

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4635

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: 6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mr. Kenneth R.
NICKNAME LAST SUFFIX
Ken Oden

OFFICE USE ONLY

Date Received
JUL 17 2 04 PM '08
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Kenneth R.
NICKNAME LAST SUFFIX
Ken 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

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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 16 / 00 THROUGH 07 / 15 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
/ / ELECTION TYPE
 Primary Runoff General 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

15 ACCOUNT # (Ethics Commission Users)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$

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

\$

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

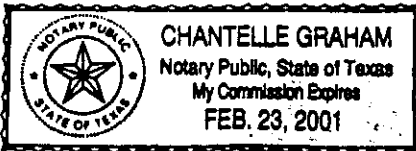
\$ 979.23

OUTSTANDING
LOAN TOTALS

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

\$

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.

[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 17 day of July

19-2000, 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 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 form)**4** Date

1-26-00

5 Payee name

Capital City Argus

7 Amount (\$)

200.00

6 Payee address: City: State: Zip Code

P.O. Box 140471 Austin, TX 78714

8 Purpose of expenditure

Donation

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2-23-00

Payee name

Big Brothers/Big Sisters

Amount (\$)

15.00

Payee address: City: State: Zip Code

Austin, TX

Purpose of expenditure

Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2-29-00

Payee name

Sherine Thomas

Amount (\$)

25.00

Payee address: City: State: Zip Code

P.O. Box 1748 Austin, Texas 78767

Purpose of expenditure

Contribution for floral arrangement for
employees relative-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

5-3-00

Payee name

Cinco de Mayo Committee

Amount (\$)

25.00

Payee address: City: State: Zip Code

P.O. Box 1748 Austin, Texas 78767

Purpose of expenditure

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 fees)

4 Date

5 Payee name

7

Amount (\$)

5-18-00

Judge Biscoe Special Projects

25.00

6 Payee address:

City: State: Zip Code

P.O. Box 1748 Austin, Texas 78767

8 Purpose of expenditure

Juneteenth Donation

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

7-6-00

Austin AFL-CIO Council

65.00

Payee address:

City: State: Zip Code

P.O. Box 684644 Austin, Texas 78768-4644

Purpose of expenditure

Ad for Labor Day Program

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

7-14-00

Ken Oden

624.23

Payee address:

City: State: Zip Code

1506 Gaston Ave, Austin, TX 78703

Purpose of expenditure

Reimbursement for allowable expenses

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address:

City: State: Zip Code

Purpose of expenditure

-- 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 2

2 FILER NAME

Ken Oden

3 ACCOUNT # (Ethics Commission files)

4 Date

2-22-00

5 Payee name

Louies 106

6 Payee address: City: State: Zip Code

Austin, TX

7 Purpose of expenditure

Meeting with constituent re: Co. Business

8 Amount (\$)

42.41

 Reimbursement from political contributions intended

Date

2-23-00

Payee name

Louies 106

Payee address: City: State: Zip Code

Austin, TX

Purpose of expenditure

Meeting with constituent re: Co. Business

Amount (\$)

21.59

 Reimbursement from political contributions intended

Date

2-24-00

Payee name

Four Seasons

Payee address: City: State: Zip Code

Austin, TX

Purpose of expenditure

meeting with constituent

Amount (\$)

99.00

 Reimbursement from political contributions intended

Date

3-16-00

Payee name

Mezzaluna

Payee address: City: State: Zip Code

Austin, TX

Purpose of expenditure

meeting with constituents

Amount (\$)

95.55

 Reimbursement from political contributions intended

Date

4-20-00

Payee name

Cedar Door

Payee address: City: State: Zip Code

Austin, TX

Purpose of expenditure

Reception for Judge

Amount (\$)

107.50

 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: 2 of 2
2 FILER NAME Ken Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-27-00	5 Payee name Gilligan's 6 Payee address: City: State: Zip Code Austin, TX	8 Amount (\$) 46.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure meeting with constituent	
Date 4-27-00	Payee name The Bitter End Payee address: City: State: Zip Code Austin, TX	Amount (\$) 45.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure meeting with constituent	
Date 5-1-00	Payee name Guero's Payee address: City: State: Zip Code Austin, TX	Amount (\$) 45.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure meeting with staff	
Date 5-11-00	Payee name Gumbo's Payee address: City: State: Zip Code Austin, TX	Amount (\$) 51.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure meeting with Co. Administrator	
Date 6-8-00	Payee name Four Season's Payee address: City: State: Zip Code Austin, TX	Amount (\$) 69.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure meeting with candidate	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED