

2000 JUL -7 P 1:48

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 _____ (Type of Election) _____
election on _____ in the State of _____
- July 15 Quarterly Report Thirtieth day report following the General Election on _____
_____ in the State of _____
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report


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>4/1/2000</u> through <u>6/30/2000</u> | | |
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | \$18,719.00 | \$51,719.83 |
| (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)) | \$18,719.00 | \$51,719.83 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | \$15,390.37 | \$46,896.15 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | \$0.00 | \$0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | \$15,390.37 | \$46,896.15 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | \$6,153.34 | For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 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) | \$18,960.35 | |

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  Date **7/2/2000**

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.

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 | |
|---|-------------|--------------------------------------|--|
| C00352328 | | From: 4/1/2000 | To: 6/30/2000 |
| I. RECEIPTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 11. CONTRIBUTIONS (other than loans) FROM: | | | |
| (a) Individuals/Persons Other Than Political Committees | | | |
| (i) Itemized (use Schedule A) | \$8,905.00 | | 11(a)(i) |
| (ii) Unitemized | \$8,614.00 | | 11(a)(ii) |
| (iii) Total of Contributions from Individuals | \$17,519.00 | \$50,519.83 | 11(a)(iii) |
| (b) Political Party Committees | \$1,100.00 | \$1,100.00 | 11(b) |
| (c) Other Political Committees (such as PACs) | \$100.00 | \$100.00 | 11(c) |
| (d) The Candidate | \$0.00 | \$0.00 | 11(d) |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i),(ii),(iii) and (d) | \$18,719.00 | \$51,719.83 | 11(e) |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEE | \$0.00 | \$0.00 | 12 |
| 13. LOANS: | | | |
| (a) Made or Guaranteed by the Candidate | \$0.00 | \$500.00 | 13(a) |
| (b) All Other Loans | \$0.00 | \$0.00 | 13(b) |
| (c) TOTAL LOANS (add 13(a) and (b)) | \$0.00 | \$500.00 | 13(c) |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | \$0.00 | \$0.00 | 14 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | \$0.00 | \$0.00 | 15 |
| 16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14, and 15) | \$18,719.00 | \$52,219.83 | 16 |
| II. DISBURSEMENTS | | | |
| 17. OPERATING EXPENDITURES | \$15,390.37 | \$46,896.15 | 17 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | \$0.00 | \$0.00 | 18 |
| 19. LOAN REPAYMENTS: | | | |
| (a) Of Loans Made or Guaranteed by the Candidate | \$500.00 | \$1,000.00 | 19(a) |
| (b) Of All Other Loans | \$0.00 | \$0.00 | 19(b) |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) | \$500.00 | \$1,000.00 | 19(c) |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | | |
| (a) Individuals/Persons Other Than Political Committees | \$0.00 | \$0.00 | 20(a) |
| (b) Political Party Committees | \$0.00 | \$0.00 | 20(b) |
| (c) Other Political Committees (such as PACs) | \$0.00 | \$0.00 | 20(c) |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c)) | \$0.00 | \$0.00 | 20(d) |
| 21. OTHER DISBURSEMENTS | \$0.00 | \$0.00 | 21 |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21) | \$15,890.37 | \$47,896.15 | 22 |
| III. CASH SUMMARY | | | |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | | \$3,324.71 | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | | \$18,719.00 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24) | | \$22,043.71 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | | \$15,890.37 | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | | \$6,153.34 | 27 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6

FOR LINE NUMBER

11(a)(1)

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 **C00352328**

| | | | |
|--|--|--|--|
| <p>A. Full Name, Mailing Address and ZIP Code Tomboyz JENNIFER SKYMOUR 380 Avenida 214 ARENAS Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Self Employed</p> <p>Occupation Caterers</p> <p>Aggregate Year-to-Date > \$350.00</p> | <p>Date (month, day, year) 6/22/2000</p> | <p>Amount of Each Receipt this Period \$350.00 In-Kind</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Ball, Harold 2078 Chico Dr Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$862.33</p> | <p>Date (month, day, year) 6/24/2000</p> | <p>Amount of Each Receipt this Period \$80.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Bosworth, Gary 65827 Seventh St Desert Hot Springs CA 92240</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Mitzi Mayer Accounting</p> <p>Occupation Accountant</p> <p>Aggregate Year-to-Date > \$575.00</p> | <p>Date (month, day, year) 6/5/2000</p> | <p>Amount of Each Receipt this Period \$20.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Bosworth, Gary 65827 Seventh St Desert Hot Springs CA 92240</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Mitzi Mayer Accounting</p> <p>Occupation Accountant</p> <p>Aggregate Year-to-Date > \$575.00</p> | <p>Date (month, day, year) 6/16/2000</p> | <p>Amount of Each Receipt this Period \$330.00 In-Kind</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Bosworth, Gary 65827 Seventh St Desert Hot Springs CA 92240</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Mitzi Mayer Accounting</p> <p>Occupation Accountant</p> <p>Aggregate Year-to-Date > \$575.00</p> | <p>Date (month, day, year) 4/8/2000</p> | <p>Amount of Each Receipt this Period \$200.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Bosworth, Gary 66827 Seventh St Desert Hot Springs CA 92240</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Mitzi Mayer Accounting</p> <p>Occupation Accountant</p> <p>Aggregate Year-to-Date > \$575.00</p> | <p>Date (month, day, year) 6/8/2000</p> | <p>Amount of Each Receipt this Period \$25.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Brown, John 421 Onyx Dr Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Desert AIDS Project</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$600.00</p> | <p>Date (month, day, year) 5/20/2000</p> | <p>Amount of Each Receipt this Period \$100.00</p> |

| | |
|---|-------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>\$1,105.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p></p> |

SCHEDULE A

ITEMIZED RECEIPTS

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

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** **C00352328**

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-----------------------------|-------------------------------------|--|
| Brummel, Kenneth 6065 Montecito Dr Palm Springs CA 92264 | Biscotti Books | 4/25/2000 | \$100.00 MEMO Partnershp Attributed |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Partner | Aggregate Year-to-Date > \$200.00 | |
| Bynum, Jerry 6527 White Feather Rd Joshua Tree CA 92252 | County of San Bernardino | 6/3/2000 | \$500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Attorney | Aggregate Year-to-Date > \$500.00 | |
| Clark, Scot 193 S Civic Dr No 6 Palm Springs CA 92262 | Self Employed | 6/3/2000 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Attorney | Aggregate Year-to-Date > \$250.00 | |
| Davis, Cynthia 35325 Date Palm Dr No 213 Cathedral City CA 92234 | Self Employed | 5/25/2000 | \$400.00 In-Kind |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation CPA | Aggregate Year-to-Date > \$400.00 | |
| Del Rio, Ignacio 74545 Daylily Circle Palm Desert CA 92260 | La Taquiera | 5/12/2000 | \$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Owner | Aggregate Year-to-Date > \$1,000.00 | |
| English, Richard 99 Palomino Circle Palm Desert CA 92211 | Self Employed | 6/3/2000 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Attorney | Aggregate Year-to-Date > \$250.00 | |
| Graphos, Antonia 64854 Saragossa Dr Palm Springs CA 92264 | Desert Community Foundation | 4/20/2000 | \$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation President | Aggregate Year-to-Date > \$1,000.00 | |

SUBTOTAL of Receipts This Page (optional) \$3,400.00

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 3 OF 6

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Ron Oden For Congress

C00352328

| | | | |
|--|---|--|--|
| <p>A. Full Name, Mailing Address and ZIP Code Harrison, Darrell 66 Montecito Dr No1 Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Biscotti Books</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date ></p> | <p>Date (month, day, year) 4/25/2000</p> | <p>Amount of Each Receipt this Period \$0.00 MBMO Partnership Attributed</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Hunter, Fundraiser 302 Arenas Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Fundraiser</p> <p>Occupation Fundraiser</p> <p>Aggregate Year-to-Date > \$455.00</p> | <p>Date (month, day, year) 6/22/2000</p> | <p>Amount of Each Receipt this Period \$100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Hunter, Fundraiser 302 Arenas Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Fundraiser</p> <p>Occupation Fundraiser</p> <p>Aggregate Year-to-Date > \$455.00</p> | <p>Date (month, day, year) 6/22/2000</p> | <p>Amount of Each Receipt this Period \$100.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Hunter, Fundraiser 302 Arenas Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Fundraiser</p> <p>Occupation Fundraiser</p> <p>Aggregate Year-to-Date > \$455.00</p> | <p>Date (month, day, year) 6/22/2000</p> | <p>Amount of Each Receipt this Period \$55.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Hunter, Fundraiser 302 Arenas Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Fundraiser</p> <p>Occupation Fundraiser</p> <p>Aggregate Year-to-Date > \$455.00</p> | <p>Date (month, day, year) 6/22/2000</p> | <p>Amount of Each Receipt this Period \$100.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Hunter, Fundraiser 302 Arenas Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Fundraiser</p> <p>Occupation Fundraiser</p> <p>Aggregate Year-to-Date > \$455.00</p> | <p>Date (month, day, year) 6/22/2000</p> | <p>Amount of Each Receipt this Period \$100.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Keating, Don 211 E Palm Canyon Dr Palm Springs CA 92264</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p> | <p>Name of Employer Tarbel Realtors</p> <p>Occupation Real Estate Agent</p> <p>Aggregate Year-to-Date > \$700.00</p> | <p>Date (month, day, year) 5/20/2000</p> | <p>Amount of Each Receipt this Period \$200.00</p> |

SUBTOTAL of Receipts This Page (optional) >>> \$655.00

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

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Ron Oden For Congress

C00362328

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| Lind, Phil 2062 Chico Dr Palm Springs CA 92264 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Retired Occupation: Retired Aggregate Year-to-Date > \$400.00 | 4/20/2000 | \$200.00 |
| Linsky, Andy 424 W Vieta Chino Palm Springs CA 92262 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Prudential Hampton Occupation: Realtor Aggregate Year-to-Date > \$350.00 | 6/8/2000 | \$250.00 |
| Matthew, Donley A 1588 N. Kaweah No 3 Palm Springs CA 92264 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Retired Occupation: Attorney Aggregate Year-to-Date > \$250.00 | 4/27/2000 | \$250.00 |
| Moore, Paul M 299 Vereda Norte Palm Springs CA 92262 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | COLDWELL BANKER Occupation: REAL ESTATE AGENT Aggregate Year-to-Date > \$250.00 | 6/24/2000 | \$150.00 |
| Moore, Paul M 299 Vereda Norte Palm Springs CA 92262 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | COLDWELL BANKER Occupation: REAL ESTATE AGENT Aggregate Year-to-Date > \$250.00 | 5/20/2000 | \$100.00 |
| Pomeroy, John 2350 West Avenida Caballeros Palm Springs CA 92262 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Self Employed Occupation: Contractor Aggregate Year-to-Date > \$350.00 | 6/27/2000 | \$100.00 |
| Pomeroy, John 2350 West Avenida Caballeros Palm Springs CA 92262 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Self Employed Occupation: Contractor Aggregate Year-to-Date > \$350.00 | 6/23/2000 | \$250.00 |

| | |
|---|------------|
| SUBTOTAL of Receipts This Page (optional) | \$1,300.00 |
| 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 6

FOR LINE NUMBER

11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Ron Oden For Congress

C00362328

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---------------------------------------|-------------------------------------|------------------------------------|
| Seymour, Alan 302 E. Arenas Palm Springs CA 92262 | Hunters Video Bar | 6/22/2000 | \$150.00 In-Kind |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Partner | Aggregate Year-to-Date > \$1,295.00 | |
| Seymour, Alan 302 E. Arenas Palm Springs CA 92262 | Hunters Video Bar | 6/26/2000 | \$145.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Partner | Aggregate Year-to-Date > \$1,295.00 | |
| Seymour, Alan 302 E. Arenas Palm Springs CA 92262 | Hunters Video Bar | 6/22/2000 | \$500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Partner | Aggregate Year-to-Date > \$1,295.00 | |
| Simon, David 977 N Tuxedo Circle Palm Springs CA 92262 | County of San Bernardino | 6/3/2000 | \$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Deputy District Attorne | Aggregate Year-to-Date > \$350.00 | |
| Simon, David 977 N Tuxedo Circle Palm Springs CA 92262 | County of San Bernardino | 4/4/2000 | \$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Deputy District Attorne | Aggregate Year-to-Date > \$350.00 | |
| Stein, Mark 554 Lorena Way Palm Springs CA 92264 | Self Employed | 5/20/2000 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Pet Cemetary | Aggregate Year-to-Date > \$250.00 | |
| Taylor, Dick 885 Camino Norte Palm Springs CA 92262 | Self-Employed | 5/14/2000 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Producer | Aggregate Year-to-Date > \$250.00 | |

SUBTOTAL of Receipts This Page (optional) > \$1,445.00

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 6 OF 8

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 Waters, Maxine 555 S Flower St No 4510 Los Angeles CA 90071 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Name of Employer House of Representatives Occupation Congress Woman Aggregate Year-to-Date > \$1,000.00 | Date (month, day, year) 5/17/2000 | Amount of Each Receipt this Period \$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 |
| 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) | \$1,000.00 |
| TOTAL This Period (last page this line number only) | \$8,905.00 |

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Party Committees

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

| | | | |
|--|--|---|---|
| A. Full Name, Mailing Address and ZIP Code Stonewall Democrats, Desert 31855 Date Palm Dr Cathedral City CA 92234 | Name of Employer Stonewall Democrats | Date (month, day, year) 5/20/2000 | Amount of Each Receipt this Period \$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Political Activists | Aggregate Year-to-Date > \$100.00 | |

| | | | |
|--|---|---|---|
| B. Full Name, Mailing Address and ZIP Code The Desert, DFO 74133 El Paso Suite 8 Palm Desert CA 92260 | Name of Employer Democratic Party | Date (month, day, year) 5/21/2000 | Amount of Each Receipt this Period \$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation Political Committee | Aggregate Year-to-Date > \$1,000.00 | |

| | | | |
|---|-------------------------|---------------------------------|---|
| Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation | Aggregate Year-to-Date > | |

| | | | |
|---|-------------------------|---------------------------------|---|
| Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation | Aggregate Year-to-Date > | |

| | | | |
|---|-------------------------|---------------------------------|---|
| Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation | Aggregate Year-to-Date > | |

| | | | |
|---|-------------------------|---------------------------------|---|
| Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation | Aggregate Year-to-Date > | |

| | | | |
|---|-------------------------|---------------------------------|---|
| Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Occupation | Aggregate Year-to-Date > | |

| | |
|--|------------|
| SUBTOTAL of Receipts This Page (optional) | \$1,100.00 |
| TOTAL This Period (last page this line number only) | \$1,100.00 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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 Calif Assembly, 80th Assy Dist 441 S Palm Canyon Dr Palm Springs CA 92264 | Name of Employer Calif Assembly Occupation 80th Assy Dist Aggregate Year-to-Date > \$100.00 | Date (month, day, year) 6/30/2000 | Amount of Each Receipt this Period \$100.00 In-Kind |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | | | |

| | | | |
|--|--|-------------------------|------------------------------------|
| 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) | \$100.00 |
| TOTAL This Period (last page this line number only) | \$100.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5

FOR LINE NUMBER

17

Operating Expenditures

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** **C0035232B**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|--|--|-------------------------|---|
| JENNIFER GEYMOLE 300 ARENAS 214 ARENAS Palm Springs CA 92264 | IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/22/2000 | \$350.00 |
| Association Naval Academy AVIATORS Street Required P.O. BOX 3305 Palm Springs CA 92263 | Other Public Relations Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/21/2000 | \$36.00 |
| Bapac P O 56395 Riverside CA 92517 | Other Public Relations Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/18/2000 | \$50.00 |
| Bosworth, Gary 85827 Seventh St Desert Hot Springs CA 92240 | IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/16/2000 | \$330.00 |
| Burnley, Bud 277 East El Portal Palm Springs CA 92264 | Fundraising Refreshments Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 4/18/2000 | \$541.89 |
| Calif Assembly, 80th Assy Dist 441 S Palm Canyon Dr Palm Springs CA 92264 | IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/30/2000 | \$100.00 |
| Cooper, Pat 75721 Dillon Rd Desert Hot Springs CA 92241 | Other Travel Expense Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/9/2000 | \$410.48 |
| Cynthia, Davis 35325 Date Palm Dr Cathedral City CA 92234 | Office Expenses Telephone Reimbursement Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/28/2000 | \$109.73 |
| Cynthia, Davis 35325 Date Palm Dr Cathedral City CA 92234 | Office Expenses Telephone Reimbursement Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/30/2000 | \$205.54 |

SUBTOTAL of Disbursements This Page (optional)

\$2,133.64

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5

FOR LINE NUMBER

17

Operating Expenditures

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** **C00352326**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|--|---|-------------------------|---|
| Cynthia, Davis 35325 Date Palm Dr Cathedral City CA 92234 | Office Expenses Telephone Reimbursement Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/5/2000 | \$42.80 |
| Davis, Cynthia 35325 Date Palm Dr No 213 Cathedral City CA 92234 | IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/25/2000 | \$400.00 |
| Desert Fountain Gas 3591 N Indian Canyon Dr Palm Springs CA 92262 | Other Helium Tanks Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/6/2000 | \$109.88 |
| Desert Fountain Gas 3591 N Indian Canyon Dr Palm Springs CA 92262 | Other Helium and Balloons Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/15/2000 | \$178.14 |
| Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | Professional Services Professional Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 4/10/2000 | \$1,000.00 |
| Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | Professional Services Professional Services Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/21/2000 | \$200.00 |
| Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | Professional Services Professional Services Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/4/2000 | \$500.00 |
| Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | Professional Services Professional Services Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/4/2000 | \$500.00 |
| Econo Print 63-703 Perez Road Cathedral City CA 92234 | Office Expenses Stationery Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/3/2000 | \$307.60 |

| | |
|---|------------|
| SUBTOTAL of Disbursements This Page (optional) | \$3,238.42 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 17

Operating Expenditures

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|-------------------------|---|
| Gonzalez, John 85276 Baghdad Ave Coachella CA 92237 | Media Photo Shoot Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/21/2000 | \$430.00 |
| Gonzalez, John 85276 Bagdad Coachella CA 92237 | IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/21/2000 | \$50.00 |
| Goodwin, Bill Street Address P.O. Box 8262 Palm Springs CA 92263 | Office Expenses Phone Equipment Rental Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/8/2000 | \$200.00 |
| Guaranty Federal Bank 420 S Palm Canyon Dr Palm Springs CA 92262 | Bank Service Charge Bank Service Charge Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/26/2000 | \$5.00 |
| Home Depot Dinah Shore/Monterey Rd Rancho Mirage CA 92270 | Office Expenses Portable A/C Equip Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/30/2000 | \$213.35 |
| Netivation.Com 808 West Clearwater Loop Post Falls ID 83854 | Credit Card Cont Exp Collection Expense Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/13/2000 | \$2.50 |
| Netivation.Com 806 West Clearwater Loop Post Falls ID 83854 | Credit Card Cont Exp Collection Expense Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/3/2000 | \$25.00 |
| Netivation.Com 808 West Clearwater Loop Post Falls ID 83854 | Credit Card Cont Exp Collection Expense Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/19/2000 | \$14.50 |
| Oden, Ron 1040 Pajaro Palm Springs CA 92262 | Other Dem Comm Membr Fee Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/18/2000 | \$100.00 |

| | |
|---|------------|
| SUBTOTAL of Disbursements This Page (optional) | \$1,040.35 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5

FOR LINE NUMBER

17

Operating Expenditures

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 | Purpose of Disbursement Payment on Reinstatement Loan Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 5/18/2000 | Amount of Each Disbursement this Period \$0.00 |
| B. Full Name, Mailing Address and ZIP Code Oden, Ron 1040 Pajaro Palm Springs CA 92262 | Purpose of Disbursement Other Travel and Phone, signs Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 6/4/2000 | Amount of Each Disbursement this Period \$1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Seymour, Alan 302 E. Arenas Palm Springs CA 92262 | Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 6/22/2000 | Amount of Each Disbursement this Period \$150.00 |
| D. Full Name, Mailing Address and ZIP Code Snell Campaign Mgt 35325 Date Palm Dr Cathedral City CA 92234 | Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 6/4/2000 | Amount of Each Disbursement this Period \$1,400.00 |
| E. Full Name, Mailing Address and ZIP Code Snell Campaign Mgt 35325 Date Palm Dr Cathedral City CA 92234 | Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 5/15/2000 | Amount of Each Disbursement this Period \$1,400.00 |
| F. Full Name, Mailing Address and ZIP Code Snell Campaign Mgt 35325 Date Palm Dr Cathedral City CA 92234 | Purpose of Disbursement Campaign Consultant Professional Services Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 4/22/2000 | Amount of Each Disbursement this Period \$1,400.00 |
| G. Full Name, Mailing Address and ZIP Code Snell, Tim 441 S. Palm Canyon Drive Palm Springs CA 92264 | Purpose of Disbursement Office Expenses Reimburse Petty Cash Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 6/14/2000 | Amount of Each Disbursement this Period \$162.98 |
| H. Full Name, Mailing Address and ZIP Code Snell, Tim 441 S. Palm Canyon Drive Palm Springs CA 92264 | Purpose of Disbursement Office Expenses Petty Cash Reimbursement Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 6/28/2000 | Amount of Each Disbursement this Period \$199.18 |
| I. Full Name, Mailing Address and ZIP Code Snell, Tim 441 S. Palm Canyon Drive Palm Springs CA 92264 | Purpose of Disbursement Office Expenses Reimburse Petty Cash Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | Date (month, day, year) 6/6/2000 | Amount of Each Disbursement this Period \$189.95 |

| | |
|--|-------------------|
| SUBTOTAL of Disbursements This Page (optional) | \$5,923.11 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use a separate schedule (B) for each category of the Detailed Disbursement Page

PAGE 5 OF 5
FOR LINE NUMBER 17

Operating Expenditures

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 | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 4/25/2000 | \$2,000.00 |
| B. Full Name, Mailing Address and ZIP Code Strategy Source 1436 U St Washington DC 20009 | Campaign Consultant Campaign Consultant Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/3/2000 | \$500.00 |
| C. Full Name, Mailing Address and ZIP Code U.S. Postmaster Smoketree Station Palm Springs CA 92264 | Postage Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/6/2000 | \$99.00 |
| D. Full Name, Mailing Address and ZIP Code U.S. Postmaster Smoketree Station Palm Springs CA 92264 | Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/4/2000 | \$63.10 |
| E. Full Name, Mailing Address and ZIP Code U.S. Postmaster Smoketree Station Palm Springs CA 92264 | Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 4/18/2000 | \$44.75 |
| F. Full Name, Mailing Address and ZIP Code U.S. Postmaster Smoketree Station Palm Springs CA 92264 | Postage Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/28/2000 | \$99.00 |
| G. Full Name, Mailing Address and ZIP Code Victory Fund 1012 14 th Street NW Washington DC 20005 | Other Public Relations Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 6/18/2000 | \$250.00 |
| 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) | \$3,055.85 |
| TOTAL This Period (last page this line number only) | \$15,390.37 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 19(a)

Principal Repayments (Loans Guaranteed by 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** **C00352326**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|--|-------------------------|---|
| Oden, Ron 1040 Pajaro Palm Springs CA 92262 | Payment on Reinstate Loan Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): | 5/18/2000 | \$500.00 |
| 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 |
| 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) | \$500.00 |
| TOTAL This Period (last page this line number only) | \$500.00 |

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

| | | | |
|--|--|--|---|
| Name of Committee (In Full) RON ODEN FOR CONGRESS | | CO0352328 | |
| 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 \$500.00 | Balance Outstanding at Close of This Period \$0.00 |
| Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Terms: Date Incurred <u>3/19/2000</u> Date Due <u>12/31/2000</u> Interest Rate <u>0</u> %(apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item A | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ <u>0.00</u> | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ <u>0.00</u> | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ <u>0.00</u> | | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item B | | | |
| 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) _____

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM

4/1/2000

TO

6/30/2000

| Name of Committee (In Full) | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|--|---|-----------------------------|---------------------|---|
| Ron Oden For Congress C00352328 | | | | |
| A. Full Name, Mailing Address and Zip Code of Debtor or Credit Ron Oden 1040 Pajaro Palm Springs CA 92262 | \$0.00 | (\$96.50) | \$0.00 | (\$96.50) |
| Nature of Debt (Purpose) Paid Direct Southeast Airlines Other | | | | |
| B. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$2,500.00 | \$0.00 | \$1,000.00 | \$1,500.00 |
| Nature of Debt (Purpose) Public Relations Professional Services | | | | |
| C. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$527.00 | \$0.00 | \$0.00 | \$527.00 |
| Nature of Debt (Purpose) Weekly Expenses Professional Services | | | | |
| D. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$739.04 | \$0.00 | \$0.00 | \$739.04 |
| Nature of Debt (Purpose) Weekly Expenses Professional Services | | | | |
| E. Full Name, Mailing Address and Zip Code of Debtor or Credit Ron Oden 1040 Pajaro Palm Springs CA 92262 | \$96.50 | \$0.00 | \$0.00 | \$96.50 |
| Nature of Debt (Purpose) Airline Fare Other | | | | |
| F. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | |

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|---|------------|
| 1) SUBTOTALS This Period This Page (optional) | \$3,016.04 |
| 2) TOTALS This Period (last page in this line only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans FROM 4/1/2000 TO 6/30/2000

| Name of Committee (in Full) Ron Oden For Congress | CD0952328 | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|--|-----------|---|-----------------------------|---------------------|---|
| A. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | | |
| B. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | | |
| C. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | | |
| D. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | | |
| E. Full Name, Mailing Address and Zip Code of Debtor or Credit Strategy Source Roger Lee 1436 U St Washington DC 20009 | | \$0.00 | \$2,500.00 | \$0.00 | \$2,500.00 |
| Nature of Debt (Purpose) Campaign Consultant | | | | | |
| F. Full Name, Mailing Address and Zip Code of Debtor or Credit Strategy Source Roger Lee 1436 U St Washington DC 20009 | | \$6,000.00 | \$0.00 | \$0.00 | \$6,000.00 |
| Nature of Debt (Purpose) 64 1/7,85 1/27,86 2/26 Campaign Contributor | | | | | |

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|---|------------|
| 1) SUBTOTALS This Period This Page (optional) | \$9,500.00 |
| 2) TOTALS This Period (last page in this line only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D

DEBTS AND OBLIGATIONS

(Revised 3/80) Owed BY the Committee

Excluding Loans

FROM 4/1/2000

TO

6/30/2000

| Name of Committee (or Full Name of Debtor or Creditor) | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|--|---|-----------------------------|---------------------|---|
| C00352328 Ron Oden For Congress | | | | |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Strategy Source Roger Lee 1436 U St Washington DC 20009 | \$0.00 | (\$6,000.00) | \$0.00 | (\$6,000.00) |
| Nature of Debt (Purpose) Reduction in Contract Campaign Computer | | | | |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Strategy Source Roger Lee 1436 U St Washington DC 20009 | \$0.00 | \$2,500.00 | \$0.00 | \$2,500.00 |
| Nature of Debt (Purpose) Brochure Expenses - Inv 831 Campaign Con | | | | |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$0.00 | \$262.90 | \$0.00 | \$262.90 |
| Nature of Debt (Purpose) Professional Services | | | | |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | |

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| 1) SUBTOTALS This Period This Page (optional) | (\$2,487.10) |
| 2) TOTALS This Period (last page in this line only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM

4/1/2000

TO

6/30/2000

PAGE 4 of 5 of

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 |
|---|---|-----------------------------|---------------------|---|
| 000352328 Ron Oden For Congress | | | | |
| A. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | |
| B. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | |
| C. Full Name, Mailing Address and Zip Code of Debtor or Credit Snell Campaign Mgt 35325 Date Palm Dr Cathedral City CA 92234 | \$0.00 | \$1,400.00 | \$0.00 | \$1,400.00 |
| Nature of Debt (Purpose) Campaign Consultant | | | | |
| D. Full Name, Mailing Address and Zip Code of Debtor or Credit Snell Campaign Mgt 35325 Date Palm Dr Cathedral City CA 92234 | \$0.00 | \$1,400.00 | \$0.00 | \$1,400.00 |
| Nature of Debt (Purpose) Campaign Consultant | | | | |
| E. Full Name, Mailing Address and Zip Code of Debtor or Credit Strategy Source Roger Lee 1436 U St Washington DC 20009 | \$0.00 | \$2,500.00 | \$0.00 | \$2,500.00 |
| Nature of Debt (Purpose) Campaign Consultant | | | | |
| F. Full Name, Mailing Address and Zip Code of Debtor or Credit Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | |

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|---|------------|
| 1) SUBTOTALS This Period This Page (optional) | \$6,050.00 |
| 2) TOTALS This Period (last page in this line only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 4/1/2000

TO 6/30/2000

PAGE 5 of 5
 LINE NUMBER 10
 (Use separate schedules for each numbered line)

| Name of Committee (In Full) Ron Oden For Congress | 00052328 | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|----------|---|-----------------------------|---------------------|---|
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Eagle Enterprises 38073 Chris Dr Cathedral City CA 92234 | | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| Nature of Debt (Purpose) Professional Services | | | | | |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Snell Campaign Mgt 35325 Date Palm Dr Cathedral City CA 92234 | | \$0.00 | \$1,400.00 | \$0.00 | \$1,400.00 |
| Nature of Debt (Purpose) Campaign Consultant | | | | | |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Ron Oden 1040 Pajaro Palm Springs CA 92262 | | \$0.00 | \$2,231.41 | \$1,000.00 | \$1,231.41 |
| Nature of Debt (PURPOSE) Travel Exp and Phone Bills Other | | | | | |
| Full Name, Mailing Address and Zip Code of Debtor or Creditor | | | | | |
| Nature of Debt (Purpose) | | | | | |
| Full Name, Mailing Address and Zip Code of Debtor or Creditor | | | | | |
| Nature of Debt (Purpose) | | | | | |
| Full Name, Mailing Address and Zip Code of Debtor or Creditor | | | | | |
| Nature of Debt (Purpose) | | | | | |

| | |
|---|-------------|
| 1) SUBTOTALS This Period This Page (optional) | \$2,881.41 |
| 2) TOTALS This Period (last page in this line only) | \$18,960.35 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | \$0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | \$18,960.35 |

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 checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>7-7-00</i> |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) |
| <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>Jes</i> PREPARER | <i>7-7-00</i> DATE PREPARED |