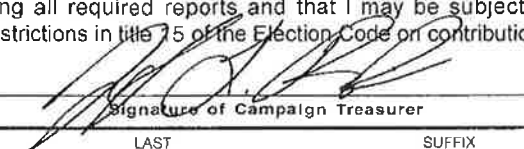


**AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE** **FORM AGTA PG 1**

RECEIVED

See AGTA Instruction Guide for detailed instructions.

1 Total pages filed: 3

<b>2 COMMITTEE NAME</b> Southwest Airlines Co. Freedom Fund	<b>3 FILER ID #</b> 00068722	<b>OFFICE USE ONLY</b>
<b>4 COMMITTEE NAME</b>	<input type="checkbox"/> NEW	Date Received
<b>5 ACRONYM</b>	<input type="checkbox"/> NEW	
<b>6 COMMITTEE ADDRESS</b>	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-Delivered or Postmarked
<b>7 REPORTING TYPE</b>	<input type="checkbox"/> NEW <input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	Receipt # Amount \$
<b>8 CAMPAIGN TREASURER NAME</b>	<input type="checkbox"/> NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Date Processed
<b>9 CAMPAIGN TREASURER STREET ADDRESS</b> (residence or business)	<input type="checkbox"/> NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Date Imaged
<b>10 CAMPAIGN TREASURER MAILING ADDRESS</b>	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
<input checked="" type="checkbox"/> same as above		
<b>11 CAMPAIGN TREASURER PHONE</b>	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION	
<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 75 of the Election Code on contributions from corporations and labor organizations.	
	 Signature of Campaign Treasurer	
<b>14 ASSISTANT CAMPAIGN TREASURER</b>	<input type="checkbox"/> NEW FIRST MI LAST SUFFIX	
<b>15 ASSISTANT CAMPAIGN TREASURER ADDRESS</b>	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
<b>16 ASSISTANT CAMPAIGN TREASURER PHONE</b>	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION	

CONTINUE ON PAGE 2

This appointment is effective on the date it is filed with the commission.

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**AMENDMENT: GENERAL-PURPOSE COMMITTEE  
CONTROLLING ENTITY INFORMATION**

**FORM AGTA  
PG 2**

<b>17 COMMITTEE NAME</b> Southwest Airlines Co. Freedom Fund	<b>18 FILER ID #</b> 00068722
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<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

205109

000002

**AMENDMENT: GENERAL-PURPOSE COMMITTEE  
RECIPIENT COMMITTEES**

**FORM AGTA  
PG 3**

22 COMMITTEE NAME

Southwest Airlines Co. Freedom Fund

23 FILER ID#

00068722

24 RECIPIENT  
GENERAL  
PURPOSE  
COMMITTEES

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

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>

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

