AMENDMENT: APPOINTMENT OF A CAMPAIGN FORM ACECTA TREASURER BY A COUNTY EXECUTIVE COMMITTEE PG 1 FILER ID # 1 2 Total pages filed: See ACECTA Instruction Guide for detailed instructions. 3 COMMITTEE OLD **OFFICEUSEONLY** NAME Date Received NEW NEW Date Hand-delivered or Postmarked 4 ACRONYM NEW Receipt # Amount \$ PRINCIPAL 5 YES NO COMMITTEE NEW ADDRESS / PO BOX; STATE; ZIP CODE Date Processed APT / SUITE #: CITY: 6 COMMITTEE ADDRESS Date Imaged NEW 7 REPORTING TYPE MONTHLY REGULAR CAMPAIGN NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX 8 TREASURER NAME NEW STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN 9 TREASURER STREET ADDRESS (residence or business) ADDRESS / PO BOX: APT / SUITE #: STATE **ZIP CODE** 10 CAMPAIGN NEW CITY. TREASURER MAILING ADDRESS same as above NEW AREA CODE PHONE NUMBER EXTENSION 11 CAMPAIGN TREASURER PHONE FIRST MI LAST 12 PERSON APPOINTING TREASURER **13** SIGNATURE I understand that I have been appointed as the campaign treasurer for this county executive 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. Signature of CampaignTreasurer **CONTINUE ON PAGE 2** This appointment is effective on the date it is filed with the commission.

AMENDMENT: COUNTY EXECUTIVE COMMITTEE ASSISTANT TREASURER & RECIPIENT COMMITTEES

FORM ACECTA

PG **2**

14 COMMITTEE NAME						15 FILER ID #
16 ASSISTANT CAMPAIGN TREASURER	NEW	FIRST	МІ	LAST		SUFFIX
17 ASSISTANT CAMPAIGN TREASURER ADDRESS	NEW	ADDRESS / PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CC	DDE	
18 ASSISTANT CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION		
19 RECIPIENT GENERAL PURPOSE COMMITTEES	ADD	Committee name Committee addres	s; City; State; Zip	Code		
			o, oly, olao, zip			
	ADD	Committee name				
		Committee addres	s; Ċity; Śtate; Żip	Code		
	ADD	Committee name				
		Committee addres	s; City; State; Zip	Code		
		-	Texa: Aus	or mail to s Ethics Commiss P.O. Box 12070 stin, TX 78711-207 ation about where	sion 70 e to file go to	
		ATTACH ADD	ITIONAL COPIES OF	THIS FORM AS	NEEDED	