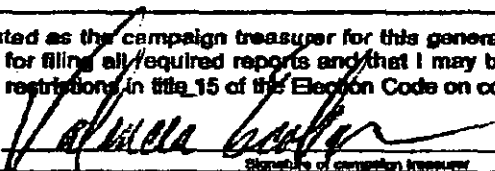


Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-6800 1-800-325-8506

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

**FORM AGTA  
PG 1**

See AGTA Instructions Check for detailed instructions.		<b>1</b> TOTAL PAGES FILED:	<b>OFFICE USE ONLY</b>	
<b>2</b> COMMITTEE NAME Austin Police Association PAC	<b>3</b> ACCOUNT# 00015883		Date Received	
<b>4</b> COMMITTEE NAME <input type="checkbox"/> NEW				
<b>5</b> ACRONYM <input type="checkbox"/> NEW				
<b>6</b> COMMITTEE ADDRESS <input type="checkbox"/> NEW ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
<b>7</b> REPORTING TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY			Date Image	
<b>8</b> CAMPAIGN TREASURER NAME <input type="checkbox"/> NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mrs. Valencia Escobar				
<b>9</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or business) <input type="checkbox"/> NEW STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE				
<b>10</b> CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> NEW ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <input type="checkbox"/> same as above				
<b>11</b> CAMPAIGN TREASURER PHONE <input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ( )				
<b>12</b> PERSON APPOINTING TREASURER FIRST MI LAST SUFFIX Wuthipong Tantaksinemukij				
<b>13</b> SIGNATURE 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.  _____ Signature of campaign treasurer				
<b>14</b> ASSISTANT CAMPAIGN TREASURER <input type="checkbox"/> NEW FIRST MI LAST SUFFIX				
<b>15</b> ASSISTANT CAMPAIGN TREASURER ADDRESS <input type="checkbox"/> NEW ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE				
<b>16</b> ASSISTANT CAMPAIGN TREASURER PHONE <input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ( )				
<b>CONTINUE ON PAGE 2</b>				
This appointment is effective on the date it is filed with the commission.				

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

**FORM AGTA  
PG 2**

<b>17</b> COMMITTEE NAME Austin Police Association PAC	<b>18</b> ACCOUNT # 00015883
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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 checked="" type="checkbox"/> delete	First MI Last Suffix Wuthipong Tantaksinanukij
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Tim Atkinson
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Sean Mannix
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Joe Chacon
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Troy Officer

<b>21</b>  EXPENDITURE DECISION MAKERS	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Chris Perkins
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Catherine Haggerty
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Jeff Olson
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Jim Beck
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Carlos Botello

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**FORM AGTA  
PG 2**

<b>17</b> COMMITTEE NAME Austin Police Association PAC	<b>18</b> ACCOUNT # 00015883
---	---------------------------------

<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 checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Chris Perkins
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Carlos Botello
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Jeff Olson
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Matt Greer
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Todd Harrison
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Matt Greer

<b>21</b>  EXPENDITURE DECISION MAKERS	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Matt Greer
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Todd Harrison
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Wes Martin
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	Monroe Yarbrough
	<input type="checkbox"/> add <input type="checkbox"/> delete	First	MI	Last	Suffix	

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

**FORM AGTA  
PG 2**

<b>17</b> COMMITTEE NAME Austin Police Association PAC	<b>18</b> ACCOUNT # 00015883
---	---------------------------------

<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 checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Wes Martin
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Monroe Yarbrough
	<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
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix

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**GENERAL-PURPOSE COMMITTEE:  
RECIPIENT COMMITTEES**

**FORM AGTA  
PG 3**

<b>22</b> COMMITTEE NAME Austin Police Association PAC	<b>23</b> ACCOUNT # 00015883
---	---------------------------------

<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
	<input type="checkbox"/> ADD Committee name ..... Committee address; City; State; Zip Code
	<input type="checkbox"/> ADD Committee name ..... Committee address; City; State; Zip Code

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**