

# Ron Oden

## For Congress



RECEIVED  
FEDERAL ELECTION  
MISSION MAIL ROOM  
2000 FEB 24 A 11:16

February 23, 2000

Federal Election Commission  
999 E Street NW  
Washington, D.C. 20463

RE: Committee FEC ID. # C00352328

The enclosed pre-primary report replaces the original report filed and sent certified mail on February 17, 2000 (receipt attached below).

This is being filed to clarify information discussed with Lisa Simpson (Phone ext. 1167) and Betsy Maloney (Phone ext. 1307) on February 23, 2000.

If you have any further questions, please phone me at (760) 320-3559.

Sincerely,

Hal Ball  
Treasurer

20194 296 398

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
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Sent by: F. Oden, Edmond Canyon 55108  
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RECEIVED  
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2000 FEB 21 A 11:16

1. NAME OF COMMITTEE (in full)  
**Ron Oden For Congress**

ADDRESS (number and street)  Check if different than previously reported.  
**2078 Chico**

CITY, STATE and ZIP CODE STATE/DISTRICT  
**Palm Springs, CA 92264 CA 44**

2. FEC IDENTIFICATION NUMBER  
**C00352328**

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

**4. TYPE OF REPORT**

April 15 Quarterly Report  Twelfth day report preceding Primary Election  
(Type of Election)  
election on 3/7/2000 in the State of CA

July 15 Quarterly Report  Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

October 15 Quarterly Report  Termination Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

This Report Contains Activity For  Primary Election  General Election  Special Election  Runoff Election

**SUMMARY**

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>11/1/99</u> through <u>2/16/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$22,944.36	\$22,944.36
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$22,944.36	\$22,944.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$22,171.48	\$22,171.48
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$22,171.48	\$22,171.48
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$1,272.88	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$6,500.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Harold Ball**

Signature of Treasurer *Harold Ball* Date **2/15/2000**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. Section 437g.

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# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full) **Ron Oden For Congress**      Report Covering the Period  
 From: **11/1/99**      To: **2/16/2000**  
 C00352328

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
<b>(a) Individuals/Persons Other Than Political Committees</b>			
(i) Itemized (use Schedule A) .....	\$17,108.03		11(a)(i)
(ii) Unitemized .....	\$5,836.33		11(a)(ii)
(iii) Total of Contributions from individuals .....	\$22,944.36	\$22,944.36	11(a)(iii)
<b>(b) Political Party Committees</b> .....	\$0.00	\$0.00	11(b)
<b>(c) Other Political Committees (such as PACs)</b> .....	\$0.00	\$0.00	11(c)
<b>(d) The Candidate</b> .....	\$0.00	\$0.00	11(d)
<b>(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i),(ii),(b),(c), and (d))</b> .....	\$22,944.36	\$22,944.36	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEE</b> .....	\$0.00	\$0.00	12
<b>13. LOANS:</b>			
<b>(a) Made or Guaranteed by the Candidate</b> .....	\$500.00	\$500.00	13(a)
<b>(b) All Other Loans</b> .....	\$0.00	\$0.00	13(b)
<b>(c) TOTAL LOANS (add 13(a) and (b))</b> .....	\$500.00	\$500.00	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> .....	\$0.00	\$0.00	14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> .....	\$0.00	\$0.00	15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)</b> .....	\$23,444.36	\$23,444.36	16
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES</b> .....	\$22,171.48	\$22,171.48	17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> .....	\$0.00	\$0.00	18
<b>19. LOAN REPAYMENTS:</b>			
<b>(a) Of Loans Made or Guaranteed by the Candidate</b> .....	\$0.00	\$0.00	19(a)
<b>(b) Of All Other Loans</b> .....	\$0.00	\$0.00	19(b)
<b>(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))</b> .....	\$0.00	\$0.00	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
<b>(a) Individuals/Persons Other Than Political Committees</b> .....	\$0.00	\$0.00	20(a)
<b>(b) Political Party Committees</b> .....	\$0.00	\$0.00	20(b)
<b>(c) Other Political Committees (such as PACs)</b> .....	\$0.00	\$0.00	20(c)
<b>(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))</b> .....	\$0.00	\$0.00	20(d)
<b>21. OTHER DISBURSEMENTS</b> .....	\$0.00	\$0.00	21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)</b> .....	\$22,171.48	\$22,171.48	22
<b>III. CASH SUMMARY</b>			
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> .....		\$0.00	23
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> .....		\$23,444.36	24
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> .....		\$23,444.36	25
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b> .....		\$22,171.48	26
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> .....		\$1,272.88	27

2000 RELEASE UNDER E.O. 14176

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 5

FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

**Ron Oden For Congress**

**CD0352328**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Aguanno, Angelo</b> 3745 B E Bogart Trail Palm Springs CA 92264	John Henry's Rest	2/6/2000	\$500.00 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Co Owner	Aggregate Year-to-Date > \$500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Ball, Harold</b> 2078 Chico Dr Palm Springs CA 92264	Retired	1/12/2000	\$29.10 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$589.33	
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Ball, Harold</b> 2078 Chico Dr Palm Springs CA 92264	Retired	2/1/2000	\$222.15 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$589.33	
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Ball, Harold</b> 2078 Chico Dr Palm Springs CA 92264	Retired	1/26/2000	\$338.08 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$589.33	
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Baxandall, Lea R</b> 460 N Main St Oshkosh WI 54901	Nature Society	12/16/99	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President	Aggregate Year-to-Date > \$500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Covington, Robert</b> 2078 Chico Palm Springs CA 92264	Retired	1/31/2000	\$810.28 In-Kind
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired	Aggregate Year-to-Date > \$810.28	
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Cunningham, James</b> 525 Sunshine Circle West Palm Springs CA 92264	Palm Springs Disposal Services	2/11/2000	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Contractor	Aggregate Year-to-Date > \$1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$3,399.61
TOTAL This Period (last page this line number only)	

2000-03-01 10:55:00 AM



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 5

FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Ron Oden For Congress**

**C00352328**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Davis, Bobbi</b> 371 Glen Circle Palm Springs CA 92262 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Homemaker Occupation Homemaker Aggregate Year-to-Date > \$500.00	1/25/2000	\$500.00
<b>Davis, Jim</b> 371 Glen Circle Palm Springs CA 92264 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Holiday Inn Occupation Manager Aggregate Year-to-Date > \$631.00	1/8/2000	\$500.00
<b>Davis, Jim</b> 371 Glen Circle Palm Springs CA 92264 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Holiday Inn Occupation Manager Aggregate Year-to-Date > \$631.00	1/12/2000	\$131.00 In-Kind
<b>Dunn, Charles</b> 3598 Escoba Dr Palm Springs CA 92264 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Career College Occupation Self Employed Aggregate Year-to-Date > \$1,000.00	12/21/99	\$1,000.00
<b>Fieger, Chris</b> 40020 Bridges St Beaumont CA 92223 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Retired Occupation Retired Aggregate Year-to-Date > \$100.00	1/2/2000	\$100.00 MEMO Partnership Attributed
<b>Fieger, Nadine</b> 40020 Bridges St Beaumont CA 92223 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	City of Palm Springs Occupation Enforcement Officer Aggregate Year-to-Date > \$200.00	1/2/2000	\$100.00 MEMO Partnership Attributed
<b>Grand, Fred</b> P.O. Box 685 Del Mar CA 92014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Pacific Hospitality Group Occupation Vice President Aggregate Year-to-Date > \$500.00	1/27/2000	\$500.00

SUBTOTAL of Receipts This Page (optional)	\$2,631.00
TOTAL This Period (last page this line number only)	

2000-03-01 10:23:41

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 5

FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Ron Oden For Congress**

**C00352328**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Grand, Julia</b> P.O. Box 685 Del Mar CA 92014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Homemaker Occupation Homemaker Aggregate Year-to-Date > \$1,000.00	1/8/2000	\$1,000.00
<b>Jaycox, Michael</b> 6515 East Sycamore Glen Dr Orange CA 92869 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Palm Springs Disposal Services Occupation Manager Aggregate Year-to-Date > \$1,000.00	2/11/2000	\$1,000.00
<b>Johnson, Benjamin</b> 24602 Voorhees Dr Los Altos CA 94022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Woodmount Occupation CFO Aggregate Year-to-Date > \$500.00	1/21/2000	\$500.00
<b>Jordan, Nell</b> 1040 Pajaro Palm Springs CA 92262 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Retired Occupation Retired Aggregate Year-to-Date > \$277.42	11/11/99	\$277.42 In-Kind
<b>Kaufar, Steve</b> 903 Regal Drive Palm Springs CA 92262 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Interaction Occupation Consultant Aggregate Year-to-Date > \$250.00	1/20/2000	\$250.00
<b>Kessler, Harvey</b> 68200 Calle Las Tiendas Desert Hot Springs CA 92240 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed Occupation Paralegal Aggregate Year-to-Date > \$1,000.00	11/24/99	\$300.00
<b>Kessler, Harvey</b> 68200 Calle Las Tiendas Desert Hot Springs CA 92240 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed Occupation Paralegal Aggregate Year-to-Date > \$1,000.00	11/25/99	\$700.00

SUBTOTAL of Receipts This Page (optional)	\$4,027.43
TOTAL This Period (last page this line number only)	

2000 "FORM 1120" 1-00-00



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 5

FORM LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Ron Oden For Congress**

**C00352328**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Kite, Ken</b> 1670 Murray Canyon Palm Springs CA 92264 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Builder Developer Occupation Owner Aggregate Year-to-Date > \$300.00	12/19/99	\$300.00
<b>Laslo, John</b> 3745 B E Bogart Trail Palm Springs CA 92264 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	John Henry's Rest Occupation Owner Aggregate Year-to-Date > \$1,000.00	2/6/2000	\$1,000.00 In-Kind
<b>Luther, Robert</b> 330 Abies Rd Reno NV 89511 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self-Employed Occupation Retired Doctor Aggregate Year-to-Date > \$500.00	2/15/2000	\$500.00
<b>Lyons, Barbara G</b> 73600 Arriba Rd Thousand Palms CA 92276 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Indian Tribal Counsel Occupation Vice Chair Aggregate Year-to-Date > \$250.00	2/11/2000	\$250.00
<b>McWethy, Bill, Jr.</b> 11839 Sorrento Valley Rd San Diego CA 92121 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Holiday Inn Occupation Owner Aggregate Year-to-Date > \$1,000.00	1/8/2000	\$500.00
<b>McWethy, Bill, Jr.</b> 11839 Sorrento Valley Rd San Diego CA 92121 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Holiday Inn Occupation Owner Aggregate Year-to-Date > \$1,000.00	1/8/2000	\$500.00
<b>Payne, Geoffrey</b> 8325 Kitty Hawk Los Angeles CA 90045 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed Occupation Painting Contractor Aggregate Year-to-Date > \$1,000.00	1/8/2000	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$3,550.00

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 5

FOR LINE NUMBER

11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Ron Oden For Congress**

**C00352328**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Payne, Geoffrey</b> 8325 Kitty Hawk Los Angeles CA 90045 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed Occupation Painting Contractor Aggregate Year-to-Date > \$1,000.00	1/8/2000	\$500.00
<b>Wade, Fredrick</b> 24114 Forsyta Moreno Valley CA 92557 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Palm Springs Disposal Services Occupation General Manager Aggregate Year-to-Date > \$1,000.00	2/11/2000	\$1,000.00
<b>Wade, Randy</b> P.O. Box 2711 Palm Springs CA 92263 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Palm Springs Disposal Services Occupation Manager Aggregate Year-to-Date > \$1,000.00	2/11/2000	\$1,000.00
<b>Wade, Ray</b> 39100 Vista Dunes Rancho Mirage CA 92270 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Palm Springs Disposal Occupation Executive Manager Aggregate Year-to-Date > \$1,000.00	2/11/2000	\$1,000.00
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$3,500.00

TOTAL This Period (last page this line number only)

\$17,108.03

2003-03-03 15:55:03





**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER

13(B)

**Loans Made or Guaranteed by the Candidate**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Ron Oden For Congress**

**C00352328**

A. Full Name, Mailing Address and ZIP Code Oden, Ron 1040 Pajaro Palm Springs CA 92262 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer College of the Desert Occupation Teacher Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/8/99	Amount of Each Receipt this Period \$500.00 Made by Cand
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$500.00
TOTAL This Period (last page this line number only)	\$500.00

SCHEDULE A - LINE 13(B)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 4  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (In Full)		C00352328	
<b>A. Full Name, Mailing Address and ZIP Code</b> Aguanno, Angelo 3745 B E Bogart Trail Palm Springs CA 92264	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/6/2000	<b>Amount of Each Disbursement this Period</b> \$500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Ball, Harold 2078 Chico Dr Palm Springs CA 92264	<b>Purpose of Disbursement</b> Other (Enter Description) Other  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/12/2000	<b>Amount of Each Disbursement this Period</b> \$222.15
<b>C. Full Name, Mailing Address and ZIP Code</b> Ball, Harold 2078 Chico Dr Palm Springs CA 92264	<b>Purpose of Disbursement</b> Office Expenses Inv 323  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/12/2000	<b>Amount of Each Disbursement this Period</b> \$29.10
<b>D. Full Name, Mailing Address and ZIP Code</b> Ball, Harold 2078 Chico Dr Palm Springs CA 92264	<b>Purpose of Disbursement</b> Other (Enter Description) Other  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/12/2000	<b>Amount of Each Disbursement this Period</b> \$338.08
<b>E. Full Name, Mailing Address and ZIP Code</b> Ball, Harold 2078 Chico Dr Palm Springs CA 92264	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/26/2000	<b>Amount of Each Disbursement this Period</b> \$338.08
<b>F. Full Name, Mailing Address and ZIP Code</b> Ball, Harold 2078 Chico Dr Palm Springs CA 92264	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/1/2000	<b>Amount of Each Disbursement this Period</b> \$222.15
<b>G. Full Name, Mailing Address and ZIP Code</b> Ball, Harold 2078 Chico Dr Palm Springs CA 92264	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/13/2000	<b>Amount of Each Disbursement this Period</b> \$29.10
<b>H. Full Name, Mailing Address and ZIP Code</b> Balloonay Tunes 67-502 E Hwy 111 Palm Springs CA 92264	<b>Purpose of Disbursement</b> Other (Enter Description) Inv 0263B  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/14/2000	<b>Amount of Each Disbursement this Period</b> \$213.70
<b>I. Full Name, Mailing Address and ZIP Code</b> Cathedral City Chamber of Com 68-845 Perez Rd Cathedral City CA 92234	<b>Purpose of Disbursement</b> Other (Enter Description) Booth Fee  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/14/2000	<b>Amount of Each Disbursement this Period</b> \$50.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$1,942.36
<b>TOTAL</b> This Period (last page this line number only) .....	

2002 FSA 02050



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 4

FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)		C00352328	
A. Full Name, Mailing Address and ZIP Code County of Riverside 2724 Gateway Dr Riverside CA 92501	Purpose of Disbursement Filing Fee Filing Fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 12/9/99	Amount of Each Disbursement this Period \$1,367.00
B. Full Name, Mailing Address and ZIP Code Covington, Robert 2078 Chico Palm Springs CA 92264	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/31/2000	Amount of Each Disbursement this Period \$810.28
C. Full Name, Mailing Address and ZIP Code Covington, Robert 2078 Chico Palm Springs CA 92264	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/12/2000	Amount of Each Disbursement this Period \$810.28
D. Full Name, Mailing Address and ZIP Code Davis, Jim 371 Glen Circle Palm Springs CA 92264	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/12/2000	Amount of Each Disbursement this Period \$131.00
E. Full Name, Mailing Address and ZIP Code Econo Print 63-703 Perez Road Cathedral City CA 92234	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/12/2000	Amount of Each Disbursement this Period \$664.51
F. Full Name, Mailing Address and ZIP Code Fairbank and Associates 2425 Colorado Ave Santa Monica CA 90404	Purpose of Disbursement Campaign Consultant Voter Survey Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/12/2000	Amount of Each Disbursement this Period \$5,000.00
G. Full Name, Mailing Address and ZIP Code Jordan, Nell 1040 Pajaro Rd Palm Springs CA 92262	Purpose of Disbursement Campaign Literature Reimbursement Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/12/2000	Amount of Each Disbursement this Period \$277.42
H. Full Name, Mailing Address and ZIP Code Jordan, Nell 1040 Pajaro Palm Springs CA 92262	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/11/99	Amount of Each Disbursement this Period \$277.42
I. Full Name, Mailing Address and ZIP Code Laslo, John 3745 B E Bogart Trail Palm Springs CA 92264	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/6/2000	Amount of Each Disbursement this Period \$1,000.00

SUBTOTAL of Disbursements This Page (optional) ..... \$10,337.91

TOTAL This Period (last page this line number only) .....

2002 RELEASE UNDER E.O. 14176

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 4  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)		C00352328	
<b>A. Full Name, Mailing Address and ZIP Code</b> Lord, Laura 3489 Nasturtium Indian Wells CA 92210	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/3/2000	<b>Amount of Each Disbursement this Period</b> \$50.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Lord, Laura 3489 Nasturtium Indian Wells CA 92210	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/24/2000	<b>Amount of Each Disbursement this Period</b> \$64.04
<b>C. Full Name, Mailing Address and ZIP Code</b> Lord, Laura 3489 Nasturtium Way Indian Wells CA 92210	<b>Purpose of Disbursement</b> Other (Enter Description) Booth  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/12/2000	<b>Amount of Each Disbursement this Period</b> \$50.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Lord, Laura 3489 Nasturtium Way Indian Wells CA 92210	<b>Purpose of Disbursement</b> Office Expenses Reimbursement for  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/24/2000	<b>Amount of Each Disbursement this Period</b> \$64.04
<b>E. Full Name, Mailing Address and ZIP Code</b> Puntenney, Louis 11 Sterling Pl Rancho Mirage CA 92270	<b>Purpose of Disbursement</b> Office Expenses Office Expenses  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 12/19/99	<b>Amount of Each Disbursement this Period</b> \$151.64
<b>F. Full Name, Mailing Address and ZIP Code</b> Puntenney, Louis 11 Sterling Pl Rancho Mirage CA 92270	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 12/19/99	<b>Amount of Each Disbursement this Period</b> \$151.64
<b>G. Full Name, Mailing Address and ZIP Code</b> Puntenney, Louis 11 Sterling Pl Rancho Mirage CA 92270	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/14/2000	<b>Amount of Each Disbursement this Period</b> \$1.65
<b>H. Full Name, Mailing Address and ZIP Code</b> Strategy Source 1436 U St Washington DC 20009	<b>Purpose of Disbursement</b> Campaign Consultant Campaign Consultant-  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 1/4/2000	<b>Amount of Each Disbursement this Period</b> \$1,000.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Strategy Source 1436 U St Washington DC 20009	<b>Purpose of Disbursement</b> Campaign Consultant Invoice Number 879  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 2/14/2000	<b>Amount of Each Disbursement this Period</b> \$2,000.00

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	\$3,533.01
<b>TOTAL This Period (last page this line number only)</b> .....	

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate sheets for each category of this Detailed Summary Page

PAGE 4 OF 4  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full) **Ron Oden For Congress** C00352328

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Strategy Source 1436 U St Washington DC 20009	Campaign Consultant Campaign Consultant- Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/1/2000	\$2,000.00
B. Full Name, Mailing Address and ZIP Code Strategy Source 1436 U St Washington DC 20009	Purpose of Disbursement Campaign Consultant Campaign Consultant- Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/10/2000	\$4,000.00
C. Full Name, Mailing Address and ZIP Code Tom Brewster Photography 3571 Vivian Cir Palm Springs CA 92262	Purpose of Disbursement Other (Enter Description) Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	12/31/99	\$301.70
D. Full Name, Mailing Address and ZIP Code U.S. Postmaster Smoketree Station Palm Springs CA 92264	Purpose of Disbursement Postage Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/14/2000	\$56.50
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....	\$6,358.20
TOTAL This Period (last page this line number only) .....	\$22,171.48

20080303 09:53:03

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**SCHEDULE C**

**LOANS**

(Revised 3/80) Loans owed BY the Committee

Name of Committee (In Full)

C00352328

**Ron Oden For Congress**

A. Full Name, Mailing Address and Zip Code of Loan Source

**Oden, Ron  
 1040 Pajaro  
 Palm Springs, CA 92262**

Original Amount of Loan

\$500.00

Cumulative Payment To Date

\$0.00

Balance Outstanding at Close of This Period

\$500.00

Election:  Primary  General  Other (Specify):

Terms: Date Incurred 12/8/99 Date Due 12/31/2000 Interest Rate 0 % (april)  Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code

Name of Employer

Occupation

Amount Guaranteed Outstanding

\$0.00

2. Full Name, Mailing Address and Zip Code

Name of Employer

Occupation

Amount Guaranteed Outstanding

\$0.00

3. Full Name, Mailing Address and Zip Code

Name of Employer

Occupation

Amount Guaranteed Outstanding

\$0.00

B. Full Name, Mailing Address and Zip Code of Loan Source

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

Election:  Primary  General  Other (Specify):

Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (april)  Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code

Name of Employer

Occupation

Amount Guaranteed Outstanding

2. Full Name, Mailing Address and Zip Code

Name of Employer

Occupation

Amount Guaranteed Outstanding

3. Full Name, Mailing Address and Zip Code

Name of Employer

Occupation

Amount Guaranteed Outstanding

SUBTOTALS This Period This Page (optional) .....

\$500.00

TOTALS This Period (last page in this line only) .....

\$500.00

Carry outstanding balance to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary

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2000 12 15 3 13 0 0 15 14

**SCHEDULE D**

(Revised 3/80) Owed BY the Committee

**DEBTS AND OBLIGATIONS**

Excluding Loans

FROM 11/1/98 TO 2/16/2000

PAGE 1 of 1  
 LINE NUMBER 10  
 (Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
000352828 Ran Oden For Congress				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Strategy Source Roger Lee 1436 U St Washington DC 20009	\$0.00	\$15,000.00	\$9,000.00	\$6,000.00
Nature of Debt (Purpose) \$4 177,45 127.55 220 Campaign Com-ite				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				

1) SUBTOTALS This Period This Page (optional)	\$6,000.00
2) TOTALS This Period (last page in this line only)	\$6,000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$6,500.00

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2000 FEB 23 10 53 AM '00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>2.23-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMN</i> PREPARER	<i>2.24-02</i> DATE PREPARED

2010.10.22.15.33.31.0012336