

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME *Somervell County Hospital District PAC* **ACCOUNT # (Ethics Commission Filers)** *N/A*

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

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

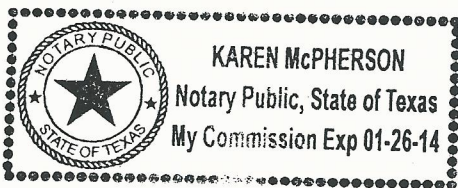
BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year
65 / 11 / 13

DESCRIPTION
for Somervell County to support as Hospital District

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5557.60</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>4362.67</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4362.67</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>1644.93</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>—</i>

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.

Charles Thomas Sr

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Thomas Sr, this the 5th day of April, 20 13, to certify which, witness my hand and seal of office.

Karen McPherson
Signature of officer administering oath

Karen McPherson
Printed name of officer administering oath

Notary Public
Title of officer administering oath