

**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	NEW	<p style="text-align: center; font-size: 2em; font-weight: bold;">REC'D MAY 27 2016</p> <p style="text-align: center; font-size: 1.2em;">E.O. 3:52pm</p>		
5 COMMITTEE ADDRESS	NEW			
6 CAMPAIGN TREASURER NAME	NEW			
MS / MRS / MR		FIRST	MI	Date Hand-delivered or Postmarked
NICKNAME		LAST	SUFFIX	Date Processed
Date Imaged				
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER MAILING ADDRESS	NEW	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> same as above				
9 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
()				
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>Blanding C. Flores</i></p> <p style="text-align: right;">Signature of Campaign Treasurer</p>			
12 ASSISTANT CAMPAIGN TREASURER (see instructions)	NEW	FIRST	MI	LAST
		SUFFIX		
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	NEW	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
14 ASSISTANT CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
()				
GO TO PAGE 2				

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

**FORM ASTA
PG 2**

15 COMMITTEE NAME <p style="text-align:center">Healthy Hidalgo County</p>	16 ACCOUNT#
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17 COMMITTEE PURPOSE <input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> SUPPORT CANDIDATE <input type="checkbox"/> OPPOSE CANDIDATE <input type="checkbox"/> ASSIST OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
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<input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADD <input checked="" type="checkbox"/> SUPPORT MEASURE <input type="checkbox"/> OPPOSE MEASURE	BALLOT IDENTIFICATION OF MEASURE / # <p style="text-align:center">has not been assigned at this time</p>	ELECTION DATE Month Day Year 11 / 08 / 2016
DESCRIPTION <p style="text-align:center">Creation of a healthcare district in Hidalgo County</p>		

18 MODIFIED REPORTING DECLARATION	<p><input checked="" type="checkbox"/> NEW</p> <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.