

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4369

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
Travis County Attorney	Kenneth R.	
NICKNAME	LAST	SUFFIX
Ken	Oden	

OFFICE USE ONLY

Date Received

FILED
 JUL 15 3 15 PM '99
 TRAVIS COUNTY CLERK
 TRAVIS COUNTY CLERK
 TRAVIS COUNTY CLERK

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
1506 Gaston Ave		Austin, TX		78703

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
Travis County Attorney	Kenneth R.	
NICKNAME	LAST	SUFFIX
Ken	Oden	

Receipt #

HO / 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, TX		78703

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	THROUGH	Month	Day	Year
01	01	99		06	30	99
				7	15	

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month / Day / Year	<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

** 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

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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.)

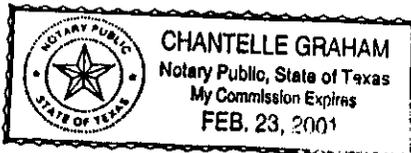
18 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

OUTSTANDING LOAN 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)	\$ N/A
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ N/A
4. TOTAL POLITICAL EXPENDITURES	\$ 1,069.55
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 15, Election Code.

Ken Oden
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 July 19 99, to certify which, witness my hand and seal of office.

Chantelle Graham Chantelle Graham Admin. Aide
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 2
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-8-99	5 Payee name The Capital City Argus 6 Payee address; City; State; Zip Code 6448 HWY 290 E. Ste. D-101 Austin, TX 78723	7 Amount (\$) 100.00
8 Purpose of expenditure Contribution		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4-13-99	Payee name SafePlace Payee address; City; State; Zip Code PO BOX 19454 Austin, TX 78760	Amount (\$) 25.00
Purpose of expenditure Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5-14-99	Payee name The 100 Club/ Run-Tex Payee address; City; State; Zip Code 422 W. Riverside Drive Austin, TX 78704	Amount (\$) 75.00
Purpose of expenditure Team registration- Texas Peace Officer Memorial Fund		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6-2-99	Payee name Sam Biscoe- Special Projects Payee address; City; State; Zip Code PO BOX 1748 Austin, TX 78767	Amount (\$) 25.00
Purpose of expenditure Juneteenth Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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 of 2
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-14-99	5 Payee name Ken Oden 6 Payee address; City; State; Zip Code 1506 Gaston Ave Austin, TX 78703	7 Amount (\$) 844.55
8 Purpose of expenditure Reimbursement for expenditures listed in this report		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<small>** Complete if direct expenditure to benefit C/OH **</small> 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 3

2 FILER NAME

Ken Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date
2-13-99

5 Payee name
Randall's

8 Amount
(\$)
120.25

6 Payee address; City; State; Zip Code

5555 N. Lamar Blvd. Austin, TX 78751

7 Purpose of expenditure

County Attorney Reception

Reimbursement
from political
contributions
intended

Date
3-2-99

Payee name
Jan Breland

Amount
(\$)
100.00

Payee address; City; State; Zip Code

603 W. 8th Street Austin, TX 78701

Purpose of expenditure

Contribution

Reimbursement
from political
contributions
intended

Date
3-11-99

Payee name
The Tavern

Amount
(\$)
19.29

Payee address; City; State; Zip Code

922 W. 12th Street Austin, TX 78703

Purpose of expenditure

Meeting with Judge

Reimbursement
from political
contributions
intended

Date
3-13-99

Payee name
Charleston Sports Pub

Amount
(\$)
55.50

Payee address; City; State; Zip Code

Charleston, SC

Purpose of expenditure

National District Attorney Conference

Reimbursement
from political
contributions
intended

Date
3-28-99

Payee name
Sam Hill Water Front Grill

Amount
(\$)
50.93

Payee address; City; State; Zip Code

16405 Marina Point Rd. Austin, TX 78734

Purpose of expenditure

Meeting with Contituents

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: 2 of 3
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-13-99	5 Payee name Caucus Club 6 Payee address; City; State; Zip Code Austin, TX	8 Amount (\$) 28.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Meeting with constituent	
Date 4-15-99	Payee name The Bitter End Payee address; City; State; Zip Code 311 Colorado Street Austin, TX 78701	Amount (\$) 119.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting with contituents	
Date 5-4-99	Payee name Threadgill's Payee address; City; State; Zip Code 301 Riverside Drive Austin, TX 78734	Amount (\$) 22.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting With Judge Denton	
Date 5-22-99	Payee name Nathan's Payee address; City; State; Zip Code Washington D.C.	Amount (\$) 52.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure National District Attorney Association Meeting	
Date 5-26-99	Payee name Four Season's Hotel Payee address; City; State; Zip Code 98 San Jacinto Blvd Austin, TX 78701	Amount (\$) 20.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting with A.G. Representative & Co. Atty Staff	

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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 3
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 6-2-99	5 Payee name The Clay Pit 6 Payee address; City; State; Zip Code 1601 Guadalupe Street Austin, Texas 78701 7 Purpose of expenditure Meeting with Co. Atty Staff and TNR Staff	8 Amount (\$) 50.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6-7-99	Payee name Louie's 106 Payee address; City; State; Zip Code 106 E. 6th Street Austin, TX 78701 Purpose of expenditure County Attorney Staff Meeting	Amount (\$) 31.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6-17-99	Payee name Mezzaluna Payee address; City; State; Zip Code 310 Colorado Street Austin, TX 78701 Purpose of expenditure Meeting with APD	Amount (\$) 77.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7-14-99	Payee name Threadgill's Payee address; City; State; Zip Code 301 Riverside Dr. Austin, TX 78734 Purpose of expenditure Consultations with Co Atty Staff	Amount (\$) 35.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1-99 to 6-99	Payee name Travis County Democratic Party Payee address; City; State; Zip Code Austin, TX Purpose of expenditure Sustaining member monthly dues	Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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