Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

5745

FORM SPAC
COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

FILED FOR RECORD
2004 MAY -7 PM 12:38
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 COMMITTEE NAME

Citizens for Central Texas Health

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 28096 APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78755-8096

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr FIRST: Edward MI: B

NICKNAME: Ed LAST: Adams SUFFIX:

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

STREET ADDRESS (NO PO BOX PLEASE): 7308 Valburn Dr APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78731

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

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

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 345-4118 EXTENSION:

9 REPORT TYPE

☐ January 15
☐ July 15
☐ 30th day before election
☒ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☐ Dissolution (attach PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 4 / 6 / 2004 THROUGH Month Day Year: 5 / 5 / 2004

11 ELECTION

ELECTION DATE Month Day Year: 5 / 15 / 04

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: Citizens for Central Texas Health

ACCOUNT # (Ethics Commission filers):

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
- [X] MEASURE

CANDIDATE / OFFICEHOLDER NAME:

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder):

BALLOT IDENTIFICATION / #:

ELECTION DATE (Month Day Year): 05/15/2004

DESCRIPTION: TRAVIS COUNTY 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)	$ 117,030
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 162,943.58
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 99,760.58
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

15 AFFIDAVIT

ELLIOTT JAMES MCFADDEN
MY COMMISSION EXPIRES
October 23, 2005

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ED ADAMS, this the 6 day of MARCH, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath | ELLIOTT MCFADDEN Printed name of officer administering oath | NOTARY 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: 6

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
4.10.04	Randall D. Chapman 3000 Cedarview Dr Austin TX 78704	25		Retiree	
4.10.04	Paula M. Mixson 2020 Northridge Dr Austin TX 78723	20		Retiree	
4.10.04	E. Harris - Teas 2403 Muirfield Circle Austin TX 78747	10		Retiree	
4.14.04	James Patrick McMichael 2911 Greenlee Dr Austin TX 78703	250		Physician	
4.14.04	Terrence A. Kuhlmann 3613 Murillo Circle Austin TX 78703	50		Physician	

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: 6

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4.14.04	Guy Herman 4101 North Hills Dr Austin TX 78731	100	
9 Principal occupation / Job title (See Instructions): Judge	10 Employer (See Instructions):		
4.14.04	Jo Alice Bland Hollfelder 5003 Pac Saddle Pass Austin TX 78745	10	
Principal occupation / Job title (See Instructions): Retiree	Employer (See Instructions):		
4.19.04	Mary Lou McClain 4001 Bradwood Austin TX 78722	200	
Principal occupation / Job title (See Instructions): Nurse	Employer (See Instructions):		
4.19.04	Donna S. Hurley 4025 Duval Rd Apt 2433 Austin TX 78759	50	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions):		
4.19.04	Gregg W. Knaupe 4860 Calhoun Canyon Loop Austin TX 78735	100	
Principal occupation / Job title (See Instructions): Lawyer	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: 6

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4.20.04	Dorthy L. Darby 8561 Steamline Circle Austin TX 78745	20	

9 Principal occupation / Job title (See Instructions): Nurse

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.24.04	Glenn E. West 4600 Elohl Dr Austin TX 78746	50	

Principal occupation / Job title (See Instructions): Executive

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.24.04	Sheila Simmons 4316 Canyonside Austin TX 78731	200	

Principal occupation / Job title (See Instructions): Homemaker

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.24.04	Tommy Cowan 400 Bowie St Austin TX 78703	200	

Principal occupation / Job title (See Instructions): Architect

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4.24.04	Martha Smiley 1221 Congress Ave Apt 1034 Austin TX 78704	500	

Principal occupation / Job title (See Instructions): Executive

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: 6

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4.24.04	Arthur H Dilly 5004 Cedro Tr Austin TX 78731	300	

9 Principal occupation / Job title (See Instructions): Executive

10 Employer (See Instructions):

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)
4.26.04	Jack Gray 327 Congress Ave Ste 350 Austin TX 78701	2000	

Principal occupation / Job title (See Instructions): Executive

Employer (See Instructions):

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)
4.28.04	John D Thornton 300 W 6th St Ste 2300 Austin TX 78701	2500	

Principal occupation / Job title (See Instructions): Executive

Employer (See Instructions):

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)
4.28.04	Sandy Dochen 5010 N. Rim Dr Austin TX. 78731	100	

Principal occupation / Job title (See Instructions): Manager

Employer (See Instructions):

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)
4.28.04	Allison B. Brand 3801 River Place Blvd Austin TX 78730	20	

Principal occupation / Job title (See Instructions): Nurse

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 6

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address: City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.1.04	Wm. Terry Bray P.O. Box 98 Austin TX 78767	100	

9 Principal occupation / Job title (See Instructions): Attorney

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.1.04	Ray M. Spence 828 W. 6th St Austin TX 78703	500	

Principal occupation / Job title (See Instructions): Executive

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.1.04	E. Lee Walker 4206 Ave G Austin TX 78751	10,000	

Principal occupation / Job title (See Instructions): Executive

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.4.04	Amber Lynn Carden 10807 Sans Souci Pl Austin TX 78759	200	

Principal occupation / Job title (See Instructions): Banker

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.4.04	Christopher Heidrick 6220 Edwards Mountain Cove Austin TX 78731	1000	

Principal occupation / Job title (See Instructions): Contractor

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: 6

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.4.04	Julia Wilkinson 3939 Bee Caves Rd Bldg C-100 Austin TX 78746	25.00	

9 Principal occupation / Job title (See Instructions): Philanthropist

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5.4.04	Walter A Deroeck 3107 Above Stratford Pl Austin TX 78746	1000	

Principal occupation / Job title (See Instructions): Executive / Investor

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/15/04	KERRY TATE 320 CONGRESS, STE 100 AUSTIN, TX 78701	$2,500	CONSULTING, GRAPHIC DESIGN

Principal occupation / Job title (See Instructions): ADVERTISING/PR

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/15/04	RUSS RHEA 320 CONGRESS, STE 100 AUSTIN, TX 78701	14,150	PUBLIC RELATIONS WORK

Principal occupation / Job title (See Instructions): PUBLIC RELATIONS

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule C: 3

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (if Ethics Commission issued):

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/10/04	Public Financial Management, Inc 2 Logan Square #1600 Philadelphia PA 19103	1500	
4/10/04	Capitol Emergency Assoc. PA 9503 Ashton Ridge Austin TX 78750	5000	
4/20/04	Texas Gas Service 1301 S. MoPac Expway #400 Austin TX 78746	5000	
4/20/04	William D Caldwell MD, PA 1500 W 38th St Ste 10 Austin TX 78731	25	
4/21/04	Entrecorp 98 San Jacinto Blvd #250 Austin TX 78701	10000	
4/21/04	Plains Capital Bank 5010 University Ave Lubbock TX 79413	750	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule C: 3

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission-filers)

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/24/04	Covenant Management Systems P.O. Box 26726 Austin TX 78755	1000	
4/26/04	SBC 1616 Guadalupe Rm 501 Austin TX 78701	2000	
4/27/04	Sysco Food Services of Austin 101 S. Chisholm Tr 1 Round Rock TX 78681	5000	
4/27/04	Dell USA LP One Dell Way Round Rock TX 78682	25000	
4/28/04	Ivy Crews Elliott PC 4601 Spicewood Springs Rd Austin TX 78759	250	
5.1.04	Girling Health Care, Inc. P.O. Box 4294 Austin TX 78765	2500	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule C: 3

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5.4.04	Page Sutherland Page 600 West Ave Austin TX 78701	3500	
5.4.04	Akin Gump Strauss Hauer & Feld 1333 New Hampshire Ave NW Washington DC 20036	1000	
5.4.04	H.E. Butt Grocery Co. P.O. Box 839944 San Antonio TX 78283	10,000	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule D

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of pledge ($)	8 In-kind description (if applicable)
4/22/04	ST. DAVID'S MEDICAL CENTER	20,000	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/22/04	SETON HEALTHCARE NETWORK	20,000	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/22/04	JP MORGAN CHASE BANK	5,000	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge ($)	In-kind 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: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
4.7.04	Eddie Rodriguez P O Box 2436 Austin TX 78768	1500	~~Hispanic Awareness~~ Consulting	
4.10.04	Tate. Austin 320 Congress Ave Austin TX 78701	2621.56	Media Consulting	
4.10.04	Opinion Analysis Inc 906 Rio Grande St Austin TX 78701	32.64	Walk List	
4.12.04	Ignite Consulting 4032 S. Lamar, Ste 500, Box 146 Austin TX 78704	4293.87	Leaflets Buttons Software/ Signs Graphic Design Hardware	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.14.04	Pam Crowley 600 West Lynn #26 Austin TX 78703	248.12

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

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.14.04	Baselice & Assoc. 4131 Spicewood Springs Rd Austin TX 78759	19240

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.14.04	Ignite Consulting 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	2048.50

Purpose of payment (See instructions regarding type of information required.): Photos Cost for Ads Design for Ads

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.14.04	SBC P.O Box 4845 Houston TX 77079	198.69

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

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. 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.20.04	Glen Maxey Consulting 512 E Riverside Ste 203 Austin TX 78704	1324 00

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

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.20.04	Lauren Riggin 2905 Sunridge Dr Austin TX 78741	1000 00

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

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.21.04	Ignite Consulting 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	5189.75

Purpose of payment (See instructions regarding type of information required.): Photos Ads Software/Hardware Printing leaflets PDA Rentals

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.22.04	Edward B. Adams 7308 Valburn Dr Austin TX 78731	3000 00

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

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held:

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: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.22.04	Jodie Eldridge 603 W. 13th St #1A-432 Austin TX 78701	1500

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

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.26.04	Rindy Miller Media 501 N. IH 35 Austin TX 78702	25,000

Purpose of payment (See instructions regarding type of information required.): Postage & Delivery

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.26.04	Ignite Consulting 4032 S. Lamar Blvd Ste 500 Box 146 Austin TX 78704	16 24.44

Purpose of payment (See instructions regarding type of information required.): Printing & Reproduction Leaflets

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.26.04	Glen Maxey Consulting 512 E Riverside Austin TX 78704	7312.00

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

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: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.26.04	Eddie Rodriguez P.O. Box 2436 Austin TX 78768	376

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.26.04	Albert Black 1013 Weeping Willow Dr Austin TX 78753	2000

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.26.04	Adisa Communications 510 S. Congress Ave Austin TX 78704	2253.75

Purpose of payment (See instructions regarding type of information required.): Consulting & Copies

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.26.04	Ignite Consulting 4032 S. Lamar Blvd Ste 520 BOX 146 Austin TX 78704	3169.25

Purpose of payment (See instructions regarding type of information required.): Ads Mailings Radio

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

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: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.28.04	Ignite Consulting 4032 S Lamar Blvd Ste 500 Box 146 Austin TX 78704	~~592.02~~ 1268.59

8 Purpose of payment (See instructions regarding type of information required.): Website Update
Computer Hardware Rental

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.29.04	Rindy Miller Media 501 N. IH 35 Austin TX 78702	23786.51

Purpose of payment (See instructions regarding type of information required.): Consulting & Mailings

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.29.04	Ignite Consulting 4032 S Lamar Blvd Ste 500 Box 146 Austin TX 78704	2839.98

Purpose of payment (See instructions regarding type of information required.): Printing & Reproduction

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4.30.04	Pam Crowley 606 West Lynn Unit 26 Austin TX 78703	1500

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

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: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4.30.04	Check Mark Typesetting 3217 N. IH 35 Austin TX 78722	2989.68

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

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	Ignite Consulting 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	2570.75

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	Ignite Consulting 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	4472.28

Purpose of payment (See instructions regarding type of information required.): Automated Telephone Calls

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	Glen Maxey Consulting 512 E. Riverside Dr Ste. 203 Austin TX 78704	4000.00

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

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: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5.4.04	Rick Cofer 512 E. Riverside Dr Ste 203 Austin TX 78704	750.00

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

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	Nathaniel Walker 512 E. Riverside Dr Ste 203 Austin TX 78704	500.00

Purpose of payment (See instructions regarding type of information required.): Sign Production & Targeting

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	Mark Littlefield 512 E Riverside Dr Ste 203 Austin TX 78704	2000.00

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	Rindy Miller Media 501 N. IH 35 Austin TX 78702	16066.29

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

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: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5.4.04	Rindy Miller Media 501 N. IH 35 Austin TX 78702	43.85

8 Purpose of payment (See instructions regarding type of information required.): Postage & Delivery

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	David Butts 1914 Patton Lane Austin TX 78723	3500.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	Glen Maxey 512 E Riverside Dr Ste 203 Austin TX 78704	~~7747.00~~ 9163.00

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.4.04	Eddie Rodriguez PO Box 2436 Austin TX 78768	344.40

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

2 FILER NAME: Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5.28.04	Ignite Consulting 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	3209.68

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

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED