

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	TITLE FIRST MI <i>Mr. Andrew W.</i>	OFFICE USE ONLY Date Received REC'D FEB 04 1998	
	NICKNAME LAST SUFFIX <i>Andy Cable</i>		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 496 Wimberley, TX 78074</i>	Receipt #	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Mrs. Rebecca R.</i>	HD / PM	Amount
	NICKNAME LAST SUFFIX <i>Cable</i>	Date Processed	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 496 Wimberley, TX 78074</i>	Date Processed	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 847-7364</i>	Date Imaged	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01/01/98 01/29/98</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>03/10/98</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>/</i>	12 OFFICE SOUGHT (if known) <i>Justice of the Peace, Pos. 3</i>	
13 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Andrew Cable</i>	15 ACCOUNT # (Ethics Commission files)
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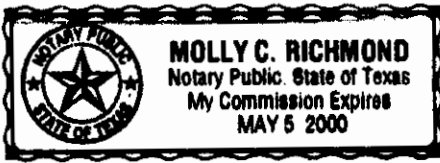
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates 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	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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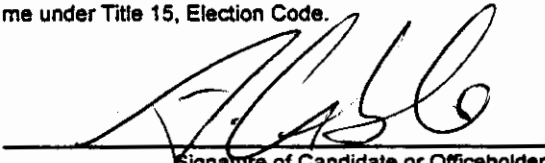
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 845.59
	4. TOTAL POLITICAL EXPENDITURES	\$ 845.59
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

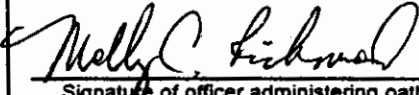


AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ANDREW CABLE this the 3RD day of FEBRUARY 1998, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

MOLLY C. RICHMOND

 Print name of officer administering oath

NOTARY PUBLIC
 STATE OF TEXAS

 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: <u>1</u>
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2 FILER NAME <u>Andrew Cble</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>1/26/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Mike & Phyllis Boni</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>901 Greenacres St, Wumberley, TX 78076</u>			

9 Principal occupation <u>Retired</u>	10 Employer (optional)
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Date <u>1/12/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Jaeson Jones</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 1064 Wumberley, TX 78076</u>			

Principal occupation <u>Officer</u>	Employer (optional) <u>Harp County</u>
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Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME Andrew Cude

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/8/98</u>	5 Payee name <u>Professional Graffiti</u>	8 Amount (\$) <u>134⁸⁵</u>
	6 Payee address; City; State; Zip Code <u>PO Box 832, Wimberley, TX 78676</u>	
7 Purpose of expenditure <u>advertising for campaign</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/9/98</u>	Payee name <u>Ace Hardware</u>	Amount (\$) <u>40⁴⁵</u>
	Payee address; City; State; Zip Code <u>RR 12, Wimberley, TX 78676</u>	
Purpose of expenditure <u>Stakes for signs.</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/13/98</u>	Payee name <u>Centex Office Plus</u>	Amount (\$) <u>8⁶¹</u>
	Payee address; City; State; Zip Code <u>900 Sequin Ave, New Braunfels, TX 78130</u>	
Purpose of expenditure <u>paper for printer</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/14/98</u>	Payee name <u>Brown Book Shop</u>	Amount (\$) <u>37⁷⁴</u>
	Payee address; City; State; Zip Code <u>1517 San Jacinto, Houston, TX 77002</u>	
Purpose of expenditure <u>Government code books</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/21/98</u>	Payee name <u>Wimberley Ace Hardware</u>	Amount (\$) <u>12⁷⁰</u>
	Payee address; City; State; Zip Code <u>RR 12, Wimberley, TX 78676</u>	
Purpose of expenditure <u>nuts & bolts for signs.</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

Andrew Cable

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/26/98

5 Payee name

Wimberley Post Office

6 Payee address;

City; State; Zip Code

Wimberley TX 78676

8 Amount (\$)

10⁷⁵

7 Purpose of expenditure

political letter

Reimbursement from political contributions intended

Date

1/26/98

Payee name

Wal-Mart

Payee address;

City; State; Zip Code

San Marcos, TX 78666

Amount (\$)

41³⁵

Purpose of expenditure

Printer cartridge

Reimbursement from political contributions intended

Date

1/26/98

Payee name

Sign Crafters

Payee address;

City; State; Zip Code

700 IH 35 San Marcos, TX 78666

Amount (\$)

559¹²

Purpose of expenditure

Signs for advertising

Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED