

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: <i>5</i>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #; CITY; STATE; ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	8 REPORT TYPE		
9 PERIOD COVERED		Month Day Year	THROUGH Month Day Year
10 ELECTION		ELECTION DATE	ELECTION TYPE
11 OFFICE		OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			

OFFICE USE ONLY

Date Received
Apr 22 1998

Receipt #	Amount
HD / PM	
Date Processed	
Date Imaged	

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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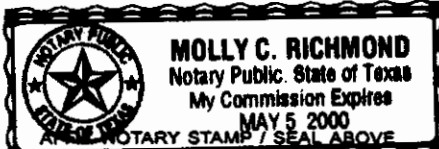
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates 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
 Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

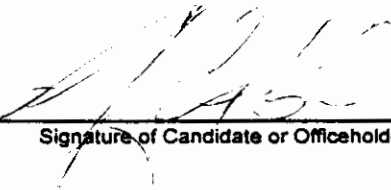
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 500 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ —
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 411 ⁰⁵
	4. TOTAL POLITICAL EXPENDITURES	\$ —
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

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.



MOLLY C. RICHMOND
Notary Public, State of Texas
My Commission Expires
MAY 5 2000
PLACE NOTARY STAMP / SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said 'ANDY' CABLE this the 2ND day of MARCH 19 98, to certify which, witness my hand and seal of office.

<i>Molly C. Richmond</i>	MOLLY C. RICHMOND	NOTARY PUBLIC STATE OF TEXAS
Signature of officer administering oath	Print name of officer administering oath	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

2 FILER NAME

Andrew Cable

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/5/98

5 Full name of contributor

Jim & Helen Ray

out of state PAC

7 Amount of contribution (\$)

25⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Wimberley, TX 78676

9 Principal occupation

Retired

10 Employer (optional)

Date

2/5/98

Full name of contributor

Sen & Barry Smith

out of state PAC

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Wimberley, TX 78676

Principal occupation

Teacher

Employer (optional)

Date

2/5/98

Full name of contributor

Sadie (Sue) Lange

out of state PAC

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

119 Jewel St, Wimberley, TX 78676

Principal occupation

Retired

Employer (optional)

Date

2/5/98

Full name of contributor

Bill & Glenda Wilcox (Tops, Tans, Tones)

out of state PAC

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

RR 12, Wimberley, TX 78676

Principal occupation

Owners

Employer (optional)

Date

2/10/98

Full name of contributor

Jessie Wright

out of state PAC

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

319 Scenic Way, Wimberley, TX 78676

Principal occupation

Real Estate Agent

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A: <u>2</u>
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2 FILER NAME <u>Andrew W. Cable</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Sandra Cable</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>512 Front St. Wichita <u>Richmond TX 77469</u></u>			

9 Principal occupation <u>Rail bondsman</u>	10 Employer (optional)
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Date	Full name of contributor <input type="checkbox"/> out of state PAC <u>Lester Cranik</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>512 Front St., Richmond TX 77469</u>			

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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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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: /

2 FILER NAME

Andrew Cable

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Sign Crafters

6 Payee address; City; State; Zip Code

700 IH 35 San Marcos, TX 78666

8 Amount (\$)

64.95

7 Purpose of expenditure

Campaign signs

Reimbursement from political contributions intended

Date

Payee name

DPS

Payee address; City; State; Zip Code

1710 Hwy 21, San Marcos, TX 78666

Purpose of expenditure

TO replace signs

Amount (\$)

5.70

Reimbursement from political contributions intended

Date

Payee name

Cable Time

Payee address; City; State; Zip Code

Georgetown, TX

Purpose of expenditure

Commercial

Amount (\$)

340.40

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