

P.O. Box 28096
Austin, TX 78755-8096

(512) 345-4118
ebadams@mindspring.com

CITIZENS FOR CENTRAL TEXAS HEALTH

August 16, 2004

Elections Division,
Travis County Clerk
PO Box 149325
Austin, TX 78714


FILED FOR RECORD
AUG 16 PM 3:54
COUNTY CLERK
TRAVIS COUNTY TEXAS

Re: Citizens For Central Texas Health (SPAC)

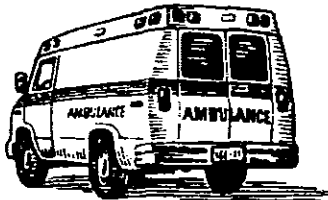
Dear Sir or Madam:

Please be advised that Citizens For Central Texas Health, a Special Purpose Committee, is converting to a General Purpose Committee and will file future campaign reports with the Texas Ethics Commission.

Sincerely,


Edward B. Adams
Treasurer

cc: Texas Ethics Commission



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SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT 5837

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:
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3 COMMITTEE NAME <i>CITIZENS FOR CENTRAL TEXAS HEALTH</i>	OFFICE USE ONLY Date Received
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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>	Date Hand-delivered or Date Postmarked
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5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <i>MR Edward B. Ed Adams</i>	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7308 Valhalla Dr, Austin, TX 78731</i>
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7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>7308 Valhalla Dr, Austin, TX 78731</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 345-4118</i>
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9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>07/01/2004 THROUGH 08/15/2004</i>
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11 ELECTION	ELECTION DATE Month Day Year <i>5/15/04</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
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GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME CITIZEN FOR CENTRAL TEXAS HEALTH ACCOUNT # (Ethics Commission filers)

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

CANDIDATE

SUPPORT (Candidate or Measure)

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

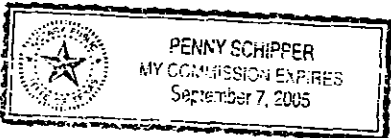
ELECTION DATE
Month Day Year
05/15/2004

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	\$ <u> </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,000.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u> </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,894.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>NONE</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>NONE</u>

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Edward B. Adams
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward B. Adams this the 16th day of Aug. 2004, to certify which, witness my hand and seal of office.

Penny Schipper
Signature of officer administering oath

Penny Schipper
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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: 1	
2 FILER NAME CITIZENS FOR CENTRAL TEXAS HEALTH		3 ACCOUNT # (Ethics Commission files)	
4 Date 07/21/04	5 Corporation / Labor Organization name WATSON, Bishop, Landon & Brophy, P.C.	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Corporation / Labor Organization address; City; State; Zip Code 106 EAST 6TH ST, AUSTIN, TX 78701			
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)
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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4	
2 FILER NAME <i>Committee For Central Texas Health</i>		3 AGO SIGN if (Ethics Commission Filer)	
4 Date <i>7/2/04</i>	5 Payee name <i>White Walker</i>	7 Amount (\$) <i>\$ 300.00</i>	
6 Payee address; City, State, Zip Code <i>5710 Alibon Tr, Austin, TX 78749</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Maint Form Books</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought Office held	
Date <i>7/6/04</i>	Payee name <i>USPS</i>	Amount (\$) <i>\$ 22.00</i>	
Payee address; City, State, Zip Code <i>Fairview Blvd, Austin, TX 78731</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Residential Box Rental</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought Office held	
Date <i>7/12/04</i>	Payee name <i>Judie Eldridge</i>	Amount (\$) <i>\$ 150.00</i>	
Payee address; City, State, Zip Code <i>603 W. 13th St, Rt 1A-432 Austin, TX 78701</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Prepare Campaign Report</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought Office held	
Date <i>8/15/04</i>	Payee name <i>Committee For Central Texas Health II (CPAC)</i>	Amount (\$) <i>\$ 3,120.28</i>	
Payee address; City, State, Zip Code <i>P.O. Box 28096, Austin, TX 78755-2896</i>			
Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION TO GENERAL PURPOSE POLITICAL ACTION COMMITTEE</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder 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: 4

2 FILER NAME: CITIZENS FOR CENTRAL TEXAS HEALTH 3 ACCOUNT # (Ethics Commission file):

4 Date <u>7/30/04</u>	5 Payee name <u>Albert Black</u>	7 Amount (\$) <u>\$ 400.00</u>
6 Payee address: City, State, Zip Code <u>1013 Whapping Willow Dr Austin, TX 78753</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Campaign Meet Team Bonus</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>7/31/04</u>	Payee name <u>Rick Cooper</u>	Amount (\$) <u>\$1,400.00</u>
Payee address: City, State, Zip Code <u>1306 E. 29th St, Austin, TX 78722</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign Meet Team Bonus</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	--

Date <u>7/30/04</u>	Payee name <u>Fan Campbell</u>	Amount (\$) <u>\$ 400.00</u>
Payee address: City, State, Zip Code <u>604 West Lynn, Austin, TX 78703</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign Meet Team Bonus</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	--

Date <u>7/30/04</u>	Payee name <u>Mark - Field</u>	Amount (\$) <u>\$ 400.00</u>
Payee address: City, State, Zip Code <u>1206 Cedar Dry, Austin, TX 78745</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign Meet Team Bonus</u>	** 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 <i>Guide</i> explains how to complete this form.		1 Total pages Schedule F: 4	
2 FILER NAME <i>Citizenry For Central Texas Health</i>		3 ACCOUNT # (Ethics Commission filer)	
4 Date <i>7/30/04</i>	5 Payee name <i>Elen Maxey</i>	7 Amount (\$) <i>\$ 300.00</i>	
6 Payee address, City, State, Zip Code <i>512 E. E. Inside Dr, Suite 203 Austin, TX 78704</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Meet Team Bonus</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name: _____ Office sought: _____ Office held: _____	
Date <i>7/30/04</i>	Payee name <i>JOANNE ERHARDT</i>	Amount (\$) <i>\$ 300.00</i>	
Payee address, City, State, Zip Code <i>603 W. 12th St, # 1A-432 Austin, TX 78701</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Meet Team Bonus</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name: _____ Office sought: _____ Office held: _____	
Date <i>7/30/04</i>	Payee name <i>Allison Erickson</i>	Amount (\$) <i>\$ 300.00</i>	
Payee address, City, State, Zip Code <i>10455 N. Central Expwy, Ste 109-207 Dallas, TX 75231</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Meet Team Bonus</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name: _____ Office sought: _____ Office held: _____	
Date <i>7/30/04</i>	Payee name <i>Eduardo Pedraza</i>	Amount (\$) <i>\$ 300.00</i>	
Payee address, City, State, Zip Code <i>1310 HARRIS ST, AUSTIN, TX 78702</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Meet Team Bonus</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTOR GUIDE explains how to complete this form.		1 Total pages submitted: 4
2 FILER NAME <i>Signature For Senator / Texas Health</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>1/30/04</i>	5 Payee name <i>MARCUS SINFORD</i>	7 Amount (\$) <i>\$300.00</i>
6 Payee address, City, State, Zip Code <i>4032 SOUTH LAMAR, SUITE 500, BOX 146 AUSTIN, TX 78704</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Mont Fern Bonds</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>1/30/04</i>	Payee name <i>Prisoners Edition Press</i>	Amount (\$) <i>\$300.00</i>
Payee address, City, State, Zip Code <i>8819 Black Oak, Austin, TX 78729</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Mont Fern Bonds</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>1/30/04</i>	Payee name <i>Elliot McFadden</i>	Amount (\$) <i>\$500.00</i>
Payee address, City, State, Zip Code <i>2032 South Lamar, Suite 500, Box 146 Austin, TX 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Mont Fern Bonds</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>1/30/04</i>	Payee name <i>Rus Rick</i>	Amount (\$) <i>\$300.00</i>
Payee address, City, State, Zip Code <i>320 Col Glass, 7th, Austin, TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Mont Fern Bonds</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME

CITIZENS FOR CENTRAL TEXAS HEALTH

3 ACCOUNT # (Ethics Commission uses)

4 Date

07/30/04

5 Payee name

UNITED Way CAPITAL AREA

6 Payee address: City: State: Zip Code

2000 E. MLK JR BLDG, AUSTIN, TX 78702

8 Amount (\$)

\$500.00

7 Purpose of expenditure (See instructions regarding type of information required.)

DONATION IN RESPONSE TO PROVISION OF MEETING VENUE

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED