

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 Filers)	2 Total pages filed:
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3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Andrew W

NICKNAME LAST SUFFIX
"Andy" Cable

OFFICE USE ONLY

Date Received **RECEIVED**

JAN 07 2011

ELECTION OFFICE

Date Hand-delivered or Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

PO BOX 496 Wimberley TX 78676

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 847 2000

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Rebecca R

NICKNAME LAST SUFFIX
Cable

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE

PO BOX 496 Wimberley TX 78676

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 847 2000

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

7 / 2 / 10 THROUGH 12 / 31 / 10

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

11 / 3 / 10 Primary Runoff General Special

12 OFFICE: OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)

SP 3

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

Address / PO Box; Apt / Suite #; City; State; Zip Code

additional pages

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/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 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ *-*

4. TOTAL POLITICAL EXPENDITURES

\$ *1128*

CONTRIBUTION BALANCE

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

\$ *< 2943.37 >*

OUTSTANDING LOAN TOTALS

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

\$ *0*

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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Andrew Cable*, this the *5th* day of *January*, 20 *11*, to certify which, witness my hand and seal of office.

J. Anderson

Signature of officer administering oath

J. Anderson

Print name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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>8/24/10</i>	5 Payee name <i>Ducks Unlimited</i>	
6 Amount (\$) <i>45-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Waterford Way, Memphis, TN 38120</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign</i>	(b) Description (If travel outside of Texas, complete Schedule T)
Date <i>7/31/10</i>	Payee name <i>Burnet Family Benefit</i>	
Amount (\$) <i>400-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>129 Mountain Laurel Way, Austin, TX 78737</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign</i>	Description (If travel outside of Texas, complete Schedule T)
Date <i>10/2/10</i>	Payee name <i>Ducks Unlimited</i>	
Amount (\$) <i>65-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1 Waterford Way, Memphis, TN 38120</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign</i>	Description (If travel outside of Texas, complete Schedule T)
Date <i>12/31/10</i>	Payee name <i>Stons</i>	
Amount (\$) <i>248-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>RR 12, Wimberley, TX 78076</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign dues</i>	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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1 Total pages Schedule G:	2 FILER NAME <i>Andrew Cable</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>8/9/10</i>	5 Payee name <i>KE 3109-9151</i>	
6 Amount (\$) <i>320-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>PO Box 469 Wimberley Tx 78676</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign donation</i>	(b) Description (If travel outside of Texas, complete Schedule T)
	Date: <i>5/11/10</i> Payee name: Amount (\$): <input type="checkbox"/> Reimbursement from political contributions intended PURPOSE OF EXPENDITURE: Category: Description:	
Date <i>10/30/10</i>	Payee name <i>Jerry Patterson Campaign</i>	
Amount (\$) <i>50-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1005 Congress Ave, Austin Tx 78701</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign</i>	Description (If travel outside of Texas, complete Schedule T)
	Date: Payee name: Amount (\$): <input type="checkbox"/> Reimbursement from political contributions intended PURPOSE OF EXPENDITURE: Category: Description:	

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