

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

**FORM ASTA
PG 1**

<p>See ASTA Instruction Guide for detailed instructions. If you are involved in a School District Bond Election, you must file Form ASTA with the local filing authority BEFORE sending a file-stamped copy to the Texas Ethics Commission.</p>		<p>1 Total pages filed:</p>	<p>OFFICE USE ONLY</p>	
<p>2 COMMITTEE NAME</p>		<p>3 FILER ID #</p>		<p>Date Received</p>
<p>4 COMMITTEE NAME</p>	<p><input type="checkbox"/> NEW</p>			
<p>5 COMMITTEE ADDRESS</p>	<p><input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p>			
<p>6 CAMPAIGN TREASURER NAME</p>	<p><input type="checkbox"/> NEW MS / MRS / MR FIRST MI</p>		<p>Receipt # Amount \$</p>	
	<p>NICKNAME LAST SUFFIX</p>		<p>Date Processed</p>	
	<p>Date Imaged</p>			
<p>7 CAMPAIGN TREASURER STREET ADDRESS <small>(residence or business)</small></p>	<p><input type="checkbox"/> NEW STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE</p>			
<p>8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above</p>	<p><input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p>			
<p>9 CAMPAIGN TREASURER PHONE</p>	<p><input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ()</p>			
<p>10 PERSON APPOINTING TREASURER</p>	<p>FIRST MI LAST SUFFIX</p>			
<p>11 SIGNATURE</p>	<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> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature of Campaign Treasurer</p>			
<p>12 ASSISTANT CAMPAIGN TREASURER <small>(see instructions)</small></p>	<p><input type="checkbox"/> NEW FIRST MI LAST SUFFIX</p>			
<p>13 ASSISTANT CAMPAIGN TREASURER ADDRESS</p>	<p><input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p>			
<p>14 ASSISTANT CAMPAIGN TREASURER PHONE</p>	<p><input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ()</p>			

GO TO PAGE 2

**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)

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