Payee address; City; State; Zip Code <u>701 First Ave Sunnyside CA 94085</u>		

Purpose of payment (See instructions regarding type of information required.) <u>web page</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

**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: <b>2</b>
2 FILER NAME <b>Richard T McCain</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11-07-09</b>	5 Payee name <b>Yahoo</b>	7 Amount (\$) <b>\$12.95</b>
6 Payee address; City; State; Zip Code <b>701 First Ave Sunny Side 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>12-07-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</b>
Payee address; City; State; Zip Code <b>701 First Ave Sunny Side 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	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>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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>		<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 <b>2</b>
2 FILER NAME <b>Richard T McLain</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7-7-09</b>	5 Payee name <b>Yahoo</b>	8 Amount (\$) <b>\$12.95</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 <b>8-7-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</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 <b>9-7-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</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 <b>10-7-09</b>	Payee name <b>Yahoo</b>	Amount (\$) <b>\$12.95</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 <b>11-7-09</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>	<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: <b>2</b>
2 FILER NAME <b>Richard T McCain</b>	3 ACCOUNT # (Ethics Commission Iters)

4 Date <b>12-7-09</b>	5 Payee name <b>Yahoo</b>	8 Amount (\$) <b>\$ 12.95</b>
	6 Payee address: City: State: Zip Code <b>701 First Ave Sunnyvale 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	Amount (\$)
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

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

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

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

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