

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5141

### 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  
Mr. Kenneth R.  
NICKNAME LAST SUFFIX  
Ken Oden

OFFICE USE ONLY

Date Received: **02/01/02**

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

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

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE  
1506 Gaston Avenue  
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 / 01 / 02 THROUGH 06 / 30 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
Travis County Attorney

12 OFFICE SOUGHT (if known)

13 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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of 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

additional pages

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

\$

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

\$ 2,500.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

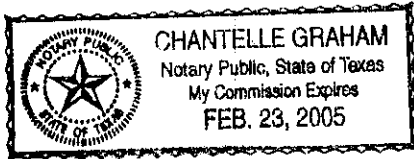
\$ 3,475.29

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 Kenneth R. Oden, this the 1st day of July, 2002, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Chantelle Graham  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages this Schedule A1: **1**

**2** FILER NAME  
Kenneth R. Oden **3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 6-6-02	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Bail Bonds	<b>7</b> Amount of contribution (\$) 2,500.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code 909 Nueces Street, Austin, TX			

**9** Principal occupation (Optional) **10** Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	--	-----------------------------	--

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation (Optional) 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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule F: 1 of 3
<b>2</b> FILER NAME Kenneth R. Oden		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 4-23-02	<b>5</b> Payee name Gilbert Escovedo <b>6</b> Payee address; City; State; Zip Code Austin, Texas	<b>7</b> Amount (\$) 200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Janitorial services for the Crime Victims Ceremony		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-23-02	Payee name Wade Harper Payee address; City; State; Zip Code Austin, Texas	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Musical services for the Crime Victims Ceremony		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-23-02	Payee name Rowena Jackson Payee address; City; State; Zip Code Austin, Texas	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Musical services for the Crime Victims Ceremony		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-25-02	Payee name Margaret Gomez Payee address; City; State; Zip Code PO Box 1748, Austin, Texas 78767	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Cinco de Mayo Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 2 of 3

2 FILER NAME  
Kenneth R. Oden 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
4-25-02	Phone-A-Thon	50.00
	6 Payee address; City, State; Zip Code	
	700 Lavaca St., Austin, TX	

8 Purpose of payment (See instructions regarding type of information required.) Travis County Bar Association donation	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
5-7-02	Traci Hess	20.90
	Payee address; City, State; Zip Code	
	PO Box 1748, Austin, Texas 78767	

Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses/ Crime Victims Ceremony	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
5-7-02	Velia Oaks	147.28
	Payee address; City, State; Zip Code	
	PO Box 1748, Austin, Texas 78767	

Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses/ Crime Victims Ceremony	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
6-10-02	Sam Biscoe Special Projects	25.00
	Payee address; City, State; Zip Code	
	PO Box 1748, Austin, Texas 78767	

Purpose of payment (See instructions regarding type of information required.) Juneteenth Donation	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 3

2 FILER NAME  
Kenneth R. Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
6-12-02	Ken Oden	2,686.72
	6 Payee address; City; State; Zip Code	
	1506 Gaston Avenue, Austin, Texas 78703	

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for eligible expenses 1-1-02 to 6-12-02	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
6-28-02	Ken Oden	170.39
	Payee address; City; State; Zip Code	
	1506 Gaston Avenue, Austin, Texas 78703	

Purpose of payment (See instructions regarding type of information required.) Reimbursement for eligible expenses 6-13-02 to 6-28-02	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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 8
2 FILER NAME Kenneth R. Oden		3 ACCOUNT # (Ethics Commission files)
4 Date 1-7-02	5 Payee name Ranch 616 6 Payee address: City: State: Zip Code 616 Nueces, Austin, Texas 78701 7 Purpose of expenditure Meeting with Staff	8 Amount (\$) 22.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1-8-02	Payee name Ranch 616 Payee address: City: State: Zip Code 616 Nueces, Austin, Texas 78701 Purpose of expenditure Meeting with District Attorney	Amount (\$) 36.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1-25-02	Payee name Dirty Martins Payee address: City: State: Zip Code Austin, Texas Purpose of expenditure Meeting with Staff	Amount (\$) 28.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1-14-02	Payee name Guero's Taco Bar Payee address: City: State: Zip Code Austin, Texas Purpose of expenditure Meeting with Constituents	Amount (\$) 55.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2-7-02	Payee name Four Seasons Payee address: City: State: Zip Code Austin, Texas Purpose of expenditure Meeting with Constituents	Amount (\$) 72.48 <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: 2 of 8
2 FILER NAME Kenneth R. Oden		3 ACCOUNT # (Ethics Commission files)
4 Date 1-28-02	5 Payee name Hyde Park Bar & Grill 6 Payee address: City: State: Zip Code 4206 Duval St., Austin, Texas 787	8 Amount (\$) 50.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Meeting with Staff	
Date 2-5-02	Payee name The Brown Bar Payee address: City: State: Zip Code 201 West 8th Street, Austin, Texas 78701	Amount (\$) 220.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting with Staff	
Date 2-7-02	Payee name Chez Zee Payee address: City: State: Zip Code Austin, Texas	Amount (\$) 47.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting with Staff	
Date 3-8-02	Payee name Paggi House Payee address: City: State: Zip Code Austin, Texas	Amount (\$) 72.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting with County Judge	
Date 3-7-02	Payee name Maudie's Cafe Payee address: City: State: Zip Code 2708 W. 7th St., Austin, Texas	Amount (\$) 78.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Meeting with Staff and Judge	

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 8

2 FILER NAME  
Kenneth R. Oden

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	6 Payee address: City: State: Zip Code	7 Purpose of expenditure	8 Amount (\$)	9 Reimbursement from political contributions intended
3-8-02	Basil's Restaurant	Austin, Texas	Meeting with Constituents	144.62	<input checked="" type="checkbox"/>
3-10-02	Hyde Park Bar & Grill	4206 Duval Street, Austin, Texas	Meeting with Staff	72.84	<input checked="" type="checkbox"/>
3-25-02	Guero's Taco Bar	1412 S. Congress, Austin, Texas 78701	Meeting with Constituents	45.01	<input checked="" type="checkbox"/>
4-13-02 4-14-02	Sheraton Gunter Hotel	205 East Houston St., San Antonio, TX 78205	Misc. Travel expenses	139.63	<input checked="" type="checkbox"/>
4/02	Night Hawk	Austin, Texas	Meeting with Constituents	32.00	<input checked="" type="checkbox"/>

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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 8
2 FILER NAME Kenneth R. Oden		3 ACCOUNT # (Ethics Commission files)
4 Date 4-24-02	5 Payee name Louie's 106 6 Payee address: City: State: Zip Code 106 E. 6th St., Austin, Texas 78701  7 Purpose of expenditure Gift Certificate for Staff member	8 Amount (\$)  100.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-24-02	Payee name Mezzaluna Payee address: City: State: Zip Code Austin, Texas  Purpose of expenditure Meeting with Staff	Amount (\$)  68.97  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-27-02	Payee name Mezzaluna Payee address: City: State: Zip Code Austin, Texas  Purpose of expenditure Meeting with Constituents	Amount (\$)  36.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-17-02	Payee name Hyde Park Bar & Grill Payee address: City: State: Zip Code 4206 Duval Street, Austin, Texas  Purpose of expenditure Meeting with staff	Amount (\$)  35.20  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-4-02	Payee name Malaga Payee address: City: State: Zip Code Austin, Texas  Purpose of expenditure Meeting with Constituents	Amount (\$)  29.40  <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: 5 of 8
2 FILER NAME Kenneth R. Oden		3 ACCOUNT # (Ethics Commission files)
4 Date 5-5-02	5 Payee name Hula Hut 6 Payee address: City: State: Zip Code Austin, Texas 7 Purpose of expenditure Meeting with Staff	8 Amount (\$) 68.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5/02	Payee name Paggi House Payee address: City: State: Zip Code Austin, Texas Purpose of expenditure Meeting with Constituents	Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-3-02	Payee name Four Seasons Payee address: City: State: Zip Code 98 San Jacinto, Austin, Texas 78701 Purpose of expenditure Meeting with Constituents	Amount (\$) 7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-7-02	Payee name Z Tejas Grill Payee address: City: State: Zip Code 1110 W. 6th St., Austin, Texas 78701 Purpose of expenditure Meeting with Staff	Amount (\$) 87.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-20-02	Payee name Hotel Washington Payee address: City: State: Zip Code Washington D.C. Purpose of expenditure Travel expenses (food)	Amount (\$) 35.51 <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: 6 of 8
2 FILER NAME Kenneth R. Oden		3 ACCOUNT # (Ethics Commission files)
4 Date 5-20-02	5 Payee name Cafe Marianna 6 Payee address: City: State: Zip Code 1201 N. Royal St., Alexandria, VA 7 Purpose of expenditure Travel expenses (food)	8 Amount (\$) 50.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-24-02	Payee name Duke Cafeteria Payee address: City: State: Zip Code Purpose of expenditure Travel expenses (food)	Amount (\$) 24.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-24-02	Payee name Park 75 Lounge & Terrace Payee address: City: State: Zip Code 75 14th St., Atlanta, GA Purpose of expenditure Travel expenses (food)	Amount (\$) 74.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-22-02	Payee name Phillips Harborplace Payee address: City: State: Zip Code 301 Light Street, Baltimore, MD Purpose of expenditure Travel expenses (food)	Amount (\$) 42.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-11-02	Payee name Hill Top Cafe Payee address: City: State: Zip Code Doss, Texas Purpose of expenditure Meeting with Staff & Constituents	Amount (\$) 392.69 <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: 7 of 8

2 FILER NAME  
Kenneth R. Oden

3 ACCOUNT # (Ethics Commission files)

4 Date 5-29-02	5 Payee name Z'Tejas Grill	8 Amount (\$) 38.20
	6 Payee address: City: State: Zip Code 1110 W. 6th St., Austin, Texas 78701	
7 Purpose of expenditure Meeting with Staff		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 6-4-02	Payee name Sam's Boat	Amount (\$) 77.59
	Payee address: City: State: Zip Code 10931 Braker Lane, Austin, Texas	
Purpose of expenditure Meeting with Staff		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5-20-02	Payee name Sky Terrace	Amount (\$) 35.51
	Payee address: City: State: Zip Code 15th & Pensilvania Ave., Washington D.C.	
Purpose of expenditure		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5-20-02	Payee name Fresh Ideas	Amount (\$) 16.49
	Payee address: City: State: Zip Code	
Purpose of expenditure NDAA Travel expenses		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5-22-02	Payee name Los. Catrines Tequila's Restaurant	Amount (\$) 146.16
	Payee address: City: State: Zip Code Locust St., Philadelphia, PA	
Purpose of expenditure		<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: 8 of 8

2 FILER NAME  
Kenneth R. Oden

3 ACCOUNT # (Ethics Commission files)

4 Date  
5-21-02

5 Payee name  
Old Ebbitt Grill  
6 Payee address: City: State: Zip Code

8 Amount (\$)  
69.75  
 Reimbursement from political contributions intended

7 Purpose of expenditure  
Travel expenses (food)

Date  
5-19-02

Payee name  
Wendy's  
Payee address: City: State: Zip Code

Amount (\$)  
13.51  
 Reimbursement from political contributions intended

Lexington, VA  
Purpose of expenditure  
Travel expenses (food)

Date  
6-19-02

Payee name  
Texas Land & Cattle  
Payee address: City: State: Zip Code

Amount (\$)  
62.67  
 Reimbursement from political contributions intended

1101 S. Mopac, Austin, Texas  
Purpose of expenditure  
Meeting with Staff

Date  
6-25-02

Payee name  
Payee address: City: State: Zip Code  
311 W. 6th St., Austin, Texas 78701

Amount (\$)  
58.37  
 Reimbursement from political contributions intended

Purpose of expenditure  
Meeting with Judge

Date  
6-27-02

Payee name  
Mezzaluna  
Payee address: City: State: Zip Code  
310 Colorado, Austin, Texas

Amount (\$)  
95.34  
 Reimbursement from political contributions intended

Purpose of expenditure  
Meeting with Staff

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