

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:	OFFICE USE ONLY			
2 COMMITTEE NAME		3 FILER ID #		Date Received Date Hand-delivered or Postmarked <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 2px;">Receipt #</td> <td style="width: 50%; border: none; padding: 2px;">Amount \$</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount \$
Receipt #	Amount \$					
4 COMMITTEE NAME	<input type="checkbox"/> NEW <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>					
5 COMMITTEE ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>					
6 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW MS / MRS / MR FIRST MI LAST SUFFIX NICKNAME LAST SUFFIX					
7 CAMPAIGN TREASURER STREET ADDRESS <small>(residence or business)</small>	<input type="checkbox"/> NEW STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>					
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>					
9 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ()					
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>					
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> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <p style="text-align: right;">Signature of Campaign Treasurer</p>					
12 ASSISTANT CAMPAIGN TREASURER <small>(see instructions)</small>	<input type="checkbox"/> NEW FIRST MI LAST SUFFIX <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>					
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>					
14 ASSISTANT CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ()					

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

**FORM ASTA
PG 2**

15 COMMITTEE NAME		16 FILER ID #	
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)		
	BALLOT IDENTIFICATION OF MEASURE / #		ELECTION DATE Month Day Year / /
	DESCRIPTION		
18 MODIFIED REPORTING DECLARATION <input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> SUPPORT MEASURE <input type="checkbox"/> OPPOSE MEASURE	<div><input type="checkbox"/> NEW</div> <p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p>••This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••</p> <p>••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 \$1,140 in political contributions or make more than \$1,140 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> <div><div>_____ Year of election(s) or election cycle to which declaration applies</div><div>_____ Signature of Campaign Treasurer</div></div>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC**

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

This appointment is effective on the date it is filed with the appropriate filing authority.

**AMENDMENT: SPECIFIC-PURPOSE COMMITTEE:
STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL
CONTRIBUTIONS UNDER SECTION 252.0031, ELECTION CODE**

FORM ASTA

PG 3

**19 COMMITTEE
NAME**

**20 AFFIRMATION
(If applicable)**

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:

(Check if
applicable)

The political committee named above is not established or controlled by a candidate or an officeholder, and will not use any political contribution from a corporation or a labor organization to make a political contribution to: (1) a candidate for elective office or an officeholder, or (2) a political committee that has not included in its campaign treasurer appointment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions declaring the same.

(Check if
applicable)

The Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions that the political committee named above included in its campaign treasurer appointment no longer applies to the committee.

PLEASE COMPLETE EITHER OPTION (1) OR (2) BELOW:

(1) Affidavit Jurat:

Signature of Committee Representative

Notary Stamp/Seal

Sworn to and subscribed before me by _____, this the ____ day of _____,
20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed Name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration Jurat:

My name is _____, and my date of birth is _____.

My Address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the ____ day of _____, 20____.

Signature of Committee Representative (Declarant)

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Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070

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