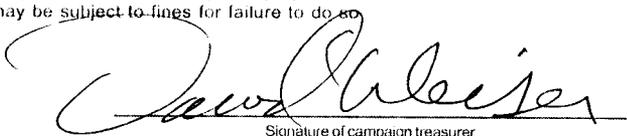


APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA
PG 1

5124

See STA INSTRUCTION GUIDE for detailed instructions.		1	Total pages filed: 2
2 COMMITTEE NAME	CITIZENS FOR A TRAVIS COUNTY HOSPITAL DISTRICT		OFFICE USE ONLY
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 812 SAN ANTONIO, STE. 100 AUSTIN TX 78701	02 APR 15 PM 2:23 FILED DANA DEBEAUFORT COUNTY CLERK TRAVIS COUNTY TEXAS	
4 CAMPAIGN TREASURER NAME	TITLE FIRST MI DAVID NMI NICKNAME LAST SUFFIX WEISER		
5 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 812 SAN ANTONIO, STE. 100 AUSTIN TX 78701		
6 MAILING ADDRESS <input checked="" type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 322-0600		
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX GUY S. HERMAN		
9 SIGNATURE	I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so.  Signature of campaign treasurer		
10 ASSISTANT CAMPAIGN TREASURER	FIRST MI LAST SUFFIX		
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
12 ASSISTANT CAMPAIGN TREASURER PHONE (optional)	AREA CODE PHONE NUMBER EXTENSION ()		

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA
PG 2**

13 COMMITTEE NAME

CITIZENS FOR A TRAVIS COUNTY HOSPITAL DISTRICT

<p>14</p> <p>COMMITTEE PURPOSE</p> <p><input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> ASSIST <small>[officeholders only]</small></p>	<p><input type="checkbox"/> CANDIDATE</p> <p><input type="checkbox"/> OFFICEHOLDER</p>	<p>CANDIDATE / OFFICEHOLDER NAME</p> <hr/> <p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</p> <hr/> <p>BALLOT IDENTIFICATION / #</p>	<p>OFFICE USE ONLY</p>	
	<p><input checked="" type="checkbox"/> MEASURE</p> <p><input checked="" type="checkbox"/> Identified <input type="checkbox"/> Unidentified</p>	<p>ELECTION DATE <small>Month Day Year</small> 11 / 5 / 02</p>		
	<p>DESCRIPTION</p> <p>SUPPORT CREATION OF A COUNTYWIDE HOSPITAL DISTRICT</p>			

15

MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

****This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ****

****The modified reporting declaration is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

 Year of election(s) or election cycle to which declaration applies

 Signature of campaign treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

This appointment is effective on the date it is filed with the appropriate filing authority.