

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

**FORM ASTA  
PG 1**

<b>See ASTA Instruction Guide for detailed instructions.</b>		1 Total pages filed:	<b>OFFICE USE ONLY</b>	
2 COMMITTEE NAME		3 FILER ID #		
4 COMMITTEE NAME	NEW			
5 COMMITTEE ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
6 CAMPAIGN TREASURER NAME	NEW MS / MRS / MR FIRST MI			
	..... NICKNAME LAST SUFFIX			
7 CAMPAIGN TREASURER STREET ADDRESS <small>(residence or business)</small>	NEW STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
9 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION			
	( )			
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX			
11 SIGNATURE	<p>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.</p> <p style="text-align:right;">_____</p> <p style="text-align:right;">Signature of Campaign Treasurer</p>			
12 ASSISTANT CAMPAIGN TREASURER <small>(see instructions)</small>	NEW FIRST MI LAST SUFFIX			
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
14 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</b> COMMITTEE NAME	<b>16</b> FILER ID#
--------------------------	---------------------

<b>17</b> COMMITTEE PURPOSE <input type="checkbox"/> NEW <input type="checkbox"/> ADD  <input type="checkbox"/> SUPPORT CANDIDATE <input type="checkbox"/> OPPOSE CANDIDATE <input type="checkbox"/> ASSIST OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME  <hr/> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
---	---

<input type="checkbox"/> NEW <input type="checkbox"/> ADD  <input type="checkbox"/> SUPPORT MEASURE <input type="checkbox"/> OPPOSE MEASURE	BALLOT IDENTIFICATION OF MEASURE / #  <hr/> DESCRIPTION	ELECTION DATE Month      Day      Year /            /            /
--	---	--

<b>18</b> MODIFIED REPORTING DECLARATION	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">NEW</div> <p style="text-align: center;"><b>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</b></p> <p style="text-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 style="text-align: center;"><b>••The modified reporting declaration is valid for one election cycle only. ••</b>  <small>(An election cycle includes a primary election, a general election, and any related runoffs.)</small></p> <p>The committee does not intend to accept more than \$1,080 in political contributions or make more than \$1,080 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 style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <small>Year of election(s) or election cycle to which declaration applies</small> </div> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <small>Signature of Campaign Treasurer</small> </div> </div>
--	---

**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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My Address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(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**