

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr</i> NICKNAME: _____ FIRST: <i>Andrew</i> LAST: <i>Cable</i> MI: <i>W.</i> SUFFIX: _____	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <div style="font-size: 1.5em; font-weight: bold; text-align: center;">RECEIVED IN THE</div> <div style="text-align: center;"> <i>Jpc</i> JUL 02 2008 ELECTION OFFICE </div> Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____ </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>PO Box 496</i> APT / SUITE #: _____ CITY: <i>Wimberley, Tx</i> STATE: _____ ZIP CODE: <i>78676</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(512)</i> PHONE NUMBER: <i>738-1081</i> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mrs</i> NICKNAME: _____ FIRST: <i>Rebecca</i> LAST: <i>Cable</i> MI: <i>R</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>901 Green Acres</i> APT / SUITE #: _____ CITY: <i>Wimberley, Tx</i> STATE: _____ ZIP CODE: <i>78676</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(512)</i> PHONE NUMBER: <i>738 1064</i> EXTENSION: _____		
9 REPORT TYPE	<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 COH - FR)		
10 PERIOD COVERED	Month Day Year: <i>01 / 01 / 08</i> THROUGH Month Day Year: <i>06 / 30 / 08</i>		
11 ELECTION	ELECTION DATE Month Day Year: <i>1 / 1</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): <i>JP3</i>	13 OFFICE SOUGHT (if known) : _____	
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: _____ Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____		

GO TO PAGE 2

ORIGINAL

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

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

17 NOTICE FROM POLITICAL COMMITTEE(S)

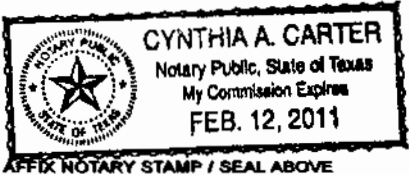
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>750.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u><750.00></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Andrew Cable, this the 1 day of July, 2008, 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

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: <u>1</u>
2 FILER NAME: <u>Cable, Andrew</u>		3 ACCOUNT # (Ethics Commission file): _____
4 Date: <u>4/13/08</u>	5 Payee name: <u>Arts Scholarship Gala</u> 6 Payee address: <u>Saltlick, Arftwood, TX</u> City: State: Zip Code	8 Amount (\$): <u>200⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure: <u>Sponsorship</u> (If travel outside of Texas, complete Schedule T)	
Date: <u>6/1/08</u>	Payee name: <u>VFW Post 6441</u> Payee address: <u>PO Box 535, Wimberley, TX 78676</u> City: State: Zip Code	Amount (\$): <u>550⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure: <u>Booth sponsorship</u> (If travel outside of Texas, complete Schedule T)	
Date:	Payee name: Payee address: City: State: Zip Code	Amount (\$): <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure: (If travel outside of Texas, complete Schedule T)	
Date:	Payee name: Payee address: City: State: Zip Code	Amount (\$): <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure: (If travel outside of Texas, complete Schedule T)	
Date:	Payee name: Payee address: City: State: Zip Code	Amount (\$): <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure: (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED