

# APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM **GTA**  
PG 1

<b>See GTA Instruction Guide for detailed instructions.</b>		<b>1</b> Total pages filed:
<b>2</b> COMMITTEE NAME		<b>OFFICE USE ONLY</b>
<b>3</b> ACRONYM		
<b>4</b> COMMITTEE ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE	
<b>5</b> REPORTING TYPE	<input type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR    FIRST                      MI                      NICKNAME                      LAST                      SUFFIX	Filer ID #
<b>7</b> CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE	Date Received
<b>8</b> CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE	Date Hand-Delivered or Postmarked
<b>9</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (                      )	Receipt #                      Amount \$
<b>10</b> PERSON APPOINTING TREASURER	FIRST                      MI                      LAST                      SUFFIX	Date Processed
<b>11</b> 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 title 15 of the Election Code on contributions from corporations and labor organizations.  <div style="text-align: right;">_____</div> <b>Signature of Campaign Treasurer</b>	Date Imaged
<b>12</b> ASSISTANT CAMPAIGN TREASURER	FIRST                      MI                      LAST                      SUFFIX	
<b>13</b> ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE	
<b>14</b> 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**

**FORM GTA  
PG 2**

**15 COMMITTEE NAME**

<b>16 CONTROLLING ENTITY INFORMATION</b>	FULL NAME OF CONTROLLING ENTITY ..... ACRONYM
	FULL NAME OF CONTROLLING ENTITY ..... ACRONYM
	FULL NAME OF CONTROLLING ENTITY ..... ACRONYM
	FULL NAME OF CONTROLLING ENTITY ..... ACRONYM

<b>17 CONTRIBUTION DECISION MAKERS</b>	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix

<b>18 EXPENDITURE DECISION MAKERS</b>	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](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:  
<http://204.65.203.6/filinginfo/QuickFileAReport.php>

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