

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

**FORM AGTA  
PG 1**

<b>See AGTA Instruction Guide for detailed instructions.</b>		1 Total pages filed:
2 COMMITTEE NAME		3 FILER ID #
		<b>OFFICE USE ONLY</b>
4 COMMITTEE NAME	NEW	Date Received
5 ACRONYM	NEW	
6 COMMITTEE ADDRESS	NEW	Date Hand-delivered or Postmarked
		Receipt #      Amount \$
		Date Processed
7 REPORTING TYPE	NEW	Date Imaged
		<input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY
8 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR      FIRST      MI      NICKNAME      LAST      SUFFIX
9 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE
10 CAMPAIGN TREASURER MAILING ADDRESS	NEW	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE
		<input type="checkbox"/> same as above
11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE      PHONE NUMBER      EXTENSION
		(      )
12 PERSON APPOINTING TREASURER		FIRST      MI      LAST      SUFFIX
13 SIGNATURE	<p>I understand that I have been appointed as the campaign treasurer for this general-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;">_____</p> <p style="text-align: right;"><b>Signature of Campaign Treasurer</b></p>	
14 ASSISTANT CAMPAIGN TREASURER	NEW	FIRST      MI      LAST      SUFFIX
15 ASSISTANT CAMPAIGN TREASURER ADDRESS	NEW	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE
16 ASSISTANT CAMPAIGN TREASURER PHONE	NEW	AREA CODE      PHONE NUMBER      EXTENSION
		(      )
<b>CONTINUE ON PAGE 2</b>		
<b>This appointment is effective on the date it is filed with the commission.</b>		

**AMENDMENT: GENERAL-PURPOSE COMMITTEE  
CONTROLLING ENTITY INFORMATION**

**FORM AGTA  
PG 2**

<b>17</b> COMMITTEE NAME	<b>18</b> FILER ID #
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<b>19</b> CONTROLLING ENTITY INFORMATION	<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY ACRONYM
	<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY ACRONYM
	<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY ACRONYM
	<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY ACRONYM

<b>20</b> CONTRIBUTION DECISION MAKERS	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix

<b>21</b> EXPENDITURE DECISION MAKERS	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix

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

**AMENDMENT: GENERAL-PURPOSE COMMITTEE  
RECIPIENT COMMITTEES**

**FORM AGTA  
PG 3**

<b>22</b> COMMITTEE NAME	<b>23</b> FILER ID #
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<b>24</b> RECIPIENT GENERAL PURPOSE COMMITTEES	<input type="checkbox"/> ADD Committee name ..... Committee address;                      City;                      State;                      Zip Code
	<input type="checkbox"/> ADD Committee name ..... Committee address;                      City;                      State;                      Zip Code
	<input type="checkbox"/> ADD Committee name ..... Committee address;                      City;                      State;                      Zip Code
	<input type="checkbox"/> ADD Committee name ..... Committee address;                      City;                      State;                      Zip Code
	<input type="checkbox"/> ADD Committee name ..... Committee address;                      City;                      State;                      Zip Code

Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

For more information about where to file go to:  
<http://204.65.203.6/filinginfo/QuickFileAReport.php>

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