

**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	<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"/> same as above	<input type="checkbox"/> NEW	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE
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;"><b>Signature of Campaign Treasurer</b></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><b>CONTINUE ON PAGE 2</b></p> <p><b>This appointment is effective on the date it is filed with the commission.</b></p>		

**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:  
<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)

Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us) or by mail to:

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