

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

5780

**FORM SPAC
COVER SHEET PG 1**

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed: 31
3 COMMITTEE NAME <i>CITIZENS FOR CENTRAL TEXAS HEALTH</i>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 28096 AUSTIN, TX 78755-8096</i>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MR EDWARD B.</i> NICKNAME LAST SUFFIX <i>Ed ADAMS</i>		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7308 Valburn Dr AUSTIN, TX 78731</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>7308 Valburn Dr AUSTIN TX 78731</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 345-4118</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>05 / 06 / 2004 06 / 30 / 2004</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 15 / 2004</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	

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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 <small>(Attach lists on plain paper to complete this report if necessary.)</small> <input checked="" type="checkbox"/> SUPPORT <small>(Candidate or Measure)</small> <input type="checkbox"/> OPPOSE <small>(Candidate or Measure)</small> <input type="checkbox"/> ASSIST <small>(Officeholder)</small>	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>05 / 15 / 2004</u>
		DESCRIPTION <u>TRAVIS COUNTY Hospital District</u>

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 20,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>70,920.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>189,625.37</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7,441.15</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

15 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Edward B Adams
Signature of campaign treasurer

Sworn to and subscribed before me, by the said Edward B Adams, this the 14 day of July, 2004, to certify which, witness my hand and seal of office.

Jason Kenneth Brackham PERSONAL BANKER
 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:

5

2 FILER NAME

Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date

5.9.04

5 Full name of contributor

Barbara J. Olson

out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

4747 Cat Mountain Dr
Austin TX 78731

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Home maker

10 Employer (See Instructions)

Date

5.9.04

Full name of contributor

Jeffrey S. Newberg

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

3830 Hunterwood Point
Austin TX 78746

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Real Estate Executive

Employer (See Instructions)

Date

5.9.04

Full name of contributor

A. Bryce Miller

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

1209 W. 5th St
Austin TX 78703

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Real Estate Executive

Employer (See Instructions)

Date

5.9.04

Full name of contributor

Kirk Rudy

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2111 Highgrove Ter
Austin TX 78703

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Real Estate Executive

Employer (See Instructions)

Date

5.9.04

Full name of contributor

Samuel D. Byars

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2103 Schulle Ave
Austin TX 78703

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

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 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/22/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Morton L. Topfer 6 Contributor address; City; State; Zip Code 5000 Plaza on the Lake Ste 170 Austin TX 78746	7 Amount of contribution (\$) 10,000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions)	
5/25/04	Joseph Lynn Nabers Contributor address; City; State; Zip Code 6034 Court yard Dr Austin TX 78730	250	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
5/28/04	R. Earl Maxwell Contributor address; City; State; Zip Code 1203 Wilderness Dr Austin TX 78746	1000	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)	
5/9/04	Britt Steffensen Contributor address; City; State; Zip Code 1209 Yountville Dr Leander TX 78641	50	
Principal occupation / Job title (See Instructions) Assistant ATTY		Employer (See Instructions)	
	Andrea L. Allen Contributor address; City; State; Zip Code 5900 Westlope Dr Austin TX 78731	20	
Principal occupation / Job title (See Instructions) Retired		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 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-14-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R. James George Jr. 6 Contributor address; City; State; Zip Code 114 W 7th St Ste 1100 Austin TX 78701	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 5-14-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy G Ellis Contributor address; City; State; Zip Code 4604 Golden Maize Austin TX 78746	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)	
Date 5-21-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kerry Hall Contributor address; City; State; Zip Code 1407 Patteson Lane Austin TX 78733	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-21-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert S Bickerstaff Jr. Contributor address; City; State; Zip Code 7705 Merrybrook Circle Austin TX 78731	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 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 <i>Citizens for Central Texas Health</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/9/04</i>	5 Corporation / Labor Organization name <i>Winstead, Sechrest & Minick</i> 6 Corporation / Labor Organization address; City; State; Zip Code <i>5400 Renaissance Tower 1201 Elm Dallas TX 752070</i>	7 Amount of contribution (\$) <i>1000</i>	8 In-kind contribution description (if applicable)
Date <i>5/9/04</i>	Corporation / Labor Organization name <i>St. David's Health Care System</i> Corporation / Labor Organization address; City; State; Zip Code <i>900 E 30th St Ste 206 Austin TX 78705</i>	Amount of contribution (\$) <i>10,000</i>	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)
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			

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:	
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5.13.04	5 Corporation / Labor Organization name Compass Bank 6 Corporation / Labor Organization address: City: State: Zip Code P.O. Box 9600 Austin TX 78760	7 Amount of contribution (\$) 2000	8 In-kind contribution description (if applicable)
Date 5.13.04	Corporation / Labor Organization name Bank of America Corporation / Labor Organization address: City: State: Zip Code 515 Congress Ave Austin TX 78701	Amount of contribution (\$) 10,000	In-kind contribution description (if applicable)
Date 5.13.04	Corporation / Labor Organization name Bury + Partners Corporation / Labor Organization address: City: State: Zip Code 3545 Bee Caves Rd Ste 200 Austin TX 78746	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Date 5.14.04	Corporation / Labor Organization name Inland Paperboard & Pkg Inc Corporation / Labor Organization address: City: State: Zip Code 1300 S. Mo Pac Austin TX 78746	Amount of contribution (\$) 5000	In-kind contribution description (if applicable)
Date 5.21.04	Corporation / Labor Organization name Texas Capital Bank Corporation / Labor Organization address: City: State: Zip Code 2100 McKinney Ste 900 Dallas TX 75201	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Date 5.21.04	Corporation / Labor Organization name JP Morgan Chase Bank Corporation / Labor Organization address: City: State: Zip Code P.O. Box 530 Austin TX 78789	Amount of contribution (\$) 5000	In-kind contribution description (if applicable)

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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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5-15-04	Downtown Austin Alliance 6 Corporation / Labor Organization address; City; State; Zip Code 211 E 7th St Ste 100-L Austin TX 78701	10,000	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-15-04	Healthcare Facilities Dev'l Corp Corporation / Labor Organization address; City; State; Zip Code 98 San Jacinto Blvd Ste 1810 Austin TX 78701	2500	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-18-04	Applied Products Inc Corporation / Labor Organization address; City; State; Zip Code 11525 Stonehollow Dr Ste 150 Austin TX 78753	5000	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-21-04	Jenkins & Gilchrist Corporation / Labor Organization address; City; State; Zip Code 1445 Ross Ave Ste 3200 Dallas TX 75202	1000	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-21-04	Pepper Lawson Construction LP Corporation / Labor Organization address; City; State; Zip Code 98 San Jacinto Blvd Ste 1810 Austin TX 78701	2500	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-04-04	Navigant Consulting Inc Corporation / Labor Organization address; City; State; Zip Code 175 W Jackson Ste 500 Chicago IL 60604	1000	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **23**

2 FILER NAME **Citizens for Central Texas Health**

3 ACCOUNT # (Ethics Commission filers)

4 Date 5.14.04	5 Payee name KEAB & Associates	7 Amount (\$) 500.00
6 Payee address: City: State: Zip Code 1013 Weeping Willow Dr Austin TX 78753		

8 Purpose of payment (See instructions regarding type of information required.) Canvases	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 5.14.04	Payee name KEAB & Associates	Amount (\$) 500.00
Payee address: City: State: Zip Code 1013 Weeping Willow Dr Austin TX 78753		

Purpose of payment (See instructions regarding type of information required.) Canvases	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 5.14.04	Payee name KEAB & Associates	Amount (\$) 4500.00
Payee address: City: State: Zip Code 1013 Weeping Willow Dr Austin TX 78753		

Purpose of payment (See instructions regarding type of information required.) Canvases	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name KEAB & Associates	Amount (\$)
	Payee address: City: State: Zip Code 1013 Weeping Willow Dr Austin TX 78753	

Purpose of payment (See instructions regarding type of information required.) Canvases	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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: **23**

2 FILER NAME
Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date
5.11.04

5 Payee name
KEAB & Associates

7 Amount (\$)
2288.00

6 Payee address; City; State; Zip Code
**1013 Weeping Willow Dr
Austin TX 78753**

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

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

Date
5.11.04

Payee name
KEAB & Associates
Payee address; City; State; Zip Code
**1013 Weeping Willow Dr
Austin TX 78753**

Amount (\$)
744.00

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

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

Date
5.14.04

Payee name
KEAB & Associates
Payee address; City; State; Zip Code
**1013 Weeping Willow Dr
Austin TX 78753**

Amount (\$)
1500.00

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

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

Date
5.14.04

Payee name
KEAB & Associates
Payee address; City; State; Zip Code
**1013 Weeping Willow Dr
Austin TX 78753**

Amount (\$)
500.00

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

-- 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: **23**

2 FILER NAME **Citizens for Central Texas Health** 3 ACCOUNT # (Ethics Commission files)

4 Date 5.21.04	5 Payee name KEAB & Associates	7 Amount (\$) 5188.00
6 Payee address; City; State; Zip Code 1013 Weeping Willow Dr Austin TX 78753		

8 Purpose of payment (See instructions regarding type of information required.) Canvases	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date 5.11.04	Payee name KEAB & Associates	Amount (\$) 1966.00
Payee address; City; State; Zip Code 1013 Weeping Willow Dr Austin TX 78753		

Purpose of payment (See instructions regarding type of information required.) Canvases	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date 5.11.04	Payee name KEAB & Associates	Amount (\$) 2188.00
Payee address; City; State; Zip Code 1013 Weeping Willow Dr Austin TX 78753		

Purpose of payment (See instructions regarding type of information required.) Canvases	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date 5.11.04	Payee name KEAB & Associates	Amount (\$) 956.00
Payee address; City; State; Zip Code 1013 Weeping Willow Dr Austin TX 78753		

Purpose of payment (See instructions regarding type of information required.) Canvases	9 -- 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: **23**

2 FILER NAME
Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date 5.24.04	5 Payee name Ignite Consulting	7 Amount (\$) 13.75
6 Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) Printing	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 5.24.04	Payee name Ignite Consulting	Amount (\$) 556.39
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		

Purpose of payment (See instructions regarding type of information required.) Printing	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 5.24.04	Payee name Ignite Consulting	Amount (\$) 256.30
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		

Purpose of payment (See instructions regarding type of information required.) Printing	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 5.24.04	Payee name Ignite Consulting	Amount (\$) 150.00
Payee address; City; State; Zip Code 4032 S Lamar Ste 500 Box 146 Austin TX 78704		

Purpose of payment (See instructions regarding type of information required.) Rental Space	-- 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: 22
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/24/21	5 Payee name Ignite Consulting 6 Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	7 Amount (\$) 936.70
8 Purpose of payment (See instructions regarding type of information required.) Printing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/24/21	Payee name Ignite Consulting Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	Amount (\$) 942.86
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/24/21	Payee name Ignite Consulting Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	Amount (\$) 744.43
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/24/21	Payee name Ignite Consulting Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	Amount (\$) 190.74
Purpose of payment (See instructions regarding type of information required.) Printing		** 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: **23**

2 FILER NAME
Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date 5.24.04	5 Payee name Ignite Consulting	7 Amount (\$) 11.00
6 Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) City Permit/Sound	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 5/24/04	Payee name Ignite Consulting	Amount (\$) 6.25
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		

Purpose of payment (See instructions regarding type of information required.) Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 5.24.04	Payee name Ignite Consulting	Amount (\$) 989.00
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		

Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/24/04	Payee name Ignite Consulting	Amount (\$) 139.00
Payee address; City; State; Zip Code 4032 S Lamar Ste 500 Box 146 Austin TX 78704		

Purpose of payment (See instructions regarding type of information required.) Postage	** 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: 22
2 FILER NAME Citizen for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)
4 Date 5.24.04	5 Payee name Ignite Consulting 6 Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	7 Amount (\$) 40.75
8 Purpose of payment (See instructions regarding type of information required.) Food		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.24.04	Payee name Ignite Consulting Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	Amount (\$) 585.00
Purpose of payment (See instructions regarding type of information required.) Graphic Design		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.24.04	Payee name Ignite Consulting Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	Amount (\$) 260.00
Purpose of payment (See instructions regarding type of information required.) Graphic Design		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.24.04	Payee name Ignite Consulting Payee address; City; State; Zip Code 4032 S Lamar Ste 500 Box 146 Austin TX 78704	Amount (\$) 190.00
Purpose of payment (See instructions regarding type of information required.) Yard Sign Stakes		** 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: 23
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)
4 Date 5.15.04	5 Payee name Ignite Consulting	7 Amount (\$) 9038.42
6 Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
8 Purpose of payment (See instructions regarding type of information required.) Automated Calls		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5.24.04	Payee name Ignite Consulting	Amount (\$) 150.00
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Equipment Rental		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5.24.04	Payee name Ignite Consulting	Amount (\$) 40.59
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Volunteer Food		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5.24.04	Payee name Ignite Consulting	Amount (\$) 396.90
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Volunteer Food		.. 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: 23

2 FILER NAME Citizens for Central Texas Health 3 ACCOUNT # (Ethics Commission files)

4 Date <u>5.15.04</u>	5 Payee name <u>Ignite Consulting</u>	7 Amount (\$) <u>1150.00</u>
6 Payee address; City; State; Zip Code <u>4032 S. Lamar Ste 500 Box 146 Austin TX 78704</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Advertising</u>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>5.15.04</u>	Payee name <u>Ignite Consulting</u>	Amount (\$) <u>2863.48</u>
Payee address; City; State; Zip Code <u>4032 S. Lamar Ste 500 Box 146 Austin TX 78704</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Automated Calls</u>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>5.15.04</u>	Payee name <u>Ignite Consulting</u>	Amount (\$) <u>212.76</u>
Payee address; City; State; Zip Code <u>4032 S. Lamar Ste 500 Box 146 Austin TX 78704</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Automated Calls</u>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date <u>5.15.04</u>	Payee name <u>Ignite Consulting</u>	Amount (\$) <u>290.46</u>
Payee address; City; State; Zip Code <u>4032 S Lamar Ste 500 Box 146 Austin TX 78704</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Automated Calls</u>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/20/04	5 Payee name Ignite Consulting	7 Amount (\$) 226.33
6 Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
8 Purpose of payment (See instructions regarding type of information required.) Automated Calls		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.12.04	Payee name Ignite Consulting	Amount (\$) 1850.00
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.12.04	Payee name Ignite Consulting	Amount (\$) 1024.91
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.15.04	Payee name Ignite Consulting	Amount (\$) 1564.00
Payee address; City; State; Zip Code 4032 S Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **22**

2 FILER NAME

Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

5.9.04

Ignite Consulting

7 Amount (\$)

1300.00

6 Payee address; City; State; Zip Code

**4032 S. Lamar Ste 500 Box 146
Austin TX 78704**

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

Graphic Design

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

5.9.04

Ignite Consulting

Amount (\$)

1222.64

Payee address; City; State; Zip Code

**4032 S. Lamar Ste 500 Box 146
Austin TX 78704**

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

5.9.04

Ignite Consulting

Amount (\$)

364.32

Payee address; City; State; Zip Code

**4032 S. Lamar Ste 500 Box 146
Austin TX 78704**

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

Printing

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

5.12.04

Ignite Consulting

Amount (\$)

3010.14

Payee address; City; State; Zip Code

**4032 S Lamar Ste 500 Box 146
Austin TX 78704**

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

Automated Calls

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 23
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)
4 Date 5.9.04	5 Payee name Ignite Consulting	7 Amount (\$) 2454.00
6 Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
8 Purpose of payment (See instructions regarding type of information required.) Advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.9.04	Payee name Ignite Consulting	Amount (\$) 1939.56
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Automated Calls		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.9.04	Payee name Ignite Consulting	Amount (\$) 279.13
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Automated Calls		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.9.04	Payee name Ignite Consulting	Amount (\$) 585.00
Payee address; City; State; Zip Code 4032 S Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Graphic Design		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1: Total pages Schedule F: 22
2 FILER NAME Citizens for Central Texas Health		3: ACCOUNT # (Ethics Commission filers)
4 Date 5/24/04	5 Payee name Ignite Consulting	7 Amount (\$) 92.01
6 Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
8 Purpose of payment (See instructions regarding type of information required.) Telephone Reimbursement		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 5.24.04	Payee name Ignite Consulting	Amount (\$) 91.95
Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Supplies		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Payee name Ignite Consulting	Amount (\$)
	Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	
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 Ignite Consulting	Amount (\$)
	Payee address; City; State; Zip Code 4032 S. Lamar Ste 500 Box 146 Austin TX 78704	
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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)
4 Date 5.8.04	5 Payee name Lauren Ruggen 6 Payee address; City; State; Zip Code 2207 Wickerham # 707 Austin TX 78741	7 Amount (\$) 1000.00
8 Purpose of payment (See instructions regarding type of information required.) Administrative Support		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5.8.04	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N IH 35 Austin TX 78702	Amount (\$) 3002.28
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
Date 5.8.04	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N IH 35 Austin TX 78702	Amount (\$) 12100.00
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
Date 5.10.04	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N IH 35 Austin TX 78702	Amount (\$) 12629.08
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
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: 22
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)
4 Date 5.11.04	5 Payee name Austin American Statesman 6 Payee address; City; State; Zip Code 305 S. Congress Ave Austin TX 78704	7 Amount (\$) 11340.00
8 Purpose of payment (See instructions regarding type of information required.) Advertising		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5.11.04	Payee name Glen Maxey Payee address; City; State; Zip Code 512 E Riverside Dr Austin TX 78704	Amount (\$) 9834.00
Purpose of payment (See instructions regarding type of information required.) Canvases		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5.11.04	Payee name Glen Maxey Payee address; City; State; Zip Code 512 E Riverside Dr Austin TX 78704	Amount (\$) 1760.00
Purpose of payment (See instructions regarding type of information required.) Phone Bank		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5.11.04	Payee name Griffen Communications Strategies Payee address; City; State; Zip Code 603 W 13th St #1A 321 Austin TX 78701	Amount (\$) 2000.00
Purpose of payment (See instructions regarding type of information required.) Communications		-- 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: 23
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission filers)
4 Date 5.11.04	5 Payee name Griffin Communications Strategies 6 Payee address; City; State; Zip Code 603 W 13th St #1A-321 Austin TX 78701	7 Amount (\$) 202.90
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 5.11.04	Payee name Griffin Communications Strategies Payee address; City; State; Zip Code 603 W 13th St #1A 321 Austin TX 78701	Amount (\$) 167.31
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.11.04	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N IH 35 Austin TX 78702	Amount (\$) 10355.09
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.12.04	Payee name Fry's Electronics Payee address; City; State; Zip Code 12707 N Mo Pac Expwy Austin TX 78727	Amount (\$) 58.30
Purpose of payment (See instructions regarding type of information required.) Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **23**

2 FILER NAME

Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5.12.04

Rindy Miller Media

9265.10

6 Payee address; City; State; Zip Code

**501 N IH 35
Austin TX 78702**

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

Postage

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

Date

Payee name

Amount (\$)

5.13.04

Frederick Lopez

1000.00

Payee address; City; State; Zip Code

**PO BOX 685023
Austin TX 78768**

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

Administrative

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

Date

Payee name

Amount (\$)

5.13.04

Rindy Miller Media

8624.37

Payee address; City; State; Zip Code

**501 N IH 35
Austin TX 78702**

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

Printing

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

Date

Payee name

Amount (\$)

5.14.04

Opinion Analysts Inc

2200.00

Payee address; City; State; Zip Code

**906 Rio Grande St
Austin TX 78701**

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **22**

2 FILER NAME

Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date 5.18.04	5 Payee name Elen Maxey	7 Amount (\$) 9252.00
6 Payee address; City; State; Zip Code 512 E Riverside Dr Austin TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) Canvases	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 5.18.04	Payee name Elen Maxey	Amount (\$) 3332.00
Payee address; City; State; Zip Code 512 E Riverside Dr Austin TX 78704		

Purpose of payment (See instructions regarding type of information required.) Canvases	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 5.19.04	Payee name Clean Water Action	Amount (\$) 10,653.00
Payee address; City; State; Zip Code 715 W 23rd St #R Austin TX 78705		

Purpose of payment (See instructions regarding type of information required.) Canvases	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 5.19.04	Payee name Marita De La Torre	Amount (\$) 75.00
Payee address; City; State; Zip Code 1712 E Riverside Dr # 55 Austin TX 78741		

Purpose of payment (See instructions regarding type of information required.) Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **22**

2 FILER NAME
Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date 5.21.04	5 Payee name Eddie Rodriguez 6 Payee address; City; State; Zip Code PO Box 2436 Austin TX 78768	7 Amount (\$) 4500.00
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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
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Date 5.21.04	Payee name Gen Maxey Payee address; City; State; Zip Code 512 E Riverside Dr Austin TX 78704	Amount (\$) 1701.00
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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
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Date 5.21.04	Payee name Gen Maxey Payee address; City; State; Zip Code 512 E Riverside Dr Austin TX 78704	Amount (\$) 2408.00
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Purpose of payment (See instructions regarding type of information required.) Canvassers	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5.21.04	Payee name Gen Maxey Payee address; City; State; Zip Code 512 E Riverside Dr Austin TX 78704	Amount (\$) 2000.00
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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
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME Citizens for Central Texas Health		3 ACCOUNT # (Ethics Commission files)
4 Date 5.24.04	5 Payee name SBC	7 Amount (\$) 312.10
6 Payee address; City; State; Zip Code PO Box 4845 Houston TX 77097		
8 Purpose of payment (See instructions regarding type of information required.) Telephone Services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.25.04	Payee name Eddie Rodriguez	Amount (\$) 212.00
Payee address; City; State; Zip Code PO Box 2436 Austin TX 78768		
Purpose of payment (See instructions regarding type of information required.) Canvassers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.28.04	Payee name David Butts	Amount (\$) 163.00
Payee address; City; State; Zip Code 1914 Patton Lane Austin TX 78723		
Purpose of payment (See instructions regarding type of information required.) Canvassers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6.2.04	Payee name Tate Austin	Amount (\$) 2600.00
Payee address; City; State; Zip Code 320 Congress Ave Austin TX 78701		
Purpose of payment (See instructions regarding type of information required.) Media Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **22**

2 FILER NAME

Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date

5.21.04

5 Payee name

Joanne Eldridge

6 Payee address; City; State; Zip Code

**603 W. 13th St #1A 432
Austin TX 78701**

7 Amount (\$)

1500.00

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

5.21.04

Payee name

Mark Littlefield

Payee address; City; State; Zip Code

**512 E Riverside Dr #203
Austin TX 78704**

Amount (\$)

195.72

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

office Supplies

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

Candidate / Officeholder name Office sought Office held

Date

5.21.04

Payee name

Nathaniel Walker

Payee address; City; State; Zip Code

**512 E Riverside Dr #203
Austin TX 78704**

Amount (\$)

250.00

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

Sign Production

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

Candidate / Officeholder name Office sought Office held

Date

5.24.04

Payee name

SBC

Payee address; City; State; Zip Code

**PO Box 4845
Houston TX 77097**

Amount (\$)

175.36

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

Telephone Services

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **23**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
5.19.04	USPS Payee address; City; State; Zip Code Far West Blvd Branch Austin TX 78731	37.00

8 Purpose of payment (See instructions regarding type of information required.) Stamps	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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	Amount (\$)
	Payee address; City; State; Zip Code	

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

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
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **23**

2 FILER NAME
Citizens for Central Texas Health

3 ACCOUNT # (Ethics Commission filers)

4 Date 6.3.04	5 Payee name David Bintliff	7 Amount (\$) 33.21
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) Sign Removal	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 6.7.04	Payee name Brian Donovan	Amount (\$) 44.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) Canvases	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6.7.04	Payee name Rick Cofer	Amount (\$) 100.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) Phone Bank	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/3/04	Payee name David Butts	Amount (\$) 5000.00
Payee address; City; State; Zip Code 1914 Patton Lane Austin TX 78723		

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
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