

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4254

**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="text-align: right; font-size: 24pt; font-weight: bold;">9</div>								
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Travis County Attorney Kenneth R. NICKNAME LAST SUFFIX Oden	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="font-size: 24pt; text-align: right; font-weight: bold;">JUN 15 3 21 PM '99</div> </div>								
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 Travis County Attorney Kenneth R. NICKNAME LAST SUFFIX Oden	Receipt # HD / PM Amount Date Processed Date Imaged								
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									
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 474-4156									
8 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" 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 type="checkbox"/> July 15</td> <td><input type="checkbox"/> 6th 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 checked="" 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 type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<input checked="" 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 type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)							
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 98 THROUGH 12 / 31 / 98									
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 <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

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)

** 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ N/A

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 100.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

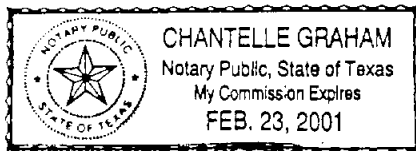
\$ 1,588.96

OUTSTANDING
LOAN TOTALS

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

\$ N/A

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 75, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kenneth R. Oden, this the 15th day of January, 19 99, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Chantelle Graham
Print name of officer administering oath

Admin Aide
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: <p style="text-align:right">1 of 1</p>
---	---

2 FILER NAME <p style="text-align:center">Kenneth R. Oden</p>	3 ACCOUNT # (Ethics Commission filers)
--	--

4 Date <p>11-17-98</p>	5 Full name of contributor <input type="checkbox"/> out of state PAC <p>Charles Grigson</p>	7 Amount of contribution (\$) <p>100.00</p>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <p>604 W. 12th Street Austin, TX 73701</p>			

9 Principal occupation <p style="text-align:center">Attorney</p>	10 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)
----------------------	---------------------

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 Kenneth R. Oden	3 ACCOUNT # (Ethics Commission filers)
---------------------------------	--

4 Date 8-20-98	5 Payee name Austin AFL-CIO 6 Payee address: City: State: Zip Code P.O. Box 684644 Austin, TX 78768	7 Amount (\$) 65.00
-------------------	---	----------------------------

8 Purpose of expenditure Labor Day ad	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 8-26-98	Payee name Michael Reyes Payee address: City: State: Zip Code 3242 Mid Hollow Dr. San Antonio, TX 78230	Amount (\$) 21.65
-----------------	---	--------------------------

Purpose of expenditure Reimbursement for research material	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

Date 10-19-98	Payee name AYLA Foundation..... Payee address: City: State: Zip Code 700 Lavaca, Ste. 602 Austin, TX 78701	Amount (\$) 50.00
------------------	---	--------------------------

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

Date 1-14-99	Payee name Ken Oden Payee address: City: State: Zip Code 1506 Gaston Ave Austin, TX 78703	Amount (\$) 1,452.31
-----------------	---	-----------------------------

Purpose of expenditure Reimbursement for expenditures listed in this report	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 5
2 FILER NAME Kenneth R. Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-16-98	5 Payee name West Lynn Cafe 6 Payee address: City: State: Zip Code 1110 West Lynn Austin, TX 78703	8 Amount (\$) 20.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure meeting with constituent	
Date 8-8-98	Payee name West Lynn Cafe Payee address: City: State: Zip Code 1110 West Lynn Austin, TX 78703	Amount (\$) 61.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure meeting with staff	
Date 8-12-98	Payee name West Lynn Cafe Payee address: City: State: Zip Code 1110 West Lynn Austin, TX 78703	Amount (\$) 21.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure meeting with staff	
Date 8-12-98	Payee name Z! Tejas Grill Payee address: City: State: Zip Code 9400-A Arboretum Blvd Austin, TX 78759	Amount (\$) 70.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure meeting with constituent	
Date 8-13-98	Payee name Ken Anderson Payee address: City: State: Zip Code 405 Martin Luther King Street #1 Georgetown, TX 78626	Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure book purchase	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2 of 5

2 FILER NAME
Kenneth R. Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date 8-24-98	5 Payee name Half Price Books.....	8 Amount (\$) 16.71
	6 Payee address: City: State: Zip Code 3110 Guadalupe Street Austin, TX 78705	
7 Purpose of expenditure Texas Folklife research material		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8-28-98	Payee name Kathryn Dagar.....	Amount (\$) 300.00
	Payee address: City: State: Zip Code 834 Kramer Lane Austin, TX 78758	
Purpose of expenditure County Attorney picnic		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 9-2-98	Payee name Threadgill's.....	Amount (\$) 19.40
	Payee address: City: State: Zip Code 301 Riverside Drive Austin, TX 78704	
Purpose of expenditure meeting with constituent		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 9-21-98	Payee name El Sol Y La Luna.....	Amount (\$) 37.34
	Payee address: City: State: Zip Code 1224 S. Congress Ave Austin, TX 78704	
Purpose of expenditure meeting with constituent		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10-9-98	Payee name The Bitter End.....	Amount (\$) 68.26
	Payee address: City: State: Zip Code 311 Colorado Street Austin, TX 78701	
Purpose of expenditure meeting with constituents		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3 of 5
2 FILER NAME Kenneth R. Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-19-98	5 Payee name Gueros Taco Bar 6 Payee address: City: State: Zip Code 1412 S. Congress Ave Austin, TX 78704	8 Amount (\$) 42.75
7 Purpose of expenditure meeting with constituent		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10-20-98	Payee name Paralyzed Veterans of America Payee address: City: State: Zip Code 111 Ramble Lane, Austin, TX 78745	Amount (\$) 10.00
Purpose of expenditure charitable donation		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10-27-98	Payee name Gueros Taco Bar Payee address: City: State: Zip Code 1412 S. Congress Ave, Austin, TX 78704	Amount (\$) 32.73
Purpose of expenditure meeting with constituent		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11-9-98	Payee name Lodge at Lakeview Payee address: City: State: Zip Code 3826-B Lake Austin Blvd, Austin, TX 78703	Amount (\$) 30.60
Purpose of expenditure meeting with constituent		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12-1-98	Payee name Cedar Street Payee address: City: State: Zip Code 208 W. 4th Street, Austin, TX 78701	Amount (\$) 57.25
Purpose of expenditure meeting with constituent		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
4 of 5

2 FILER NAME

Kenneth R. Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount (\$)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12-9-98	Gueros Taco Bar	1412 S. Congress Ave, Austin, TX 78703	meeting with constituent	31.16	<input checked="" type="checkbox"/>
12-14-98	Suzi's	1152 S. Lamar Blvd, Austin, TX 78704	meeting with constituent	37.88	<input checked="" type="checkbox"/>
12-16-98	The Bitter End	311 Colorado Street, Austin, TX 78701	meeting with constituents	136.00	<input checked="" type="checkbox"/>
12-16-98	Frost National Bank	P.O. Box 1727, Austin, TX 78767	activity charge	2.80	<input checked="" type="checkbox"/>
12-17-98	Emerald's	624 N. Lamar Blvd, Austin, TX 78703	Desk accessories for staff	199.18	<input checked="" type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 5 of 5

2 FILER NAME

Kenneth R. Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-18-98

5 Payee name

Emerald's

6 Payee address: City: State: Zip Code

624 N. Lamar Blvd, Austin, TX 78703

7 Purpose of expenditure

Desk accessories for staff

8 Amount (\$)

130.98

Reimbursement from political contributions intended

Date

12-18-98

Payee name

Emerald's

Payee address: City: State: Zip Code

624 N. Lamar Blvd, Austin, TX 78703

Purpose of expenditure

Gifts to staff

Amount (\$)

14.02

Reimbursement from political contributions intended

Date

7-98
to
12-98

Payee name

Travis County Democratic Party

Payee address: City: State: Zip Code

Austin, TX

Purpose of expenditure

sustaining member monthly dues

Amount (\$)

60.00

Reimbursement from political contributions intended

Date

1-13-99

Payee name

Hyde Park Bar & Grill

Payee address: City: State: Zip Code

4206 Duval Street, Austin, TX 78751

Purpose of expenditure

meeting with constituent

Amount (\$)

30.52

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED