

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE

PO Box 496, Wimberley, TX 78676

REC'D JUL 12 2002
VF

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 THROUGH Month Day Year
1 / 1 / 02 THROUGH 7 / 15 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 12 / 02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Justice of Peace, RT 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

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

\$

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

\$ 500⁰⁰

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 35⁰⁰

OUTSTANDING
LOAN TOTALS

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

\$

φ

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.

[Handwritten Signature]

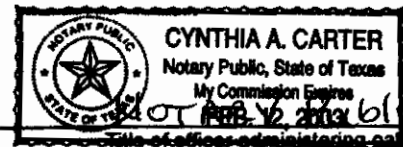
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Cable, this the 11 day of July, 2002, to certify which, witness my hand and seal of office.

Cynthia A. Carter
Signature of officer administering oath

CYNTHIA A. CARTER
Print name 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: 7

2 FILER NAME

Andrew Cable

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/13/02

5 Payee name

Professional Graffiti

6 Payee address; City; State; Zip Code

PO Box 832, Wimberley, TX 78076

7 Purpose of expenditure

sign

8 Amount (\$)

3789

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

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

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>
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2 FILER NAME <i>Andrew Cable</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>4/30/02</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Austin Apartment Assoc.</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>4107 Medical Parkway, Austin 78730</i>			

9 Principal occupation	10 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)
----------------------	---------------------

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)
----------------------	---------------------

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.

Professional Graffiti

P.O. Box 832
151 Las Flores
Wimberley, TX 78676

Invoice

Date	Invoice #
6/13/2002	476

Bill To
Justice of the Peace, Pct. 3 P.O. Box 2730 Wimberley, TX 78676 847-2000

P.O. No.	Terms	Project

Item	Description	Qty	Rate	Amount
MDO	6" X 24" Rodeo Box Seat Sign.	1	35.00	35.00T

Thank you for your business!	Subtotal	\$35.00
	Sales Tax (8.25%)	\$2.89
	Total	\$37.89
	Payments/Credits	\$0.00
	Balance Due	\$37.89

*paid in full
6-13-02*

**AUSTIN APARTMENT ASSN
POLITICAL ACTION COMMITTEE**
4107 MEDICAL PKY STE 100
AUSTIN, TX 78756-3729

Date 4-30-02

37-65/1119 1100



1631

Pay to the
Order of Andy Cable Campaign \$ **500.00**



NORWEST BANKS
Norwest Bank Texas, N.A.
1-800-224-7334

Dollars Security features
Includes details on back.

Memo

⑆111900659⑆0289505059⑆1631

*Jim Mar
Suzeland*

MP