

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

**FORM AGTA  
PG 1**

<b>See AGTA Instruction Guide for detailed instructions.</b>		<b>1</b> Total pages filed:
<b>2</b> COMMITTEE NAME		<b>3</b> FILER ID #
		<b>OFFICE USE ONLY</b>
<b>4</b> COMMITTEE NAME	<input type="checkbox"/> NEW	Date Received
<b>5</b> ACRONYM	<input type="checkbox"/> NEW	
<b>6</b> COMMITTEE ADDRESS	<input type="checkbox"/> NEW	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
		Date Hand-Delivered or Postmarked
		Receipt #      Amount \$
<b>7</b> REPORTING TYPE	<input type="checkbox"/> NEW	Date Processed
	<input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	Date Imaged
<b>8</b> CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW	MS / MRS / MR      FIRST      MI      NICKNAME      LAST      SUFFIX
<b>9</b> CAMPAIGN TREASURER STREET ADDRESS <small>(residence or business)</small>	<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
<b>10</b> CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	<input type="checkbox"/> NEW	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
<b>11</b> CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW	AREA CODE      PHONE NUMBER      EXTENSION
		(      )
<b>12</b> PERSON APPOINTING TREASURER		FIRST      MI      LAST      SUFFIX
<b>13</b> SIGNATURE		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.
		_____ <b>Signature of Campaign Treasurer</b>
<b>14</b> ASSISTANT CAMPAIGN TREASURER	<input type="checkbox"/> NEW	FIRST      MI      LAST      SUFFIX
<b>15</b> ASSISTANT CAMPAIGN TREASURER ADDRESS	<input type="checkbox"/> NEW	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
<b>16</b> ASSISTANT CAMPAIGN TREASURER PHONE	<input type="checkbox"/> 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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