


**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: 3	
2 COMMITTEE NAME CITIZENS FOR AN INDEPENDENT CITY COUNCIL		3 FILER ID #	
4 COMMITTEE NAME NEW N/A		OFFICE USE ONLY	
5 ACRONYM NEW N/A		Date Received	
6 COMMITTEE ADDRESS NEW 300 MOORE BLVD AUSTIN TX 78705		Date Hand-delivered or Postmarked OCC RECEIVED AT JUL 8 '18 AM 10:40	
7 REPORTING TYPE NEW <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY		Receipt # Amount \$	
8 CAMPAIGN TREASURER NAME NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX LYNN MARSHALL		Date Processed	
9 CAMPAIGN TREASURER STREET ADDRESS (residence or business) NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 300 MOORE BLVD AUSTIN TX 78705		Date Imaged	
10 CAMPAIGN TREASURER MAILING ADDRESS NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input checked="" type="checkbox"/> same as above			
11 CAMPAIGN TREASURER PHONE NEW AREA CODE PHONE NUMBER EXTENSION (512) 478-5243			
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.  Signature of Campaign Treasurer			
14 ASSISTANT CAMPAIGN TREASURER NEW FIRST MI LAST SUFFIX N/A			
15 ASSISTANT CAMPAIGN TREASURER ADDRESS NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE N/A			
16 ASSISTANT CAMPAIGN TREASURER PHONE NEW AREA CODE PHONE NUMBER EXTENSION (N/A)			

**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> CITIZENS FOR AN INDEPENDENT CITY COUNCIL	<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 <i>N/A</i>
	<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 <i>LYNN</i> MI Last <i>MARSHAN</i> 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 <i>LYNN</i> MI Last <i>MARSHAN</i> 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 #

CITIZENS FOR AN INDEPENDENT CITY COUNCIL

24 RECIPIENT  
GENERAL  
PURPOSE  
COMMITTEES

ADD

Committee name

N/A

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

Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us) or  
Fax this form to (512) 463-8808 or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

For more information about where to file go to:  
<https://www.ethics.state.tx.us/whatsnew/NewFilersGettingStarted.html>

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