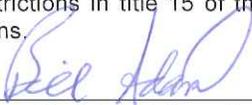


# APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA  
PG 1

See STA Instruction Guide for detailed instructions.		1 Total pages filed:											
2 COMMITTEE NAME	Healthy Hidalgo County												
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 612 W. Nolana Ste. 415 McAllen TX 78504												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width: 50%;">Acct. #</td> <td style="width: 50%;">2014</td> </tr> <tr> <td>Date Received</td> <td style="text-align: center;">RECEIVED AUG 14 2:26 PM CS</td> </tr> <tr> <td>HD/PM</td> <td></td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Acct. #	2014	Date Received	RECEIVED AUG 14 2:26 PM CS	HD/PM		Date Processed		Date Imaged
OFFICE USE ONLY													
Acct. #	2014												
Date Received	RECEIVED AUG 14 2:26 PM CS												
HD/PM													
Date Processed													
Date Imaged													
4 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Bill Adams												
	NICKNAME LAST SUFFIX												
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1401 E. Eighth St. Weslaco TX 78596												
6 MAILING ADDRESS <input checked="" type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE												
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 956 ) 969-5200												
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Ramiro Garza Jr.												
9 SIGNATURE	<p>I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <div style="text-align: right;">               _____              Signature of Campaign Treasurer         </div>												
10 ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST MI LAST SUFFIX												
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE												
12 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( )												

CONTINUE ON PAGE 2

This appointment is effective on the date it is filed with the commission.

**SPECIFIC-PURPOSE COMMITTEE:  
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA  
PG 2**

**13 COMMITTEE NAME**

Healthy Hidalgo County

**14 COMMITTEE  
PURPOSE**

SUPPORT CANDIDATE

OPPOSE CANDIDATE

ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT MEASURE

OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year  
11 / 4 / 2014

DESCRIPTION

Ballot measure proposing the creation of the Hidalgo County Hospital District.

**15 MODIFIED  
REPORTING  
DECLARATION**

**COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING  
MODIFIED REPORTING.**

**\*\*This declaration must be filed no later than the 30th day  
before the first election to which the declaration applies. \*\***

**\*\*The modified reporting declaration is valid for one election cycle only. \*\***  
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

\_\_\_\_\_  
Year of election(s) or election cycle to  
which declaration applies

\_\_\_\_\_  
Signature of Campaign Treasurer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**