

# 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 CANDIDATE / OFFICEHOLDER NAME  
 TITLE: Mr  
 FIRST: Andrew  
 MI: W  
 NICKNAME: Andy  
 LAST: Cable  
 SUFFIX:

OFFICE USE ONLY

Date Received  
 7-15-01  
 gac

4 CANDIDATE / OFFICEHOLDER ADDRESS  
 ADDRESS / PO BOX: PO Box 496, Wimberley, TX 78676  
 APT / SUITE #: CITY: STATE: ZIP CODE:  
 Change of Address

5 CAMPAIGN TREASURER NAME  
 TITLE: Mrs.  
 FIRST: Rebecca  
 MI: R  
 NICKNAME: Cable  
 LAST: SUFFIX:

Receipt #  
 HD / PM Amount  
 Date Processed  
 Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)  
 STREET ADDRESS (NO PO BOX PLEASE): PO Box 496, Wimberley, TX 78676  
 APT / SUITE #: CITY: STATE: ZIP CODE:

7 CAMPAIGN TREASURER PHONE  
 AREA CODE: (512)  
 PHONE NUMBER: 847-7364  
 EXTENSION:

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

9 PERIOD COVERED  
 Month Day Year: 01 / 01 / 01 THROUGH Month Day Year: 06 / 30 / 01

10 ELECTION  
 ELECTION DATE: / /  
 ELECTION TYPE:  
 Primary  
 Runoff  
 General  
 Special

11 OFFICE  
 OFFICE HELD (if any): SP, Precinct 3

12 OFFICE SOUGHT (if known): renew term / re-election

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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  <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

\$ 0

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

\$ 325.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 418.60

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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Cable, this the 11 day of July, 2001, to certify which, witness my hand and seal of office.

Joyce Ann Knott  
Signature of officer administering oath

JOYCE ANN KNOTT  
Print name of officer administering oath

NOTARY - HAYS COUNTY  
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:
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2 FILER NAME <i>Andrew Cable</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>4/7/01</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Winston Bernick</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>1311 Broadway, Houston</i>			

9 Principal occupation <i>retired</i>	10 Employer (optional)
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Date <i>4/7/01</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Sandra Cable</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>612 Front St. Richmond, TX 77469</i>			

Principal occupation <i>Boarding</i>	Employer (optional) <i>self</i>
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Date <i>4/7/01</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Molly Wendt</i>	Amount of contribution (\$) <i>125<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>1760 Owl, Canyonville, TX 78133</i>			

Principal occupation <i>Real Estate</i>	Employer (optional) <i>Century 21</i>
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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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**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

6 Payee address;

City; State; Zip Code

8 Amount (\$)

*6/1/01*

*Englehart Printing*

*RR 12, Wimberley TX 78676*

*150<sup>00</sup>-*

7 Purpose of expenditure

*Cards for mail-out - printing*

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

*6/1/01*

*Wal Mart*

*San Marcos, TX 78666*

*27.<sup>84</sup>*

Purpose of expenditure

*mailing labels for cards*

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

*6/30/01*

*Old Navy*

*Tanger Outlet Mall, San Marcos*

*1294*

Purpose of expenditure

*T-shirts for parade*

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

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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 <i>Andrew Cable</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/25/01</i>	5 Payee name <i>San Antonio League of Veterans</i> 6 Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	8 Amount (\$) <i>20<sup>00</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <i>Contribution</i>	
Date <i>2/19/01</i>	Payee name <i>The Pride</i> Payee address; City; State; Zip Code <i>711 FM 2325, Wimberley TX 78674</i>	Amount (\$) <i>108.<sup>89</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>shirts</i>	
Date <i>3/2/01</i>	Payee name <i>Sign Crafters</i> Payee address; City; State; Zip Code <i>IH 35 N, San Marcos 78666</i>	Amount (\$) <i>32.<sup>48</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Name tags</i>	
Date <i>6/30/01</i>	Payee name <i>The Costume Company/occasions</i> Payee address; City; State; Zip Code <i>320 N. NBS San Marcos, TX 78666</i>	Amount (\$) <i>32.<sup>48</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Costume rental for parade</i>	
Date <i>6/30/01</i>	Payee name <i>Wal-Mart</i> Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	Amount (\$) <i>33.<sup>97</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Candy for parade</i>	

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