

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

5499

FORM GPAC
COVER SHEET PG 1

The GPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

6

3 COMMITTEE NAME
CITIZENS FOR CENTRAL TEXAS HEALTH

OFFICE USE ONLY

Date Received

2004 JAN -9
PM 3:09
CLERK
TRAVIS COUNTY TEXAS

FILED FOR RECORD

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

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

*P.O. Box 28094
Austin, TX 78755-8094*

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Mr Edward B. Adams

NICKNAME LAST SUFFIX

Ed Adams

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

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

7308 Valburn Dr. Austin, TX 78731

7 CAMPAIGN TREASURER'S MAILING ADDRESS

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

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 345-4118

9 REPORT TYPE

January 15
 July 15

30th day before election
 8th day before election
 Runoff

Dissolution (attach PAC-DR)
 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

07/09/2003

THROUGH

Month Day Year

12/31/2003

11 ELECTION

ELECTION DATE
Month Day Year

/ /

ELECTION TYPE

Primary Runoff General Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

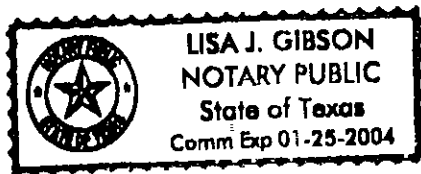
**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Citizens For Central Texas Health ACCOUNT #

13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party)	A. Supported
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed <u>TRAVIS COUNTY HOSPITAL DISTRICT</u>
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party)	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>111.90</u> <u>61.90</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>36,711.90</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>NONE</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,000.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>26,650.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>NONE</u>

15 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]

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward Adams, this the 6th day of January, 2004, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Lisa J. Gibson

Printed name of officer administering oath

Personal Banker

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <u>2</u>	
2 FILER NAME <i>CITIZENS FOR CENTRAL TEXAS HEALTH</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>07/09/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Guy Herman</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1000 Guadalupe St, Suite 217 Austin, TX 78701</i>			
9 Principal occupation / Job title (See Instructions) <i>Judge</i>		10 Employer (See Instructions) <i>TRAVIS COUNTY</i>	
Date 6/15/03 <i>7/15/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Theresa Ruffins</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5512 Oakwood Cove, Suite 181 Austin, TX 78731</i>			
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions)	
Date <i>8/23/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mary Lou McLain</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4001 Bradwood Austin, TX 78722</i>			
Principal occupation / Job title (See Instructions) <i>Nurse</i>		Employer (See Instructions)	
Date <i>9/3/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lynn Blais / Guy Herman</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4104 North Hills Dr Austin, TX 78731</i>			
Principal occupation / Job title (See Instructions) <i>Judge & Law Professor</i>		Employer (See Instructions)	
Date <i>9/29/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lynn Blais / Guy Herman</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4104 North Hills Dr Austin, TX 78731</i>			
Principal occupation / Job title (See Instructions) <i>Judge & Law Professor</i>		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **2**

2 FILER NAME

CITIZENS FOR CENTRAL TEXAS HEALTH

3 ACCOUNT # (Ethics Commission filers)

4 Date

*10/12/2003*5 Full name of contributor out-of-state PAC (ID#)*H. DAVID HERNDON*

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*2903 TAMM TR.
AUSTIN, TX 78703-1153*

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Date

*7/25/2003*Full name of contributor out-of-state PAC (ID#)*Clark Heidark*

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

*Contributor address; City; State; Zip Code
2300 BANK OF AMERICA TOWER
515 CONGRESS AVE
AUSTIN, TX 78701*

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

*10/15/2003*Full name of contributor out-of-state PAC (ID#)*Guy Herman*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

*Contributor address; City; State; Zip Code
1000 GUADALUPE, SUITE 217
AUSTIN, TX 78701*

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Date

*10/15/2003*Full name of contributor out-of-state PAC (ID#)*DR. Robert Piskew, Sr.*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

*Contributor address; City; State; Zip Code
7701 PLEASANT MENDON CIRCLE
AUSTIN, TX 78731*

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Date

*8/22/2003*Full name of contributor out-of-state PAC (ID#)*CITIZENS FOR GUY HERMAN CAMPAIGN*

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

*Contributor address; City; State; Zip Code
P.O. Box 2561
AUSTIN, TX 78768*

Principal occupation / Job title (See Instructions)

CAMPAIGN COMMITTEE

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C-1

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule C-1:

2 COMMITTEE NAME

CITIZENS FOR CENTRAL TEXAS HEALTH

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/18/03

5 Corporation / Labor Organization name

HERITAGE TITLE CO. OF AUSTIN

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

6 Corporation / Labor Organization address; City; State; Zip Code

*98 SAN JACINTO, Suite 400
AUSTIN, TX 78701*

Date

9/29/03

Corporation / Labor Organization name

SETON

Amount of contribution (\$)

30,000

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

*1201 W. 38th St
AUSTIN, TX 78705-1056*

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Citizens For Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/2003

5 Payee name

DAVID BUTTS

7 Amount (\$)

3,500.00

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

CONSULTING

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/22

Payee name

Jodie Eldridge

Amount (\$)

1,500.00

Payee address; City; State; Zip Code

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

FUND RAISING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/25

Payee name

DAVID BUTTS

Amount (\$)

3,500.00

Payee address; City; State; Zip Code

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

CONSULTING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/16

Payee name

Jodie Eldridge

Amount (\$)

1,500.00

Payee address; City; State; Zip Code

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

FUND RAISING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED