

**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  Date Received  Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged
5 ACRONYM NEW N/A		
6 COMMITTEE ADDRESS NEW 300 MOORE BLVD AUSTIN TX 78705		
7 REPORTING TYPE NEW <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY		
8 CAMPAIGN TREASURER NAME NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX LYNN MARSHALL		
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		
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)		

OCC RECEIVED AT  
JUL 8 2018 AM 10:40

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 N/A 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: LYNN MI: Last: MARSHAN 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: LYNN MI: Last: MARSHAN 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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