

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 JUL 14 1999

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE #, CITY, STATE, ZIP CODE
PO Box 496, Wimberley, TX 78676

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mrs. Rebecca R
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 78676

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 Month Day Year
01 / 15 / 99 THROUGH 07 / 15 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
/ /

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 expenditure. --

Name

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

additional pages

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 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

\$ *0*

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

\$ *0*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *500-*

OUTSTANDING LOAN TOTALS

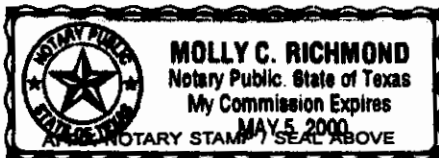
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *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.

Andrew Cable
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said

ANDREW CABLE

this the *13th* day of *JULY*

19 *99*, to certify which, witness my hand and seal of office.

Molly C. Richmond
Signature of officer administering oath

MOLLY C. RICHMOND (WVOT)
Print name of officer administering oath

Notary Public
Title of officer administering oath

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

Hill Country Recreation

8 Amount (\$)

5/1/99

6 Payee address;

City; State; Zip Code

County Rd 182, Wimberley TX 78676

200⁰⁰

7 Purpose of expenditure

Sponsorship

Reimbursement from political contributions intended

Date

Payee name

St. Stephens Church

Amount (\$)

4/21/99

Payee address;

City; State; Zip Code

6000 FM 3237, Wimberley TX 78676

100⁰⁰

Purpose of expenditure

Sponsorship

Reimbursement from political contributions intended

Date

Payee name

Judge Powers

Amount (\$)

4/29/99

Payee address;

City; State; Zip Code

1250 East Creek, Dripping Springs

150⁰⁰

Purpose of expenditure

Benefit Campaign

Reimbursement from political contributions intended

Date

Payee name

Hays Co. Sheriff

Amount (\$)

4/6/99

Payee address;

City; State; Zip Code

1307 Wiland Rd, San Marcos TX 78066

50⁰⁰

Purpose of expenditure

Sponsorship

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED