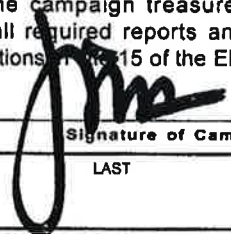


AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE **FORM AGTA PG 1**

See AGTA Instruction Guide for detailed instructions.		1 Total pages filed: 3
2 COMMITTEE NAME Orrick Texas PAC		3 FILER ID # 00080681
4 COMMITTEE NAME	<input type="checkbox"/> NEW	OFFICE USE ONLY RECEIVED CITY SECRETARY DALLAS, TEXAS 2019 MAY 15 AM 11:11 Date Received Date Hand-Delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged
5 ACRONYM	<input type="checkbox"/> NEW	
6 COMMITTEE ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 609 Main Street, 40th Floor Houston, TX 77002	
7 REPORTING TYPE	<input type="checkbox"/> NEW <input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	
8 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	
9 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
10 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
11 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION ()	
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 Section 15 of the Election Code on contributions from corporations and labor organizations. <div style="text-align: right; margin-top: 10px;">  _____ Signature of Campaign Treasurer </div>	
14 ASSISTANT CAMPAIGN TREASURER	<input type="checkbox"/> NEW FIRST MI LAST SUFFIX	
15 ASSISTANT CAMPAIGN TREASURER ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
16 ASSISTANT CAMPAIGN TREASURER PHONE	<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.

000001

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

**FORM AGTA
PG 2**

17 COMMITTEE NAME

Orrick Texas PAC

18 FILER ID #

00080681

**19 CONTROLLING
ENTITY
INFORMATION**

<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
<input type="checkbox"/> add <input type="checkbox"/> delete	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
	FULL NAME OF CONTROLLING ENTITY
	ACRONYM

**20 CONTRIBUTION
DECISION
MAKERS**

<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

**21 EXPENDITURE
DECISION
MAKERS**

<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

Orrick Texas PAC

23 FILER ID #

00080681

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 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