

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

5287

## 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: <b>5</b>
3 COMMITTEE NAME <b>Citizens for a Travis County Hospital District</b>		<b>OFFICE USE ONLY</b> Date Received: <b>SEP 16 2 17</b> Date Hand-delivered or Date Postmarked: Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P. O. Box 300041 Austin Tx 78703</b>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>David NMI</b> NICKNAME LAST SUFFIX <b>Weiser</b>		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>812 San Antonio St., Ste. 100, Austin Tx 78701</b>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P. O. Box 300041 Austin Tx 78703</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512 ) 322-0600</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year <b>07 / 01 / 02</b> THROUGH <b>12 / 31 / 02</b>		
11 ELECTION	ELECTION DATE Month Day Year <b> / /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>GO TO PAGE 2</b>			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE  
NAME

ACCOUNT #  
(Ethics Commission filers)

**Citizens for a Travis County Hospital District**

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 / #

ELECTION DATE  
Month Day Year

NA

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)

\$ 465.82

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 115.54

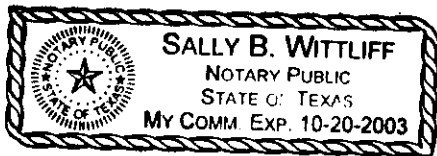
OUTSTANDING  
LOAN TOTALS

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **David Weiser**, this the 14<sup>th</sup> day of January, 20 03, 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  
7/02/02

5 Full name of contributor  out-of-state PAC (ID#...)  
**Mary C. Cullinane**

7 Amount of contribution (\$)  
25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**2800 Oak Crest Austin Tx 78704**

9 Principal occupation (Optional)  
**Counselor**

10 Employer (Optional)  
**Planned Parenthood**

Date  
7/15/02

Full name of contributor  out-of-state PAC (ID#...)  
**Mary C. Cullinane**

Amount of contribution (\$)  
25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2800 Oak Crest Austin Tx 78704**

Principal occupation (Optional)  
**Counselor**

Employer (Optional)  
**Planned Parenthood**

Date  
7/23/02

Full name of contributor  out-of-state PAC (ID#...)  
**Mary C. Cullinane**

Amount of contribution (\$)  
20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)  
**Counselor**

Employer (Optional)  
**Planned Parenthood**

Date  
11/19/02

Full name of contributor  out-of-state PAC (ID#...)  
**Kator, Parks & Weiser, P.L.L.C.**

Amount of contribution (\$)  
74.00

In-kind contribution description (if applicable)  
**postage**

Contributor address; City; State; Zip Code  
**812 San Antonio Ste. 100, Austin, Tx 78701**

Principal occupation (Optional)  
**Attorney**

Employer (Optional)

Date  
12/13/02

Full name of contributor  out-of-state PAC (ID#...)  
**Guy Herman Campaign Committee**

Amount of contribution (\$)  
71.82

In-kind contribution description (if applicable)  
**advertising**

Contributor address; City; State; Zip Code  
**P. O. Box 2561 Austin, Tx 78768**

Principal occupation (Optional)

Employer (Optional)

**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: <b>2</b>	
2 FILER NAME <b>Citizens for a Travis County Hospital District</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/13/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Guy Herman Campaign Committee</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P. O. Box 2561 Austin, Tx 78768</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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# 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

**Citizens for a Travis County Hospital District**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/06/02**

5 Payee name  
**United States Postal Service**

8 Amount (\$)

6 Payee address: City, State, Zip Code

**Downtown Location Austin, Tx 78701**

**111.00**

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

Date  
**11/11/02**

Payee name  
**Office Max**  
Payee address: City, State, Zip Code

Amount (\$)

**907 West 5th St. Austin Tx 78703**

**4.54**

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

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**