

APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM **GTA**
PG 1

See GTA Instruction Guide for detailed instructions.		1 Total pages filed:
2 COMMITTEE NAME		OFFICE USE ONLY
3 ACRONYM		Filer ID #
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received
		Date Hand-Delivered or Postmarked
5 REPORTING TYPE	<input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	Receipt # Amount \$
		Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER STREET ADDRESS <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX	
11 SIGNATURE	<p>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.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature of Campaign Treasurer</p>	
12 ASSISTANT CAMPAIGN TREASURER	FIRST MI LAST SUFFIX	
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
14 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	

CONTINUE ON PAGE 2

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

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

15 COMMITTEE NAME

16 CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTITY ACRONYM
	FULL NAME OF CONTROLLING ENTITY ACRONYM
	FULL NAME OF CONTROLLING ENTITY ACRONYM
	FULL NAME OF CONTROLLING ENTITY ACRONYM

17 CONTRIBUTION DECISION MAKERS	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix

18 EXPENDITURE DECISION MAKERS	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**GENERAL-PURPOSE COMMITTEE:
RECIPIENT COMMITTEES**

**FORM GTA
PG 3**

19 COMMITTEE
NAME

20 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
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

For more information about where to file go to:
<http://204.65.203.6/filinginfo/QuickFileAReport.php>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED