

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: <div style="font-size: 2em; text-align: center;">5</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST Andrew MI W NICKNAME LAST Cable SUFFIX —	OFFICE USE ONLY <div style="border: 2px solid black; padding: 5px; margin: 5px 0;"> RECEIVED IN THE <i>for</i> JUL 13 2006 ELECTION OFFICE <small>Date Hand-delivered or Date Postmarked</small> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;"><small>Receipt #</small></td> <td style="width:50%;"><small>Amount</small></td> </tr> <tr> <td><small>Date Processed</small></td> <td></td> </tr> <tr> <td><small>Date Imaged</small></td> <td></td> </tr> </table>		<small>Receipt #</small>	<small>Amount</small>	<small>Date Processed</small>		<small>Date Imaged</small>			
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<small>Date Processed</small>											
<small>Date Imaged</small>											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.5em; text-align: center;"> PO BOX 496 Wimberley TX 78676 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 847-7364										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST Rebecca MI R NICKNAME LAST Cable SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.5em; text-align: center;"> PO BOX 496 Wimberley TX 78676 </div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 847-7364										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 15 / 06 7 / 15 / 06										
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) Justice of the Peace	13 OFFICE SOUGHT (if known) 11									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 <div style="font-size: 2em; text-align: center;">N/A</div> 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**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission file)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

additional pages

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ 1,811.19

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,631.47

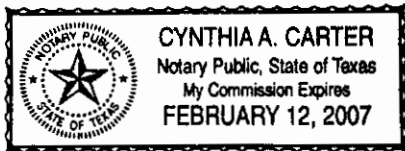
OUTSTANDING LOAN TOTALS

6. 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andrew Cable, this the 13th day of July, 20 06, to certify which, witness my hand and seal of office.

Cynthia A. Carter
Signature of officer administering oath

CYNTHIA A. CARTER
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *Cable, Andrew*

3 ACCOUNT # (Ethics Commission filers)

1

4 Date
1-27-06

5 Payee name
Wimberley Cafe

7 Amount (\$)
100⁰⁰

6 Payee address; City; State; Zip Code
101 Wimberley Square

8 Purpose of payment (See instructions regarding type of information required.)
Food for Campaign

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
3-15-06

Payee name
Knights of Columbus

Amount (\$)
100⁰⁰

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
Donation

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
3-15-06

Payee name
Wimberley FFA

Amount (\$)
100⁰⁰

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
Donation

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
3-27-06

Payee name
Wimberly Education Foundation

Amount (\$)
\$250⁰⁰

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
Donation

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

Andrew W. Calk

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-31-06

5 Business name

BJ Special T'S

6 Business address; City; State; Zip Code

2206 ARRIZ S. M. TX

7 Amount (\$)

171.19

8 Purpose of payment (See instructions regarding type of information required.)

T-shirts

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

1-28-06

Business name

Justice of the Peace Assoc.

Business address; City; State; Zip Code

Plano view TX

Amount (\$)

55⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Dues

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2-15-06

Business name

Chamber of Commerce Winkler

Business address; City; State; Zip Code

Amount (\$)

\$100⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Buckles + Beads

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2-15-06

Business name

An Evening to Remember

Business address; City; State; Zip Code

Amount (\$)

200⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Donation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME Andrew W. Cable

3 ACCOUNT # (Ethics Commission filers)

4 Date
2-15-06

5 Payee name
HAYS Republican Party
6 Payee address; City; State; Zip Code

8 Amount (\$)
100⁰⁰

7 Purpose of expenditure (See instructions regarding type of information required.)
DINNER

Date
3-1-06

Payee name
Darrell Ayers
Payee address; City; State; Zip Code

Amount (\$)
\$50⁻

Purpose of expenditure (See instructions regarding type of information required.)
Donation

Date
3-15-06

Payee name
Texas State
Payee address; City; State; Zip Code

Amount (\$)
50⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)
Donation

Date
3-15-06

Payee name
Wimberley VFW
Payee address; City; State; Zip Code

Amount (\$)
495⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)
Rodeo Booth

Date
4-22-06

Payee name
Emily Ann Heaton
Payee address; City; State; Zip Code

Amount (\$)
20⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)
Butterfly Donation

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED