

AMENDMENT

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

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:

3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mr Andrew W.
NICKNAME LAST SUFFIX
Andy Cable

OFFICE USE ONLY

Date Received

REC'D OCT 09 1998
off

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
PO Box 496 Wimberley TX 78076

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mrs Rebecca A
NICKNAME LAST SUFFIX
Cable

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
PO Box 496 Wimberley TX 78076

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 847-7364

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7/1/98 THROUGH 9/24/98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/03/98

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

JP, Act 3

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 expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

AMMENDMENT

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Andrew Cable

15 ACCOUNT # (Ethics Commission files)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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

\$

TOTAL FOR THIS REPORT PERIOD:

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

\$

725.00

EXPENDITURE TOTALS

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

\$

259.57 309.57

4. TOTAL POLITICAL EXPENDITURES

\$

259.57 309.57

OUTSTANDING LOAN TOTALS

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

\$

1000.00

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANDREW CABLE, this the 9th day of SEPTEMBER

19 98, to certify which, witness my hand and seal of office.

Molly C. Richmond (Notary Seal) Molly C. Richmond (Print Name) Notary Public State of Texas

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Amendment to Report date 7/1/98 - 9/24/98

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME: *Andrew "Andy" Cable* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
<i>8/1/98</i>	<i>Rinkos</i>	<i>41.14</i>
	6 Payee address; City; State; Zip Code	
	<i>301 N Edward Blvd San Marcos TX 78666</i>	
	7 Purpose of expenditure	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	<i>Business Cards</i>	

Date	Payee name	Amount (\$)
<i>8/17/98</i>	<i>County of Travis</i>	<i>12.75</i>
	Payee address; City; State; Zip Code	
	<i>San Marcos, TX 78666</i>	
	Purpose of expenditure	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	<i>Copy of '98 Primary</i>	

Date	Payee name	Amount (\$)
<i>8/14/98</i>	<i>Sign Crafters</i>	<i>205.68</i>
	Payee address; City; State; Zip Code	
	<i>700 IH 35 San Marcos, TX 78666</i>	
	Purpose of expenditure	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	<i>election signs</i>	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED