

**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 COMMITTEE NAME <i>Austin Police Association PAC</i>		3 FILER ID # <i>00015883</i>	
4 COMMITTEE NAME <input type="checkbox"/> NEW		Date Received  <b>OCC RECEIVED AT NOV 5 '18 AM 11:07</b>	
5 ACRONYM <input type="checkbox"/> NEW		Date Hand-delivered or Postmarked	
6 COMMITTEE ADDRESS <input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Receipt #	
		Amount \$	
		Date Processed	
7 REPORTING TYPE <input type="checkbox"/> NEW <input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY		Date Imaged	
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 (NO PO BOX PLEASE); 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 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 style="text-align: right;">_____ Signature of Campaign Treasurer</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  ( )			

**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>	<b>18 FILER ID #</b>
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<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 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 EXPENDITURE DECISION MAKERS</b>	<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**

22 COMMITTEE NAME

23 FILER ID #

24 RECIPIENT  
GENERAL  
PURPOSE  
COMMITTEES

ADD Committee name  
**RECA Advancing Democracy PAC**  
Committee address; City; State; Zip Code  
**98 SAN JACINTO Blvd., Suite 510  
Austin, TX 78701**

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**