

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	MS / MRS / MR <u>Mr.</u> <u>Andrew</u> <u>W.</u> <u>MI</u> NICKNAME <u>Cable</u> LAST SUFFIX	OFFICE USE ONLY
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**RECEIVED IN THE
ELECTION OFFICE**

for JAN 09 2007

Date Hand-delivered or Date Postmarked

Receipt #	Amount
Date Processed	
Date Imaged	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>PO Box 496</u> APT / SUITE #: CITY: STATE: ZIP CODE <u>Wimberley, TX 78076</u> <input type="checkbox"/> Change of Address
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>512</u> PHONE NUMBER <u>722-3006</u> EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mrs.</u> <u>Rebecca</u> <u>R.</u> <u>MI</u> NICKNAME <u>Cable</u> LAST SUFFIX
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX, PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>PO Box 496 Wimberley TX 78076</u>
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8 CAMPAIGN TREASURER PHONE	AREA CODE <u>512</u> PHONE NUMBER <u>722-3006</u> EXTENSION
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9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>7 / 16 / 06</u> <u>12 / 31 / 06</u>
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11 ELECTION	ELECTION DATE Month Day Year <u>11 / 7 / 06</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	13 OFFICE SOUGHT (if known)
OFFICE HELD (if any) <u>Jan 1, Oct 3</u>	

14 NOTICE OF 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 <u>NA</u> Address / PO Box: Apt. / Suite #: City: State: Zip Code
<input type="checkbox"/> additional pages	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Andrew Cable 16 ACCOUNT # (Ethics Commission Filers)


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. ****

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____
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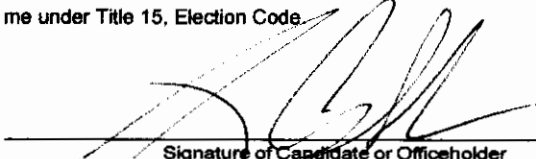
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1016.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1615.05</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Andrew Cable, this the 4th day of January, 2007, 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

2 FILER NAME Andrew W. Coble

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/22/06 5 Payee name Ducks Unlimited
 Payee address: VFW, Post 10411, Wimberley TX 78676
 City: State: Zip Code

7 Amount (\$) 600-

8 Purpose of payment (See instructions regarding type of information required.)
Sponsor
 (If travel outside of Texas, complete Schedule T)

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

Date 8/9/06 Payee name WTABA
 Payee address: PO Box 1803, Wimberley TX 78676
 City: State: Zip Code

Amount (\$) 100-

Purpose of payment (See instructions regarding type of information required.)
Booster support
 (If travel outside of Texas, complete Schedule T)

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

Date 10/15/06 Payee name Sign Crafters
 Payee address: 2401 E-35, San Marcos TX 78666
 City: State: Zip Code

Amount (\$) 433-

Purpose of payment (See instructions regarding type of information required.)
Signs
 (If travel outside of Texas, complete Schedule T)

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

Date 11/10/06 Payee name Wimberley Educational Foundation
 Payee address: 100 Carny Lane, Wimberley TX 78676
 City: State: Zip Code

Amount (\$) 200-

Purpose of payment (See instructions regarding type of information required.)
Support
 (If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Andrew Cable</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/10/06</i>	5 Payee name <i>Wimberley Lady Tavern</i> 6 Payee address; City; State; Zip Code <i>100 Carver Lane, Wimberley, TX 78050</i>	7 Amount (\$) <i>50-</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>supporter</i> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/9/06</i>	Payee name <i>C.J. Greenbourn</i> Payee address; City; State; Zip Code <i>PO Box 390, Mortadales TX 78055</i>	Amount (\$) <i>88.60</i>
Purpose of payment (See instructions regarding type of information required.) <i>KOC supporter</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/12/06</i>	Payee name <i>Dalmer's</i> Payee address; City; State; Zip Code <i>218 Moore, San Marcos, TX 78066</i>	Amount (\$) <i>84.82</i>
Purpose of payment (See instructions regarding type of information required.) <i>Candidate luncheon</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED