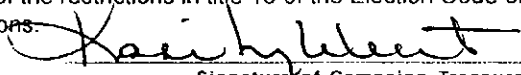


**AMENDMENT: APPOINTMENT OF A CAMPAIGN  
TREASURER BY A GENERAL-PURPOSE COMMITTEE**

**FORM AGTA  
PG 1**

See AGTA Instruction Guide for detailed instructions.		1 Total pages filed: 2
2 COMMITTEE NAME Texas REALTORS® Political Action Committee		3 ACCOUNT # 00070098
4 COMMITTEE NAME	NEW	OFFICE USE ONLY Date Received 2016 AUG 4 PM 4 35 AUSTIN CITY CLERK RECEIVED
5 ACRONYM	NEW	
6 COMMITTEE ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
7 REPORTING TYPE	NEW <input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	Date Processed
8 CAMPAIGN TREASURER NAME	NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Ms. Kaki Lybbert	Date Imaged
9 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3537 Teasley Lane Denton, TX 76210	SHIPPED SEP 08 2016
10 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2246 Austin, TX 78768-2246	SHIPPED SEP 08
11 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION ( 512 ) 370-2147	
12 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Leslie Rouda Smith	
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 Mark Lehman	
15 ASSISTANT CAMPAIGN TREASURER ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2246 Austin, TX 78768-2246	
16 ASSISTANT CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION ( 512 ) 370-2141	

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**

<b>17 COMMITTEE NAME</b> Texas REALTORS® Political Action Committee	<b>18 ACCOUNT #</b> 00070098	
<b>19 CONTROLLING ENTITY INFORMATION</b>	<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 CONTRIBUTION DECISION MAKERS</b>	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Shad Bogany
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Dan Hatfield
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Vicki Fullerton
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Kaki Lybbert
	<input type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix _____
<b>21 EXPENDITURE DECISION MAKERS</b>	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Shad Bogany
	<input type="checkbox"/> add <input checked="" type="checkbox"/> delete	First MI Last Suffix Dan Hatfield
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Vicki Fullerton
	<input checked="" type="checkbox"/> add <input type="checkbox"/> delete	First MI Last Suffix Kaki Lybbert
	<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 COMMITTEE NAME</b>	<b>23 ACCOUNT #</b>
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<b>24 RECIPIENT GENERAL PURPOSE COMMITTEES</b>	<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**