

# 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: <u>4</u>
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		** 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 expenditures. **	
<input type="checkbox"/> additional pages		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 Cable*

15 ACCOUNT # (Ethics Commission filers)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 725<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ \_\_\_\_\_

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 50<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 50<sup>00</sup>

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1000<sup>00</sup>

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.

*Andrew Cable*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_

19 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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: <u>1</u>	
2 FILER NAME <u>Andrew Cable</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9/24/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Cy Lockwood</u>	7 Amount of contribution (\$) <u>500<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>49 Cypress Pt. Winberry, TX 78676</u>			
9 Principal occupation		10 Employer (optional)	
Date <u>9/24/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Bill &amp; Glenda Wilcox</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11 Cypress Pt. Winberry, TX 78676</u>			
Principal occupation <u>Real Estate Agent</u>		Employer (optional)	
Date <u>9/24/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Helen &amp; Jim Ray</u>	Amount of contribution (\$) <u>25<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1200 Skyline Ridge Winberry, TX 78676</u>			
Principal occupation		Employer (optional)	
Date <u>9/24/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Joe Plett</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>RR 12 N Winberry, TX 78676</u>			
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 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 filers)

4 Date

5 Payee name

*The News-Dispatch*

8 Amount (\$)

6 Payee address; City; State; Zip Code

*9/24/98 PO Box 227 Driftwood, TX 78629-0227*

*50<sup>00</sup>*

7 Purpose of expenditure

*advertising*

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

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