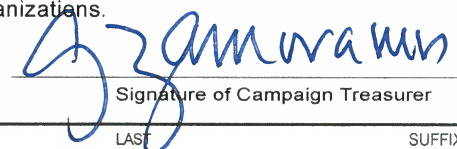


APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM **STA**
PG 1

| | | |
|--|--|---|
| See STA Instruction Guide for detailed instructions. | | 1 Total pages filed: |
| 2 COMMITTEE NAME | Keep Austin Healthy | OFFICE USE ONLY Acct. # <hr/> Date Received 08-16-2012 P03:10 Received at Central Health 08-16-2012 P03:1 Christie Garbe <hr/> HD/PM <hr/> Date Processed <hr/> Date Imaged |
| 3 COMMITTEE ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 301074 Austin, TX 78703 | |
| 4 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Dr. Guadalupe <hr/> NICKNAME LAST SUFFIX Zamora | |
| 5 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2100 East 6th Street, Suite A Austin, TX 78702 | |
| 6 MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input checked="" type="checkbox"/> same as above | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 482-0248 | |
| 8 PERSON APPOINTING TREASURER | FIRST MI LAST SUFFIX Robert W. "Bobby" Jenkins | |
| 9 SIGNATURE | 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. <div style="text-align: right; margin-top: 10px;">  _____ 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

Keep Austin Healthy

**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 / #

Central Health Proposition 1

ELECTION DATE

Month / Day / Year
11 / 06 / 2012

DESCRIPTION

Tax ratification initiative

**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