

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

5440

FORM SPAC  
COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission files)

2 Total pages filed

4

3 COMMITTEE NAME

Citizens for a Travis County Hospital District

OFFICE USE ONLY

Date Received

DAVID WEISER  
COUNTY CLERK  
TRAVIS COUNTY  
TEXAS

FILED FOR RECORD  
2003 JUL 15 PM 1:56

4 COMMITTEE ADDRESS

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

P. O. Box 300041 Austin Tx 78703

Change of Address

Date Hand-delivered Date Re-marked

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  60th day before election  Dissolution (attach PAC-BR)  
 Runoff  10th day after campaign treasurer termination.

10 PERIOD COVERED

Month Day Year Month Day Year

01 / 01 / 03 THROUGH 06 / 30 / 03

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

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.)

SUPPORT

OPPOSE

ASSIST  
(officeholders only)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

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)

\$ 100.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 104.00

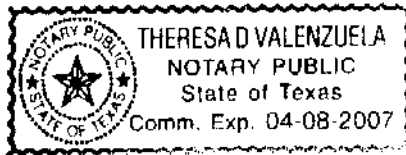
OUTSTANDING  
LOAN TOTALS

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Weiser this the 15<sup>th</sup> day of July, 2003, to certify which, witness my hand and seal of office.

*Theresa D. Valenzuela*  
Signature of officer administering oath

Theresa D. Valenzuela  
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)  
1

**2** FILER NAME  
Citizens for a Travis County Hospital District

**3** ACCOUNT # (Ethics Commission filers)

**4** Date  
6/11/03

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cuy Herman & Lynn Blais

**7** Amount of contribution (\$)  
100.00

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

**6** Contributor address; City; State; Zip Code  
4104 North Hills Dr. Austin Tx 78731

**9** Principal occupation (Optional)  
Judge and Law Professor

**10** Employer (Optional)

**Date** **Full name of contributor**  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**  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**  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**  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)

**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  
Citizens for a Travis County Hospital District

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
4/22/03	US Postal Service 6 Payee address: City: State: Zip Code 3507 North Lamar Blvd. Austin Tx 78703 7 Purpose of expenditure (See instructions regarding type of information required.) Post Office Box Rental	38.00
Monthly	Frost Bank Payee address: City: State: Zip Code 816 Congress Ave., Austin Tx 78701 Purpose of expenditure (See instructions regarding type of information required.) \$11.00 monthly bank charges	66.00
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED