

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**
**5802**
**FORM SPAC  
COVER SHEET PG 1**

<b>The SPAC INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission files)	<b>2 Total pages filed:</b>
<b>3 COMMITTEE NAME</b>  <b>Citizens for a Travis County Hospital District</b>		<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>ADDRESS / PO BOX:</b> <b>APT / SUITE #:</b> <b>CITY:</b> <b>STATE:</b> <b>ZIP CODE</b>  <b>P. O. Box 300041                      Austin Tx    78703</b>	2004 JUN 15 PM 4:25 TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS FILED FOR RECORD	
<b>5 CAMPAIGN TREASURER NAME</b>	<b>MS / MRS / MR</b> <b>FIRST</b> <b>Mr.</b> <b>Mr.</b> <b>David</b> <b>NMI</b> <small>NO KNOWN LAST SUFFIX</small> <b>Weiser</b>	Receipt # Date Processed Date Imaged	
<b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b> (Residence or business)	<b>STREET ADDRESS (NO PO BOX PLEASE),</b> <b>APT / SUITE #:</b> <b>CITY:</b> <b>STATE:</b> <b>ZIP CODE</b>  <b>812 San Antonio St., Ste. 100                      Austin Tx    78701</b>		
<b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>STREET OR PO BOX:</b> <b>APT / SUITE #:</b> <b>CITY:</b> <b>STATE:</b> <b>ZIP CODE</b>  <b>P. O. Box 300041                      Austin Tx    78703</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>AREA CODE</b> <b>PHONE NUMBER</b> <b>EXTENSION</b>  <b>( 512 )    322-0600</b>		
<b>9 REPORT TYPE</b>	<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"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
<b>10 PERIOD COVERED</b>	Month    Day    Year                                      Month    Day    Year  <b>05 / 06 / 04                                      THROUGH                                      06 / 30 / 04</b>		
<b>11 ELECTION</b>	<b>ELECTION DATE</b> Month    Day    Year <b>05 / 15 / 2004</b>	<b>ELECTION TYPE</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>GO TO PAGE 2</b>			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

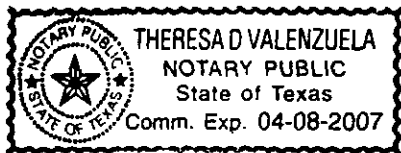
## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME **Citizens for a Travis County Hospital District** ACCOUNT # (Ethics Commission filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <b>#2 on ballot</b> ELECTION DATE Month Day Year <b>5/15/04</b>
		DESCRIPTION <b>Hospital District Election</b>
<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)		
<input type="checkbox"/> OPPOSE (Candidate or Measure)		
<input type="checkbox"/> ASSIST (Officeholder)		

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 11.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2107.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

### 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.

*David Weiser*  
Signature of campaign treasurer

Sworn to and subscribed before me, by the said **David Weiser**, this the **15<sup>th</sup>** day of **July**, 20 **04**, to certify which, witness my hand and seal of office.

*Theresa D. Valenzuela* Theresa D. Valenzuela Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **1**

2 FILER NAME **Citizens for a Travis County Hospital District** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>05/06/04</b>	5 Payee name <b>Austin Prograssive Coalition</b>	7 Amount <b>\$2000.00</b>
6 Payee address: <b>Austin, Texas</b> City: State: Zip Code		

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

Date <b>06/29/04</b>	Payee name <b>Guy Herman</b>	Amount (\$) <b>\$96.45</b>
Payee address: City: State: Zip Code <b>4104 N. Hills Dr. Austin, Texas 78731</b>		

Purpose of payment (See instructions regarding type of information required.) <b>supplies purchases for signs and leaflets mileage for car use in placing signs and ballots</b>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> 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 <b>-- Complete if direct expenditure to benefit C/OH --</b> 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 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**