

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

FORM **ASTA**  
PG 1

**See ASTA Instruction Guide for detailed instructions.**  
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.

1 Total pages filed:

## OFFICE USE ONLY

Date Received

OCC RECEIVED AT  
FEB 4 '21 PM 4:22

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 COMMITTEE NAME

**Austinites for Equity**

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  
(residence or business)

NEW

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN  
TREASURER  
MAILING  
ADDRESS  
☐ 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

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

12 ASSISTANT  
CAMPAIGN  
TREASURER  
(see instructions)

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>16 COMMITTEE NAME</b>  <b>Austinites for Equity</b>		<b>16 FILER ID #</b>
<b>17 COMMITTEE PURPOSE</b>  <input type="checkbox"/> NEW <input type="checkbox"/> ADD  <input type="checkbox"/> SUPPORT CANDIDATE  <input type="checkbox"/> OPPOSE CANDIDATE  <input type="checkbox"/> ASSIST OFFICEHOLDER	<b>CANDIDATE / OFFICEHOLDER NAME</b>	
	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>	
	<b>BALLOT IDENTIFICATION OF MEASURE / #</b>	<b>ELECTION DATE</b> Month    Day    Year <b>05 / 01 / 2021</b>
	<b>DESCRIPTION</b> <b>Oppose Charter Amendment to form a Strong Mayor form of Government</b>	
<b>18 MODIFIED REPORTING DECLARATION</b>	<b>NEW</b>	
	<p><b>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</b></p> <p><b>**This declaration must be filed no later than the 30th day before the first election to which the declaration applies. **</b></p> <p><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 \$930 in political contributions or make more than \$930 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> <p>_____ Year of election(s) or election cycle to which declaration applies</p> <p>_____ Signature of Campaign Treasurer</p>	

**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

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