

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5448

**FORM C/OH
COVER SHEET PG 1**

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: 4</p>																										
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:25%;">FIRST</td> <td style="width:15%;">MI</td> <td style="width:15%;">LAST</td> <td style="width:15%;">SUFFIX</td> </tr> <tr> <td>Mr.</td> <td>Kenneth</td> <td>R.</td> <td>Oden</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td colspan="4"></td> </tr> <tr> <td>Ken</td> <td colspan="4"></td> </tr> </table>	TITLE	FIRST	MI	LAST	SUFFIX	Mr.	Kenneth	R.	Oden		NICKNAME					Ken					<p style="text-align: center;">OFFICE USE ONLY</p> <p style="text-align: center;">FILED FOR RECORD</p> <p style="text-align: center;">JUL 15 PM 3:26</p> <p style="text-align: center;">CLERK</p> <p style="text-align: center;">TRAVIS COUNTY TEXAS</p>							
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<p>11 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p>Travis County Attorney</p>	<p>12 OFFICE SOUGHT (if known)</p>																											
<p>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<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 expenditures. ..</p> <p>Name</p> <p>Address / PO Box Apt / Suite # City State Zip Code</p>																												

GO TO PAGE 2

POLITICAL EXPENDITURES

SCHEDULE F

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

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

4 Date <u>7/14/03</u>	5 Payee name <u>Travis County Democratic Party</u>	7 Amount (\$) <u>61.39</u>
6 Payee address; City; State; Zip Code <u>Austin, Texas</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Contribution</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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		

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Kenneth R. Oden	15 ACCOUNT # (Ethics Commission file #)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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.)

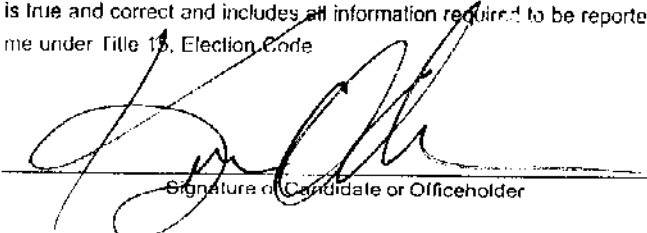
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 61,39
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 18, Election Code.

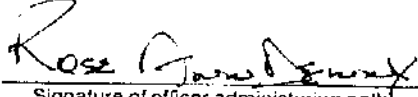
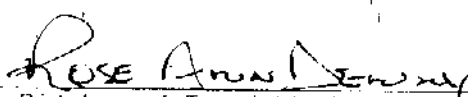
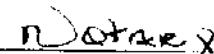


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kenneth R. Oden this the 12th day of July, 2003, to certify which, witness my hand and seal of office.

		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

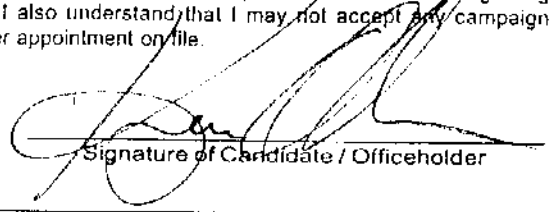
FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME Kenneth R. Oden	2 ACCOUNT # (Ethics Commission filers)
------------------------------------	--

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder