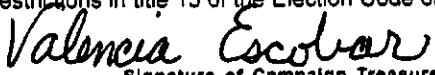


**AMENDMENT: APPOINTMENT OF A CAMPAIGN
TREASURER BY A GENERAL-PURPOSE COMMITTEE**

COPY FORM AGTA
PG 1

See AGTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 COMMITTEE NAME Austin Police Association PAC				3 ACCOUNT # 00015883		OFFICE USE ONLY	
4 COMMITTEE NAME		NEW				Date Received	
5 ACRONYM		NEW					
6 COMMITTEE ADDRESS		NEW ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE				Date Processed	
7 REPORTING TYPE		NEW <input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY				Date Imaged	
8 CAMPAIGN TREASURER NAME		NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX				2011 MAY 2 PM 10 18 RECEIVED AUSTIN CITY CLERK	
9 CAMPAIGN TREASURER STREET ADDRESS (residence or business)		NEW STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE					
10 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above		NEW ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE					
11 CAMPAIGN TREASURER PHONE		NEW AREA CODE PHONE NUMBER EXTENSION					
12 PERSON APPOINTING TREASURER		FIRST MI LAST SUFFIX Chris Perkins					
13 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					
14 ASSISTANT CAMPAIGN TREASURER		NEW FIRST MI LAST SUFFIX					
15 ASSISTANT CAMPAIGN TREASURER ADDRESS		NEW ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE					
16 ASSISTANT CAMPAIGN TREASURER PHONE		NEW AREA CODE PHONE NUMBER EXTENSION					

CONTINUE ON PAGE 2

This appointment is effective on the date it is filed with the commission.

AMENDMENT: GENERAL-PURPOSE COMMITTEE CONTROLLING ENTITY INFORMATION

FORM AGTA
PG 2

17 COMMITTEE NAME Austin Police Association PAC	18 ACCOUNT# 00015883
---	--------------------------------

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 checked="" type="checkbox"/> delete	First MI Last Suffix Catherine Haggerty
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Carlos Botello
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Matt Greer
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Monroe Yarbrough
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix

21 EXPENDITURE DECISION MAKERS	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Catherine Haggerty
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Carlos Botello
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Matt Greer
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Monroe Yarbrough
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

AMENDMENT: GENERAL-PURPOSE COMMITTEE
CONTROLLING ENTITY INFORMATION

FORM AGTA
PG 2

17 COMMITTEE NAME

Austin Police Association PAC

18 ACCOUNT #

00015883

19 CONTROLLING ENTITY INFORMATION

add
 delete

FULL NAME OF CONTROLLING ENTITY

ACRONYM

add
 delete

FULL NAME OF CONTROLLING ENTITY

ACRONYM

add
 delete

FULL NAME OF CONTROLLING ENTITY

ACRONYM

add
 delete

FULL NAME OF CONTROLLING ENTITY

ACRONYM

20 CONTRIBUTION DECISION MAKERS

add
 delete

First MI Last Suffix

Jason Chiappardi

add
 delete

First MI Last Suffix

Robin Henderson

add
 delete

First MI Last Suffix

Fausto Rodriguez

add
 delete

First MI Last Suffix

Andrew Romero

add
 delete

First MI Last Suffix

Derek Galloway

21 EXPENDITURE DECISION MAKERS

add
 delete

First MI Last Suffix

Jason Chiappardi

add
 delete

First MI Last Suffix

Robin Henderson

add
 delete

First MI Last Suffix

Fausto Rodriguez

add
 delete

First MI Last Suffix

Andrew Romero

add
 delete

First MI Last Suffix

Derek Galloway

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AMENDMENT: GENERAL-PURPOSE COMMITTEE
CONTROLLING ENTITY INFORMATION

FORM AGTA
PG 2

17 COMMITTEE NAME

Austin Police Association PAC

18 ACCOUNT#

00015883

19 CONTROLLING ENTITY INFORMATION

add
 delete

FULL NAME OF CONTROLLING ENTITY

ACRONYM

add
 delete

FULL NAME OF CONTROLLING ENTITY

ACRONYM

add
 delete

FULL NAME OF CONTROLLING ENTITY

ACRONYM

add
 delete

FULL NAME OF CONTROLLING ENTITY

ACRONYM

20 CONTRIBUTION DECISION MAKERS

add
 delete

First MI Last Suffix

Antwain Tarver

add
 delete

First MI Last Suffix

add
 delete

First MI Last Suffix

add
 delete

First MI Last Suffix

add
 delete

First MI Last Suffix

21 EXPENDITURE DECISION MAKERS

add
 delete

First MI Last Suffix

Antwain Tarver

add
 delete

First MI Last Suffix

add
 delete

First MI Last Suffix

add
 delete

First MI Last Suffix

add
 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

Austin Police Association PAC

23 ACCOUNT#

00015883

**24 RECIPIENT
GENERAL
PURPOSE
COMMITTEES**

ADD	Committee name		
Committee address:	City:	State:	Zip Code
ADD	Committee name		
Committee address:	City:	State:	Zip Code
ADD	Committee name		
Committee address:	City:	State:	Zip Code
ADD	Committee name		
Committee address:	City:	State:	Zip Code
ADD	Committee name		
Committee address:	City:	State:	Zip Code
ADD	Committee name		
Committee address:	City:	State:	Zip Code
ADD	Committee name		
Committee address:	City:	State:	Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED