

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3567 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: 14
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Oden	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX. APT / SUITE #. CITY. STATE. ZIP CODE 1506 Gaston Ave Austin, Texas 78703		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Oden	Receipt #	HD / PM Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #. CITY. STATE. ZIP CODE 1506 Gaston Ave Austin, Texas 78703	Date Processed	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 474-4156		
8 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 C/OH - FR)		
9 PERIOD COVERED	Month Day Year 01 / 01 / 97	THROUGH	Month Day Year 06 / 30 / 97
10 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Travis County Attorney	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>-- 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. --</p> <p>Name</p> <p>Address / PO Box, Apt. / Suite #, City, State, Zip Code</p> <input type="checkbox"/> additional pages		

**GO TO PAGE 2**

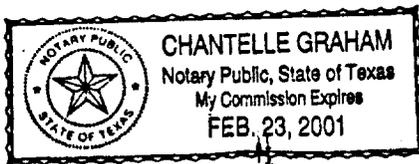
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Ken Oden		15 ACCOUNT # (Ethics Commission files)
16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	-- 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	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavits below and submit pages 1 and 2 only)		
18 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  OUTSTANDING LOAN 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)  3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A  \$ 2500.00  \$ N/A  \$ 2975.35  \$ N/A

19 AFFIDAVIT

I swear, or affirm, 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 Ken Oden, this the 10th day of July, 19 97, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Chantelle Graham Admin. Aide  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 1 of 1	
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission files)	
4 Date 6/27/97	5 Full name of contributor <input type="checkbox"/> out of state PAC Randy Leavitt	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 402 West 12th St. Austin, Texas 78701			
9 Principal occupation Attorney		10 Employer (optional)	
Date 5/97	Full name of contributor <input type="checkbox"/> out of state PAC Joseph Turner	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1504 West Ave Austin, Texas 78701			
Principal occupation Attorney		Employer (optional)	
Date 6/25/97	Full name of contributor <input type="checkbox"/> out of state PAC Vinson & Elkins Texas Political Action Comm.	Amount of contribution (\$) 1000.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 2300 First City Tower Houston, Texas 77002			
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)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 1
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/7/97	5 Payee name Texas State Society 6 Payee address: City: State: Zip Code 7605 Ridgecrest Dr. Alexandria, Virginia 22308	7 Amount (\$) 400.00
8 Purpose of expenditure Presidential Inauguration Balls and Events tickets		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/28/97	Payee name Ken Oden Payee address: City: State: Zip Code 1506 Gaston Ave Austin, Texas 78703	Amount (\$) 758.77
Purpose of expenditure Reimbursement for lodging, food, air fare, parking, and cab fare for the Presidential Inauguration		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6-30-97	Payee name Ken Oden Payee address: City: State: Zip Code 1506 Gaston Ave Austin, Texas 78703	Amount (\$) 1,800.00
Purpose of expenditure Reimbursement for expenses incurred during 1-1-97 through 6-30-97. Food, employee retirement party, transportation, and reception.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 10
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/18/97	5 Payee name Marriott Key Bridge..... 6 Payee address: City State Zip Code Arlington, Virginia	8 Amount (\$) 531.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Lodging/Inaugural, D.C.	
Date 1/12/97	Payee name Austin Municipal Airport..... Payee address: City State Zip Code Austin, Texas	Amount (\$) 28.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Parking/Inaugural, D.C.	
Date 1/9/97	Payee name FedEx..... Payee address: City State Zip Code Austin, Texas	Amount (\$) 15.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Express mail tickets/Inaugural, D.C.	
Date 1/10/97	Payee name Delta Airlines..... Payee address: City State Zip Code Austin, Texas	Amount (\$) 155.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Airfare/Inaugural, D.C.	
Date 1/19/97	Payee name Silver Diner..... Payee address: City State Zip Code Arlington, Virginia	Amount (\$) 14.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Food & Beverage/Inaugural, D.C.	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2 of 10
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission files)
4 Date 1/97	5 Payee name Arlington Yellow Cab Company 6 Payee address: City State Zip Code Arlington, Virginia	8 Amount (\$) 12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Cab fare/Inaugural, D.C.	
Date 1/97	Payee name King Cab Company Payee address: City State Zip Code Alexandria, Virginia	Amount (\$) 12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Cab fare/Inaugural, D.C.	
Date 1/97	Payee name Hotel Association & Taxi Industry Payee address: City State Zip Code Washington, D.C.	Amount (\$) 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Cab fare/Inaugural, D.C.	
Date 1/97	Payee name Hotel Association & Taxi Industry Payee address: City State Zip Code Washington, D.C.	Amount (\$) 11.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Cab fare/Inaugural, D.C.	
Date 1/97	Payee name Hotel Association & Taxi Industry Payee address: City State Zip Code Washington, D.C.	Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Cab fare/Inaugural, D.C.	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:  
3 of 10

2 FILER NAME

Ken Oden

3 ACCOUNT # (Ethics Commission files)

4 Date

1/19/97

5 Payee name

Red Top Cab

6 Payee address: City State Zip Code

Arlington, Virginia

7 Purpose of expenditure

Cab fare/Inaugural, D.C.

8 Amount  
(\$)  
28.00

Reimbursement from  
political contributions  
intended

Date

2-21-97

Payee name

Sullivan's

Payee address: City State Zip Code

Austin, Texas

Purpose of expenditure

Meeting with Judge Ammerman

Amount  
(\$)  
45.69

Reimbursement from  
political contributions  
intended

Date

2-21-97

Payee name

Sullivan's

Payee address: City State Zip Code

Austin, Texas

Purpose of expenditure

Meeting with Judge Ammerman

Amount  
(\$)  
63.50

Reimbursement from  
political contributions  
intended

Date

4/10/97

Payee name

Shady Grove

Payee address: City State Zip Code

Austin, Texas

Purpose of expenditure

Meeting with constituent

Amount  
(\$)  
7.00

Reimbursement from  
political contributions  
intended

Date

4/10/97

Payee name

Shady Grove

Payee address: City State Zip Code

Austin, Texas

Purpose of expenditure

Meeting with constituent

Amount  
(\$)  
32.29

Reimbursement from  
political contributions  
intended

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:  
4 of 10

2 FILER NAME

Ken Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address: City State Zip Code	8 Amount (\$)
1/23/97	Lodge at Lakeview Austin, Texas 7 Purpose of expenditure Meeting with constituent	50.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/27/97	Castle Hill Cafe Austin, Texas Purpose of expenditure Meeting with constituents	120.27 <input type="checkbox"/> Reimbursement from political contributions intended
2/25/97	Four Seasons Hotel Austin, Texas Purpose of expenditure Food & Beverage/meeting with constituent	24.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
2/25/97	Momma's Diner Austin, Texas Purpose of expenditure Meeting with Peace Officers	39.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
2/27/97	Ted's Greek and American Cuisine Austin, Texas Purpose of expenditure Meeting with constituents	44.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:  
5 of 10

2 FILER NAME  
Ken Oden

3 ACCOUNT # (Ethics Commission files)

4 Date  
3/6/97

5 Payee name  
TGI Friday's

8 Amount  
(\$)  
21.24

6 Payee address: City State Zip Code

Dallas, Texas

7 Purpose of expenditure

Food & Beverage/National D.A.'s Association

Reimbursement from  
political contributions  
intended

Date  
3/18/97

Payee name  
The Cloak Room

Amount  
(\$)  
15.50

Payee address: City State Zip Code

1300 Colorado Austin, Texas 78701

Purpose of expenditure

Food & Beverage/meeting with office holders & constituents

Reimbursement from  
political contributions  
intended

Date  
5/19/97

Payee name  
Nathan's

Amount  
(\$)  
39.00

Payee address: City State Zip Code

3150 M Street NW Washington, D.C. 20007

Purpose of expenditure

Food & Beverage/NDAA trip

Reimbursement from  
political contributions  
intended

Date  
6-28-97

Payee name  
Michaels Store #1304

Amount  
(\$)  
10.26

Payee address: City State Zip Code

Austin, Texas

Purpose of expenditure

Reception honoring Ass. Municipal Judge Triana

Reimbursement from  
political contributions  
intended

Date  
6/28/97

Payee name  
Sam's Club

Amount  
(\$)  
139.72

Payee address: City State Zip Code

Austin, Texas

Purpose of expenditure

Reception honoring Ass. Municipal Judge Triana

Reimbursement from  
political contributions  
intended

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 6 of 10
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/24/97	5 Payee name Kinkos ..... 6 Payee address:            City:    State:    Zip Code  121 East 6th Street    Austin, Texas 78701  7 Purpose of expenditure Reception expenses	8 Amount (\$) 19.49  <input type="checkbox"/> Reimbursement from political contributions intended
Date 6/27/97	Payee name Breed & Co. ..... Payee address:            City:    State:    Zip Code  Austin, Texas  Purpose of expenditure Reception expenses	Amount (\$) 54.34  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/28/97	Payee name The Home Depot ..... Payee address:            City:    State:    Zip Code  10107 Research Blvd    Austin, Texas 78759  Purpose of expenditure Reception expenses	Amount (\$) 17.09  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/27/97	Payee name The Home Depot ..... Payee address:            City:    State:    Zip Code  10107 Research Blvd    Austin, Texas 78759  Purpose of expenditure Reception expenses	Amount (\$) 70.44  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/28/97	Payee name The Home Depot ..... Payee address:            City:    State:    Zip Code  10107 Research Blvd    Austin, Texas 78759  Purpose of expenditure Reception expenses	Amount (\$) 11.37  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 7 of 10
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission files)
4 Date 6/26/97	5 Payee name The Home Depot	8 Amount (\$) 70.52
	6 Payee address: City State Zip Code 10107 Research Blvd Austin, Texas 78759	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Reception expenses	
Date 6/28/97	Payee name KMart	Amount (\$) 31.51
	Payee address: City State Zip Code Austin, Texas	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Reception expenses	
Date 6/27/97	Payee name AWC Coatings	Amount (\$) 37.22
	Payee address: City State Zip Code 104 E. Huntland Dr. Austin, Texas	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Reception expenses	
Date 6/26/97	Payee name Austin Rent-All	Amount (\$) 128.82
	Payee address: City State Zip Code 5605 Burnet Rd. Austin, Texas 78756	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Reception expenses	
Date 4/9/97	Payee name Guero's Taco Bar	Amount (\$) 14.28
	Payee address: City State Zip Code 1412 S. Congress Austin, Texas 78704	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting with county personnel	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 8 of 10
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission files)
4 Date 2/5/97	5 Payee name Sullivan's 6 Payee address: City State Zip Code 300 Colorado #200 Austin, Texas 78701	8 Amount (\$) 101.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Food & Beverage/meeting with Legislature	
Date 2/13/97	Payee name Capital City Argus Payee address: City State Zip Code Austin, Texas	Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Newspaper	
Date 4/9/97	Payee name Austin American Statesman Payee address: City State Zip Code Austin, Texas	Amount (\$) 152.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Subscription	
Date 1/28/97 through 6/28/97	Payee name Travis County Democratic Party Payee address: City State Zip Code Austin, Texas	Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Sustaining member monthly dues	
Date 4/23/97	Payee name Travis County Democratic Party Payee address: City State Zip Code Austin, Texas	Amount (\$) 225.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Donation/Jake Pickle appreciation reception	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 9 of 10
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/25/97	5 Payee name Hyde Park Bar & Grill 6 Payee address: City State Zip Code Austin, Texas	8 Amount (\$) 56.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure County Attorney Personnel Luncheon	
Date 6/6/97	Payee name Mezzaluna Payee address: City State Zip Code Austin, Texas	Amount (\$) 24.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting with constituent/Lobbyist	
Date 5/12/97	Payee name The Cadeau Payee address: City State Zip Code Austin, Texas	Amount (\$) 252.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Reception for retiring County employee	
Date 4/16/97	Payee name The Postal Store #130 Payee address: City State Zip Code 510 Guadalupe Street Austin, Texas 78701	Amount (\$) 32.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Stamps	
Date 1/17/97 through 6/17/97	Payee name Frost Bank (First City Bank) Payee address: City State Zip Code Austin, Texas	Amount (\$) 31.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Office Holder Account activity charges	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:  
10 of 10

2 FILER NAME

Ken Oden

3 ACCOUNT # (Ethics Commission files)

4 Date  
5/21/97

5 Payee name  
Hernandez Cafe

6 Payee address: City State Zip Code

Austin, Texas

7 Purpose of expenditure  
Meeting with constituent

8 Amount (\$)  
37.66

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

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