

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Mr.</i>	FIRST <i>Andrew</i>	MI <i>W</i>
	NICKNAME <i>Andy</i>	LAST <i>Cable</i>	SUFFIX
OFFICE USE ONLY			
Date Received FILED JUL 15 1998			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>PO Box 496</i>	APT / SUITE #: <i>496</i>	CITY: STATE: ZIP CODE <i>Wimberley TX 78676</i>
5 CAMPAIGN TREASURER NAME	TITLE <i>Mrs.</i>	FIRST <i>Rebecca</i>	MI <i>R</i>
	NICKNAME <i>Rebecca</i>	LAST <i>Cable</i>	SUFFIX
Receipt #			
HD / PM		Amount	
Date Processed			
Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <i>PO Box 496</i>	APT / SUITE #: <i>496</i>	CITY: STATE: ZIP CODE <i>Wimberley TX 78676</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>847-4364</i>	EXTENSION
	8 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)			
9 PERIOD COVERED	Month <i>4</i>	Day <i>6</i>	Year <i>1998</i>
THROUGH		Month <i>7</i>	Day <i>15</i>
Year <i>98</i>		10 ELECTION	
ELECTION DATE		ELECTION TYPE	
Month <i>11</i>	Day <i>3</i>	Year <i>98</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <i>Justice of the Peace, PCT 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

Andrew W. Cable

15 ACCOUNT # (Ethics Commission Uses)

16 SUPPORTING POLITICAL COMMITTEE(S)

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

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 450.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 400.00
4. TOTAL POLITICAL EXPENDITURES	\$ 400.00
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000.00

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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

Andrew W. Cable
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ANDREW CABLE this the 13th day of JULY 1998, to certify which, witness my hand and seal of office.

Molly C. Richmond
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>	
2 FILER NAME <i>Andrew W. Cable</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/20/98</i>	5 Full name of contributor <i>Jessie Wright</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>219 Senez Way, Wimberley TX 78474</i>			
9 Principal occupation <i>Real Estate Agent</i>		10 Employer (optional) <i>Texas Omni Properties</i>	
Date <i>4/20/98</i>	Full name of contributor <i>Diane Platt</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 1747, Wimberley TX 78474</i>			
Principal occupation <i>Home Builder</i>		Employer (optional)	
Date <i>4/20/98</i>	Full name of contributor <i>Elmo Clark</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 2555, Wimberley TX 78474</i>			
Principal occupation <i>Home Builder</i>		Employer (optional)	
Date <i>4/23/98</i>	Full name of contributor <i>HaysCo. Womens Political Caucus</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 1574 Buda, TX 78610</i>			
Principal occupation		Employer (optional)	
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)	

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Andrew Cable

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/20/98

5 Payee name

Tips, Tans, Tones

6 Payee address: City: State: Zip Code

PK 12 Wimberly, TX TXstate

7 Amount (\$)

100⁰⁰

8 Purpose of expenditure

returned contribution

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

4/20/98

Payee name

Yellow Rose Land Co.

Payee address: City: State: Zip Code

PO Box 255, Wimberly, TX TXstate

Amount (\$)

100⁰⁰

Purpose of expenditure

returned contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

4/20/98

Payee name

Custom Homes

Payee address: City: State: Zip Code

PO BOX 1747, Wimberly TX TXstate

Amount (\$)

200⁰⁰

Purpose of expenditure

returned contributions

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED