**SPECIFIC-PURPOSE COMMITTEE**

**CAMPAIGN FINANCE REPORT**

**Form SPAC**

**Cover Sheet PG 1**

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3. **COMMITTEE NAME**

   Citizens for a Travis County Hospital District

4. **COMMITTEE ADDRESS**

   ADDRESS / PO BOX:  P.O. Box 300041  CITY: Austin  STATE: Tx  ZIP CODE: 78703

5. **CAMPAIGN TREASURER NAME**

   MS / MRS / MR: Mr.  FIRST: David  M: NMI  MI:  NICKNAME:  LAST: Weiser  SUFFIX: 

6. **CAMPAIGN TREASURER'S STREET ADDRESS**

   STREET ADDRESS (NO PO BOX PLEASE): 812 San Antonio St., Ste. 100  CITY: Austin  STATE: Tx  ZIP CODE: 78701

7. **CAMPAIGN TREASURER'S MAILING ADDRESS**

   STREET OR PO BOX: P.O. Box 300041  CITY: Austin  STATE: Tx  ZIP CODE: 78703

8. **CAMPAIGN TREASURER PHONE**

   AREA CODE: 512  PHONE NUMBER: 322-0600  EXTENSION: 

9. **REPORT TYPE**

   - January 15
   - July 15

10. **PERIOD COVERED**

    MONTH: 07  DAY: 01  YEAR: 03  THROUGH 12  31  03

11. **ELECTION**

    - MONTH:  
    - YEAR:  
    - ELECTION DATE: 
    - ELECTION TYPE: 
    - PRIMARY: 
    - RUNOFF: 
    - GENERAL: 
    - SPECIAL: 

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**GO TO PAGE 2**
### Non-Political Expenditures Made from Political Contributions

**Citizens for a Travis County Hospital District**

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee Name</th>
<th>Amount ($)</th>
<th>Payee Address; City; State; Zip Code</th>
<th>Purpose of Expenditure (See instructions regarding type of information required.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>Frost Bank</td>
<td>66.00</td>
<td>816 Congress Ave., Austin Tx 78701</td>
<td>$11.00 monthly bank charge</td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

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

- [X] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

CANDIDATE / OFFICEHOLDER NAME
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #
ELECTION DATE
Month
Day
Year
05 / 15 / 04

DESCRIPTION

Creation of a hospital district

14 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)

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

4. TOTAL POLITICAL EXPENDITURES

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

855.84

OUTSTANDING LOAN TOTALS
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

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 of campaign treasurer:

David Weiser

Sworn to and subscribed before me, by the said

Signature of officer administering oath:

Printed name of officer administering oath:

Title of officer administering oath:

Printed on recycled paper
Revised 11/05/2003