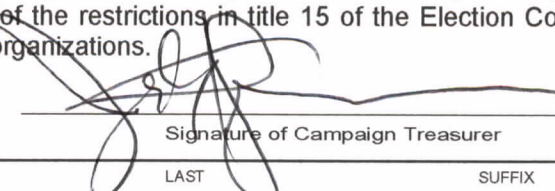


# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM ASTA  
PG 1

<b>See ASTA Instruction Guide for detailed instructions.</b> If you are involved in a School District Bond Election, you must file Form ASTA with the local filing authority BEFORE sending a file-stamped copy to the Texas Ethics Commission.		<b>1</b> Total pages filed:		<b>OFFICE USE ONLY</b>  Date Received   OCC RECEIVED AT OCT 8 '20 PM 2:33  Date Hand-delivered or Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
<b>2</b> COMMITTEE NAME Austinites for Equity		<b>3</b> FILER ID #			
<b>4</b> COMMITTEE NAME NEW					
<b>5</b> COMMITTEE ADDRESS NEW      ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE Austin TX 78754 1912 CENTLE CREEK DR ST 310					
<b>6</b> CAMPAIGN TREASURER NAME NEW      MS / MRS / MR      FIRST      MI NICKNAME      LAST      SUFFIX Jack      Kirtzman					
<b>7</b> CAMPAIGN TREASURER STREET ADDRESS (residence or business) NEW      STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 15408 INTERLACHEN AUST. TX 78717					
<b>8</b> CAMPAIGN TREASURER MAILING ADDRESS NEW      ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <input type="checkbox"/> same as above					
<b>9</b> CAMPAIGN TREASURER PHONE NEW      AREA CODE      PHONE NUMBER      EXTENSION (512) 658-4892					
<b>10</b> PERSON APPOINTING TREASURER FIRST      MI      LAST      SUFFIX					
<b>11</b> SIGNATURE I understand that I have been appointed as the campaign treasurer for this specific-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					
<b>12</b> ASSISTANT CAMPAIGN TREASURER (see instructions) NEW      FIRST      MI      LAST      SUFFIX					
<b>13</b> ASSISTANT CAMPAIGN TREASURER ADDRESS NEW      ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE					
<b>14</b> ASSISTANT CAMPAIGN TREASURER PHONE NEW      AREA CODE      PHONE NUMBER      EXTENSION (      )					

GO TO PAGE 2

**AMENDMENT: SPECIFIC-PURPOSE COMMITTEE  
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM ASTA  
PG 2**

<b>15 COMMITTEE NAME</b>  Austinites for Equity	<b>16 FILER ID #</b>
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<b>17 COMMITTEE PURPOSE</b> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADD  <input checked="" type="checkbox"/> SUPPORT CANDIDATE  <input type="checkbox"/> OPPOSE CANDIDATE  <input type="checkbox"/> ASSIST OFFICEHOLDER	<b>CANDIDATE / OFFICEHOLDER NAME</b>  David Chincanchan, Leslie Pool, Alison Alter, Jimmy Flannigan
	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  Districts, 2, 6, 7, 10

<input type="checkbox"/> NEW <input type="checkbox"/> ADD  <input type="checkbox"/> SUPPORT MEASURE  <input type="checkbox"/> OPPOSE MEASURE	<b>BALLOT IDENTIFICATION OF MEASURE / #</b>	<b>ELECTION DATE</b> Month Day Year 11 / 03 / 2020
	<b>DESCRIPTION</b>	

<b>18 MODIFIED REPORTING DECLARATION</b>	<b>NEW</b>	<p align="center"><b>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</b></p> <p align="center"><b>**This declaration must be filed no later than the 30th day before the first election to which the declaration applies. **</b></p> <p align="center"><b>**The modified reporting declaration is valid for one election cycle only. **</b> (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>The committee does not intend to accept more than \$900 in political contributions or make more than \$900 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.</p> <div><div>_____ Year of election(s) or election cycle to which declaration applies</div><div>_____ Signature of Campaign Treasurer</div></div>
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

Non-TEC Filers must file this form with the local filing authority  
**DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

**This appointment is effective on the date it is filed with the appropriate filing authority.**

**AMENDMENT: SPECIFIC-PURPOSE COMMITTEE:  
STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES  
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL  
CONTRIBUTIONS UNDER SECTION 252.0031, ELECTION CODE**

**FORM ASTA**  
**PG 3**

**19 COMMITTEE  
NAME**

**20 AFFIRMATION  
(If applicable)**

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:

☐  
(Check if  
applicable)

The political committee named above is not established or controlled by a candidate or an officeholder, and will not use any political contribution from a corporation or a labor organization to make a political contribution to: (1) a candidate for elective office or an officeholder, or (2) a political committee that has not included in its campaign treasurer appointment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions declaring the same.

☐  
(Check if  
applicable)

The Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions that the political committee named above included in its campaign treasurer appointment no longer applies to the committee.

**PLEASE COMPLETE EITHER OPTION (1) OR (2) BELOW:**

**(1) Affidavit Jurat:**

\_\_\_\_\_  
Signature of Committee Representative

Notary Stamp/Seal

Sworn to and subscribed before me by \_\_\_\_\_, this the \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed Name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration Jurat:**

My name is Chris Blanton, and my date of birth is 12-18-1969.

My Address is 7309 S Glenwood St, Austin, TX, 78754, Travis.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Committee Representative (Declarant)

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

**Non-TEC Filers must file this form  
with the local filing authority**