

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE
NAME

ACCOUNT #
(Ethics Commission #)

Citizens for a Travis County Hospital District

13 COMMITTEE
PURPOSE

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

CANDIDATE / OFFICEHOLDER NAME

CANDIDATE

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OPPOSE
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

05 / 15 / 04

ASSIST
(Officeholder)

MEASURE

DESCRIPTION

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

EXPENDITURE
TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,915.42

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,919.81

CONTRIBUTION
BALANCE

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

\$

2,057.45

OUTSTANDING
LOAN TOTALS

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

\$

15 AFFIDAVIT



GREGORY HITT
Notary Public, State of Texas
My Commission Expires:
September 15, 2007

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

David Weiser

Sworn to and subscribed before me, by the said David Weiser, this the 6th day of May, 20 04, to certify which, witness my hand and seal of office.

Gregory Hitt

Signature of officer administering oath

Printed name of officer administering oath

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: 2	
2 FILER NAME Citizens for a Travis county Hospital District		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/14/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy Herman Campaign Committee 6 Contributor address; City; State; Zip Code P. O. Box 2561 Austin Tx 78768	7 Amount of contribution (\$) 765.42	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Judge, Probate Court		10 Employer (See Instructions) Travis County	
Date 4/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kator, Parks & Weiser, PLLC Contributor address; City; State; Zip Code 812 San Antonio St., Ste. 100 Austin Tx 78701	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)	
Date 4/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Gregory Hitt Contributor address; City; State; Zip Code 812 San Antonio St., Ste. 100 Austin Tx 78701	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 4/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy Herman Campaign Committee Contributor address; City; State; Zip Code P. O. Box 2561 Austin Tx 78768	Amount of contribution (\$) 1250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Judge, Probate Court		Employer (See Instructions) Travis County	
Date 4/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arenson & Spears Contributor address; City; State; Zip Code 901 Mopac Expwy So. Bldg. 1 Ste 420 Austin Tx 78746	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorneys		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 a Travis County Hospital District		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/29/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor & Dunham, LLP	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 327 Congress Ave., Ste. 600 Austin Tx 78701			
9 Principal occupation / Job title (See Instructions) Attorneys		10 Employer (See Instructions)	
Date 4/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Longley & Maxwell, LLP	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P. O. Box 12667, Capitol Station Austin Tx 78711			
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		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.

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 Count Hospital District		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/15/04	5 Payee name Ace Printing 6 Payee address: City; State; Zip Code 7807 Doncaster Austin Tx 78745	8 Amount (\$) \$1827.26
7 Purpose of expenditure (See instructions regarding type of information required.) Sign supplies and preparation		
Date 4/30/04	Payee name Ace Printing Payee address: City; State; Zip Code 7807 Doncaster Austin Tx 78745	Amount (\$) 51.10
Purpose of expenditure (See instructions regarding type of information required.) Sign placement/expense reimbursement/gas/mileage		
Date 4/30/04	Payee name David Bintliff Payee address: City; State; Zip Code Austin Tx	Amount (\$) 20.00
Purpose of expenditure (See instructions regarding type of information required.) Sign placement/expense reimbursement/gas/mileage		
Date 4/30/04	Payee name Guy Herman Payee address: City; State; Zip Code 4104 North Hills Dr. Austin Tx 78731	Amount (\$) 21.45
Purpose of expenditure (See instructions regarding type of information required.) mileage Sign supplies/expense reimbursement/sign placement/gas/		
Date 4/30/04	Payee name Frost Bank Payee address: City; State; Zip Code 816 Congress Ave Austin Tx 78701	Amount (\$) 11.00
Purpose of expenditure (See instructions regarding type of information required.) Monthly bank charges		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED