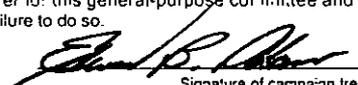


**AMENDMENT: APPOINTMENT OF A CAMPAIGN  
TREASURER BY A GENERAL-PURPOSE COMMITTEE**

**5496**

**FORM AGTA  
PG 1**

See AGTA Instruction Guide for detailed instructions.		1 TOTAL PAGES FILED: <b>3</b>	OFFICE USE ONLY Date Received <b>2001 JAN - 8 PM 8: 03</b> FILED FOR RECORD TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS Date Hand-delivered or Date Mailed Receipt # Amount Date Processed Date Image	
2 COMMITTEE NAME <b>Citizens for Central Texas Health</b>		3 ACCOUNT#		
4 COMMITTEE NAME <b>NA</b>	NEW			
5 ACRONYM <b>NA</b>	NEW			
6 COMMITTEE ADDRESS <b>P.O. Box 28096 Austin, Tx 78755</b>	NEW	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
7 REPORTING TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	NEW			
8 CAMPAIGN TREASURER NAME <b>Edward B. Adams</b>	NEW	TITLE FIRST MI NICKNAME LAST SUFFIX		
9 CAMPAIGN TREASURER ADDRESS (Residence or business) <b>7308 Valburn Dr. Austin Tx 78731</b>	NEW	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
10 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	NEW	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
11 CAMPAIGN TREASURER PHONE <b>( 512 ) 345-4118</b>	NEW	AREA CODE PHONE NUMBER EXTENSION		
12 PERSON APPOINTING TREASURER <b>Clarke Heidrick</b>		FIRST MI LAST SUFFIX		
13 SIGNATURE  Signature of campaign treasurer		I understand that I have been appointed as the campaign treasurer for this general-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.		
14 ASSISTANT CAMPAIGN TREASURER <b>NA</b>	NEW	FIRST MI LAST SUFFIX		
15 ASSISTANT CAMPAIGN TREASURER ADDRESS	NEW	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
16 ASSISTANT CAMPAIGN TREASURER PHONE (optional) <b>( )</b>	NEW	AREA CODE PHONE NUMBER EXTENSION		

CONTINUE ON PAGE 2

This appointment is effective on the date it is filed with the commission.

**AMENDMENT: GENERAL-PURPOSE COMMITTEE  
CONTROLLING ENTITY INFORMATION**

**FORM AGTA  
PG 2**

<b>17</b> COMMITTEE NAME <b>Citizens for Central Texas Health</b>	<b>18</b> ACCOUNT #
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<b>19</b>  CONTROLLING ENTITY INFORMATION	<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY <b>NA</b> ACRONYM
	<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY .. ACRONYM
	<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY  ACRONYM
	<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY  ACRONYM

<b>20</b>  CONTRIBUTION DECISION MAKERS	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix <b>Clarke</b> <b>Heidrick</b>
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix <b>Lowell</b> <b>Leberman</b>
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix <b>Edward B.</b> <b>Adams</b>
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix <b>David</b> <b>Hilgers</b>
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix  
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix  

<b>21</b>  EXPENDITURE DECISION MAKERS	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix <b>Clarke</b> <b>Heidrick</b>
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix <b>Lowell</b> <b>Leberman</b>
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix <b>Edward B.</b> <b>Adams</b>
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix <b>David</b> <b>Hilgers</b>
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix  
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix  

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**GENERAL-PURPOSE COMMITTEE:  
RECIPIENT COMMITTEES**

**FORM AGTA**

**PG 3**

<b>22</b> COMMITTEE NAME	Citizens for Central Texas Health	<b>23</b> ACCOUNT #
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<b>24</b> RECIPIENT GENERAL PURPOSE COMMITTEES	<input type="checkbox"/> <b>ADD</b> Committee name  <b>NA</b> Committee address; City; State; Zip Code	<input type="text" value="OFFICE USE"/>
	<input type="checkbox"/> <b>ADD</b> Committee name  Committee address; City; State; Zip Code	<input type="text" value="OFFICE USE"/>
	<input type="checkbox"/> <b>ADD</b> Committee name  Committee address; City; State; Zip Code	<input type="text" value="OFFICE USE"/>
	<input type="checkbox"/> <b>ADD</b> Committee name  Committee address; City; State; Zip Code	<input type="text" value="OFFICE USE"/>
	<input type="checkbox"/> <b>ADD</b> Committee name  Committee address; City; State; Zip Code	<input type="text" value="OFFICE USE"/>
	<input type="checkbox"/> <b>ADD</b> Committee name  Committee address; City; State; Zip Code	<input type="text" value="OFFICE USE"/>
	<input type="checkbox"/> <b>ADD</b> Committee name  Committee address; City; State; Zip Code	<input type="text" value="OFFICE USE"/>

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**