

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

**FORM AGTA
PG 1**

| | | |
|---|---|--|
| See AGTA Instruction Guide for detailed instructions. | | 1 Total pages filed: |
| 2 COMMITTEE NAME | | 3 FILER ID # |
| | | OFFICE USE ONLY |
| 4 COMMITTEE NAME | <input type="checkbox"/> NEW | Date Received |
| 5 ACRONYM | <input type="checkbox"/> NEW | |
| 6 COMMITTEE ADDRESS | <input type="checkbox"/> NEW | Date Hand-delivered or Postmarked |
| ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | Receipt # Amount \$ |
| | | Date Processed |
| 7 REPORTING TYPE | <input type="checkbox"/> NEW | Date Imaged |
| <input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY | | |
| 8 CAMPAIGN TREASURER NAME | <input type="checkbox"/> NEW | MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX |
| 9 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | <input type="checkbox"/> NEW | STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE |
| 10 CAMPAIGN TREASURER MAILING ADDRESS | <input type="checkbox"/> NEW | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| <input type="checkbox"/> same as above | | |
| 11 CAMPAIGN TREASURER PHONE | <input type="checkbox"/> 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;">Signature of Campaign Treasurer</p> | |
| 14 ASSISTANT CAMPAIGN TREASURER | <input type="checkbox"/> NEW | FIRST MI LAST SUFFIX |
| 15 ASSISTANT CAMPAIGN TREASURER ADDRESS | <input type="checkbox"/> NEW | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE |
| 16 ASSISTANT CAMPAIGN TREASURER PHONE | <input type="checkbox"/> NEW | AREA CODE PHONE NUMBER EXTENSION |
| | | () |
| <p>CONTINUE ON PAGE 2</p> <p>This appointment is effective on the date it is filed with the commission.</p> | | |

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

**FORM AGTA
PG 2**

| | |
|--------------------------|----------------------|
| 17 COMMITTEE NAME | 18 FILER ID # |
|--------------------------|----------------------|

| | | |
|--|---|---|
| 19 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 _____ |

| | | |
|--|---|-------------------------------|
| 20 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 _____ |

| | | |
|---------------------------------------|---|-------------------------------|
| 21 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**

| | |
|--------------------------|----------------------|
| 22 COMMITTEE NAME | 23 FILER ID # |
|--------------------------|----------------------|

| | |
|---|---|
| 24 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
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**AMENDMENT: GENERAL-PURPOSE COMMITTEE
STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL
CONTRIBUTIONS UNDER SECTION 252.003, ELECTION CODE**

**FORM AGTA
PG 4**

**25 COMMITTEE
NAME**

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