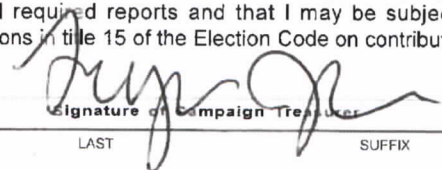


**AMENDMENT: APPOINTMENT OF A CAMPAIGN  
TREASURER BY A GENERAL-PURPOSE COMMITTEE**

**FORM AGTA  
PG 1**

<b>See AGTA Instruction Guide for detailed instructions.</b>		<b>1 Total pages filed:</b>	
<b>2 COMMITTEE NAME</b> Home Builders Association of Great Austin HOMEPAK Corporate		<b>3 FILER ID #</b> 00015509	
<b>4 COMMITTEE NAME</b> NEW		<b>OFFICE USE ONLY</b>  Date Received  <b>OCC RECEIVED AT JAN 11 '28 PM3:22</b>  Date Hand-delivered or Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
<b>5 ACRONYM</b> NEW			
<b>6 COMMITTEE ADDRESS</b> NEW      ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
<b>7 REPORTING TYPE</b> NEW <input type="checkbox"/> REGULAR <input checked="" type="checkbox"/> MONTHLY			
<b>8 CAMPAIGN TREASURER NAME</b> NEW      MS / MRS / MR      FIRST      MI      NICKNAME      LAST      SUFFIX Ms.      Taylor      Jackson			
<b>9 CAMPAIGN TREASURER STREET ADDRESS</b> (residence or business) NEW      STREET ADDRESS;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 7800 Shoal Creek Blvd.      #225E      Austin      TX      78757			
<b>10 CAMPAIGN TREASURER MAILING ADDRESS</b> <input checked="" type="checkbox"/> same as above NEW      ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
<b>11 CAMPAIGN TREASURER PHONE</b> NEW      AREA CODE      PHONE NUMBER      EXTENSION ( 512 )      454-5588			
<b>12 PERSON APPOINTING TREASURER</b> FIRST      MI      LAST      SUFFIX			
<b>13 SIGNATURE</b> 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			
<b>14 ASSISTANT CAMPAIGN TREASURER</b> NEW      FIRST      MI      LAST      SUFFIX			
<b>15 ASSISTANT CAMPAIGN TREASURER ADDRESS</b> NEW      ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
<b>16 ASSISTANT CAMPAIGN TREASURER PHONE</b> 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

<b>17 COMMITTEE NAME</b>		<b>18 FILER ID #</b>			
Home Builders Association of Great Austin HOMEPAC Corporate		00015509			
<b>19 CONTROLLING ENTITY INFORMATION</b>	<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			
<b>20 CONTRIBUTION DECISION MAKERS</b>	<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
<b>21 EXPENDITURE DECISION MAKERS</b>	<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**

Home Builders Association of Great Austin HOMEPAC Corporate

**23 FILER ID #**

00015509

**24 RECIPIENT  
GENERAL  
PURPOSE  
COMMITTEES**

Committee name

.....  
Committee address; City; State; Zip Code

Committee name

.....  
Committee address; City; State; Zip Code

Committee name

.....  
Committee address; City; State; Zip Code

Committee name

.....  
Committee address; City; State; Zip Code

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 mail to

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**AMENDMENT: GENERAL-PURPOSE COMMITTEE  
STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES  
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL  
CONTRIBUTIONS UNDER SECTION 252.003, ELECTION CODE**

**FORM AGTA  
PG 4**

**25 COMMITTEE  
NAME**

Home Builders Association of Great Austin HOMEPAK Corporate 00015509

**26 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