

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **5154**

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
CONSTABLE LUKE W
NICKNAME LAST SUFFIX

MERCER

OFFICE USE ONLY

Date Received

02 JUL 11

Date Hand-delivered to Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

3815 Grayson Lane, Austin, TX 78722

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Thomas
NICKNAME LAST SUFFIX

McClinton, Sr.

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE

1135 Thorny Brook Trail, Austin, TX 78750

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 258-3352

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year
01 / 15 / 2002 THROUGH Month Day Year
7 / 15 / 2002

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 01 / 00 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

Travis County Constable, Pct One

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

N/A

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

LUKE W MERCER

15 ACCOUNT # (Ethics Commission letters)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

N/A

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

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

\$ -0-

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Luke W Mercer, this the 11th day of July, 2002, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Jewel A Williams, Notary Public, State of Texas

Printed name of officer administering oath

Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

5155

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:
5

3 COMMITTEE NAME

Citizens for a Travis County Hospital District

OFFICE USE ONLY

Date Received: **JUL 12 AM 11:28**
Date Hand-delivered or Date Postmarked:

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE

P. O. Box 300041 Austin Tx 78703

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI NICKNAME LAST SUFFIX
David NMI Weiser

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE

812 San Antonio St., Ste. 100 Austin Tx 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE

P. O. Box 300041 Austin Tx 78703

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 322-0600

9 REPORT TYPE

January 15 30th day before election Exceeded \$500 limit
 July 15 6th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 01 / 02 THROUGH 06 / 30 / 02

11 ELECTION

ELECTION DATE: Month Day Year
 ELECTION TYPE: Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME
Citizens for a Travis County Hospital District

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT

OPPOSE

ASSIST
(officeholders only)

MEASURE

BALLOT IDENTIFICATION / #

NA

ELECTION DATE

Month Day Year

DESCRIPTION

Creation of hospital district

14 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$ **886.16**

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

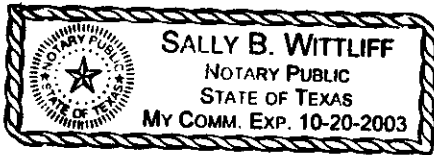
\$ **40.00**

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

David Weiser

Signature of campaign treasurer

David Weiser

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **David Weiser**, this the **10th** day of **July**, 20 **02**, to certify which, witness my hand and seal of office.

Sally B. Wittliff
Signature of officer administering oath

Sally B. Wittliff
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2	
2 FILER NAME Citizens for a Travis County Hospital District		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/16/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anne C. McAfee 6 Contributor address; City; State; Zip Code 4831 Timberline Dr. Austin, Tx 78746	7 Amount of contribution (\$) 35.00	8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) Retired	10 Employer (Optional)
---	------------------------

Date 4/17/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Guy Herman Campaign Committee Contributor address; City; State; Zip Code P. O. Box 2561 Austin Tx 78768	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
------------------------	---	--	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date 4/17/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Guy Herman & Lynn Blais Contributor address; City; State; Zip Code 4104 North Hills Dr. Austin Tx 78731	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
------------------------	---	--	--

Principal occupation (Optional) Judge	Employer (Optional) Law Professor	Travis County	University of Texas
---	---	----------------------	----------------------------

Date 5/01/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary C. Cullinane Contributor address; City; State; Zip Code 2800 Oak Crest Austin Tx 78704	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
------------------------	---	---	--

Principal occupation (Optional) Counselor	Employer (Optional) Planned Parenthood
---	--

Date 5/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary C. Cullinane Contributor address; City; State; Zip Code 2800 Oak Crest Austin Tx 78704	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
------------------------	---	---	--

Principal occupation (Optional) Counselor	Employer (Optional) Planned Parenthood
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2	
2 FILER NAME Citizens for a Travis County Hospital District		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/28/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guy Herman Campaign Committee 6 Contributor address; City; State; Zip Code P. O. Box 2561 Austin Tx 78768	7 Amount of contribution (\$) 13.52	8 In-kind contribution description (if applicable) 5 reams xerox paper
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/05/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guy Herman Campaign Committee Contributor address; City; State; Zip Code P. O. Box 2561 Austin Tx 78768	Amount of contribution (\$) 62.64	In-kind contribution description (if applicable) (binders) notebooks
Principal occupation (Optional)		Employer (Optional)	
Date 6/10/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Lou McLain Contributor address; City; State; Zip Code 4001 Bradwood Austin Tx 78722	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Nurse		Employer (Optional) Seton	
Date 6/11/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles O. Grigson, Attorney Contributor address; City; State; Zip Code 604 W. 12th St. Austin Tx 78701	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional) Self	
Date 6/16/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary C. Cullinane Contributor address; City; State; Zip Code 2800 Oak Crest Austin Tx 78704	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Counselor		Employer (Optional) Planned Parenthood	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:
1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Citizens for a Travis County Hospital District

4 Date
4/23/02

5 Payee name
U.S. Postal Service
6 Payee address; City; State; Zip Code
Central Park 3507 N. Lamar Blvd Austin, Tx 78703

8 Amount (\$)
40.00

7 Purpose of expenditure (See instructions regarding type of information required.)
Postal box rental

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED