



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Richard T McCain*

15 ACCOUNT # (Ethics Commission Filers)

16 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.

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

17 CONTRIBUTION TOTALS

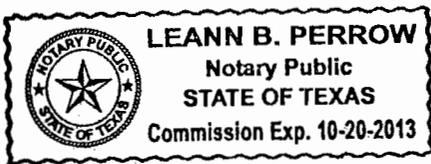
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	<i>0</i>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>240.00</i>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<i>0</i>
4. TOTAL POLITICAL EXPENDITURES	\$	<i>4,166.04</i>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>240.00</i>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>29,608.41</i>

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 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 McCain*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard McCain, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

*LeAnn B. Perrow*  
Signature of officer administering oath

LeAnn B. Perrow  
Printed name of officer administering oath

Notary  
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:

2 FILER NAME *Richard T McCain*

3 ACCOUNT # (Ethics Commission Filers)

4 Date *7/15/11*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Judge Charles Baird*

6 Contributor address; City; State; Zip Code  
*PO Box 1242  
Austin TX 78702*

7 Amount of contribution (\$) *\$100.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
*Attorney*

10 Employer (See Instructions)

Date *11/15/11*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Carol Nowlin & Laurie Nowlin*

Contributor address; City; State; Zip Code  
*6707 Oasis Dr  
Austin TX 78749*

Amount of contribution (\$) *\$40.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *11/07/11*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Bruce Kennedy*

Contributor address; City; State; Zip Code  
*4008 Tecate Trail  
Austin TX 78739*

Amount of contribution (\$) *\$100.00*

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  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  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 SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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)
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4 Date <b>11-28-2011</b>	5 Payee name <b>Travis County Democratic Party</b>
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6 Amount (\$) <b>\$1,000.00</b>	7 Payee address; City; State; Zip Code <b>1311 East 8th Street Austin TX. 78702</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fee</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Primary filing Fee</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-28-2011</b>	Payee name <b>ACE Printing</b>
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Amount (\$) <b>\$3079.75</b>	Payee address; City; State; Zip Code <b>7807 Doncaster Austin TX. 78745</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-30-2011</b>	Payee name <b>ACE Printing</b>
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Amount (\$) <b>\$141.54</b>	Payee address; City; State; Zip Code <b>7807 Doncaster Austin TX - 78745</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-21-11</b>	Payee name <b>Gill Studios inc</b>
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Amount (\$) <b>\$944.75</b>	Payee address; City; State; Zip Code <b>10800 Lackman Road P.O. Box 2909 Shawnee Mission Kansas 66201-1309</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel in District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>Richard T McLean</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11-28-2011</b>	5 Payee name <b>Travis County Democratic Party</b>
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6 Amount (\$)	7 Payee address; City; State; Zip Code <b>1311 East 6th Street Austin, TX 78707</b>
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fee</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Primary Filing Fee</b>
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Date <b>11-28-2011</b>	Payee name <b>Ace Printing</b>
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Amount (\$)	Payee address; City; State; Zip Code <b>7807 Doncaster Austin TX. 78745</b>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>
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Date <b>11-30-2011</b>	Payee name <b>ACE Printing</b>
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Amount (\$) <b>\$ 141.54</b>	Payee address; City; State; Zip Code <b>7807, Doncaster Austin, TX. 78745</b>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>
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Date <b>12-21-11</b>	Payee name <b>Gill studios inc</b>
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Amount (\$)	Payee address; City; State; Zip Code <b>10800 Leckman Rd PO Box 2909 Shawnee Mission, Kansas. 66201-1309</b>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Sign's</b>
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