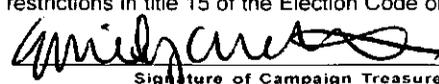


**AMENDMENT: APPOINTMENT OF A CAMPAIGN
TREASURER BY A GENERAL-PURPOSE COMMITTEE**

**FORM AGTA
PG 1**

See AGTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 COMMITTEE NAME AUSTIN BOARD OF REALTORS		3 ACCOUNT # 00035370		OFFICE USE ONLY			
4 COMMITTEE NAME	<input type="checkbox"/> NEW			Date Received	OCT 14 PM 1 54 AUSTIN CITY CLERK RECEIVED		
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
		10900 STONELAKE BLVD #100		AUSTIN TX	78759		
7 REPORTING TYPE	<input type="checkbox"/> NEW	<input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY		Date Processed			
8 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
			EMILY		CHENEVERT		
9 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE
		10900 STONELAKE BLVD		SFE #100	AUSTIN TX	78759	
10 CAMPAIGN TREASURER MAILING ADDRESS	<input type="checkbox"/> NEW	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE
		10900 STONELAKE BLVD		SFE #100	AUSTIN TX	78759	
11 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER		EXTENSION		
		(512)	454 - 7636				
12 PERSON APPOINTING TREASURER		FIRST	MI	LAST		SUFFIX	
		PAUL		HILGERS		CEO	
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	<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**

17 COMMITTEE NAME	18 ACCOUNT #
--------------------------	---------------------

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 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

21 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**AMENDMENT: GENERAL-PURPOSE COMMITTEE
RECIPIENT COMMITTEES**

**FORM AGTA
PG 3**

22 COMMITTEE NAME

23 ACCOUNT#

**24 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