

**AMENDMENT: APPOINTMENT OF A CAMPAIGN
TREASURER BY A SPECIFIC-PURPOSE COMMITTEE**

**FORM ASTA
PG 1**

See ASTA Instruction Guide for detailed instructions.		1 Total pages filed: 2	OFFICE USE ONLY	
2 COMMITTEE NAME Healthy Hidalgo County		3 ACCOUNT#		Date Received
4 COMMITTEE NAME	<input type="checkbox"/> NEW	RECEIVED JAN 15 2016 <i>2:30 PM.</i> <i>Ruiz</i>		
5 COMMITTEE ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
6 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW MS / MRS / MR FIRST MI	Date Hand-delivered or Postmarked		Date Processed
	NICKNAME LAST SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	6910 N First Lane McAllen TX 78504		
8 CAMPAIGN TREASURER MAILING ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	<input checked="" type="checkbox"/> same as above		
9 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION	(956) 457 4499		
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX			
11 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> <p style="text-align: right;"><i>Blandina C. Flores</i> Signature of Campaign Treasurer</p>			
12 ASSISTANT CAMPAIGN TREASURER (see instructions)	<input type="checkbox"/> NEW FIRST MI LAST SUFFIX			
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
14 ASSISTANT CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION	()		

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AMENDMENT: SPECIFIC-PURPOSE COMMITTEE PURPOSE AND MODIFIED REPORTING DECLARATION

FORM ASTA
PG 2

15 COMMITTEE NAME	Healthy Hidalgo County	16 ACCOUNT#	
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17 COMMITTEE PURPOSE	CANDIDATE / OFFICEHOLDER NAME		
<input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> SUPPORT CANDIDATE <input type="checkbox"/> OPPOSE CANDIDATE <input type="checkbox"/> ASSIST OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		

<input type="checkbox"/> NEW <input type="checkbox"/> ADD	BALLOT IDENTIFICATION OF MEASURE / #	ELECTION DATE	
<input checked="" type="checkbox"/> SUPPORT MEASURE		Month Day Year	/ /
<input type="checkbox"/> OPPOSE MEASURE	DESCRIPTION Hidalgo County Healthcare District		

18 MODIFIED REPORTING DECLARATION	NEW	<p style="text-align: center;">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p style="text-align: center;">**This declaration must be filed no later than the 30th day before the first election to which the declaration applies. **</p> <p style="text-align: center;">**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.)</p> <p>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.</p> <p style="text-align: center;">_____ Year of election(s) or election cycle to which declaration applies</p> <p style="text-align: center;">_____ Signature of Campaign Treasurer</p>
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

This appointment is effective on the date it is filed with the appropriate filing authority.