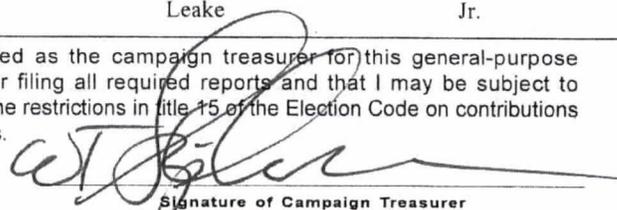


**APPOINTMENT OF A CAMPAIGN TREASURER
BY A GENERAL-PURPOSE COMMITTEE**

**FORM GTA
PG 1**

See GTA Instruction Guide for detailed instructions.		1 Total pages filed: 3
2 COMMITTEE NAME	Margins PAC	OFFICE USE ONLY Filer ID # Date Received Date Processed Receipt # Amount \$ Date Processed Date Imaged
3 ACRONYM		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2201 North Collins Street, Suite 130 (76011) P.O. Box 201786 Arlington, Texas 76006-1786	
5 REPORTING TYPE	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Warren T. Skip Leake Jr.	
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2201 North Collins Street, Suite 130 (76011) P.O. Box 201786 Arlington, Texas 76006-1786	
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P. O. Box 201786 Arlington, Texas 76006-1786	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 460-7710	
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Warren T. Leake Jr.	
11 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.  Signature of Campaign Treasurer	
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 ()	

DCC RECEIVED AT
SEP 4 '20 PM 4:47

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 Margins PAC

16 CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTITY N/A
	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
	Warren	T.	Leake	Jr.
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix

18 EXPENDITURE DECISION MAKERS	First	MI	Last	Suffix
	Warren	T.	Leake	Jr.
	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** Margins PAC

**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 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

FORM SECURITY FOR: CAMPAIGN FINANCE

(Texas Ethics Commission Filers Only)

FORM SECURITY-
CF

Please print or type everything other than your signature. See the next page for additional information.

OFFICE USE ONLY

1 FILER ID #
(Ethics Commission Filers)

Date Received

2 NAME OF FILER
SUBMITTING PRIMARY
EMAIL ADDRESS

Mr Mrs Ms
Warren T. Leake, Jr.

3 COMMITTEE NAME
(if committee)

Margins PAC

4 REASON FOR
FILING THIS FORM
(check at least one)

- I want to provide my primary email address for the Texas Ethics Commission to send email password links and other notices.
- I want the Texas Ethics Commission to set/reset my password.
- I want the Texas Ethics Commission to clear my Security Questions and Answers.

Date Hand-delivered or Date Postmarked

Date Processed

Date Imaged

4A PRIMARY EMAIL
ADDRESS

Wtsleake@leakelaw.com

5 FILER CONTACT
TELEPHONE
(to be used if email
address is invalid)

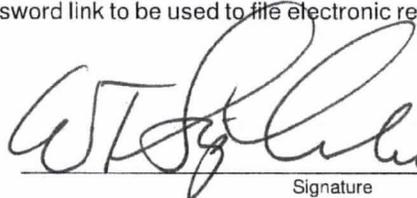
AREA CODE PHONE NUMBER EXTENSION
(817) 460-7711

6 CAMPAIGN FINANCE
FILER TYPE

- | | | | |
|--|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> COH | CANDIDATE/OFFICEHOLDER | <input type="checkbox"/> CEC | COUNTY EXECUTIVE COMMITTEE |
| <input type="checkbox"/> JC/OH | JUDICIAL CANDIDATE/OFFICEHOLDER | <input type="checkbox"/> MCEC | MONTHLY COUNTY EXECUTIVE COMMITTEE |
| <input type="checkbox"/> SCC/OH | STATE/COUNTY CHAIR | <input type="checkbox"/> DCE | DIRECT CAMPAIGN EXPENDITURES |
| <input type="checkbox"/> MPAC | MONTHLY GENERAL-PURPOSE COMMITTEE | <input type="checkbox"/> ASIF SPAC | AS IF-SPECIFIC-PURPOSE COMMITTEE |
| <input checked="" type="checkbox"/> GPAC | GENERAL-PURPOSE COMMITTEE | <input type="checkbox"/> LEG | LEGISLATIVE CAUCUS |
| <input type="checkbox"/> JSPAC | JUDICIAL SPECIFIC-PURPOSE COMMITTEE | <input type="checkbox"/> PTYCORP | POLITICAL PARTY |
| <input type="checkbox"/> SC SPAC | STATE/COUNTY SPECIFIC-PURPOSE COMMITTEE | <input type="checkbox"/> SPK | SPEAKER |
| <input type="checkbox"/> SPAC | SPECIFIC-PURPOSE COMMITTEE | | |
| <input type="checkbox"/> SPAC | FILING FOR SCHOOL BOND ELECTIONS ONLY. Attach a copy of your treasurer appointment stamped by your school district. | | |

7 FILER SIGNATURE

I swear, or affirm, under penalty of perjury, that I am the person required by law under the Texas Ethics Commission jurisdiction to file Campaign Finance reports with the Texas Ethics Commission. This document is my official submission of a primary email address for the purpose of receiving a password link to be used to file electronic reports with the Texas Ethics Commission.


Signature

SECURITY-CF: FOR TEXAS ETHICS COMMISSION FILERS

When you first login to the new filing application, you will be directed to change your password and to answer three security questions.

A password is required for you to file reports electronically with the Texas Ethics Commission. The Texas Ethics Commission's electronic filing application uses your unique Filer ID and applicable filer type and password to digitally encrypt your electronic reports. All password links will be emailed to the filer's primary email address on file with the Texas Ethics Commission. If you forget your password, you can reset it by correctly answering the three security questions.

When to use this form: If you are required to file reports with the Texas Ethics Commission, you may use this form for any of the following purposes:

1. You are a new Texas Ethics Commission filer who has not been assigned a Filer ID by the Texas Ethics Commission.
2. You have not yet provided to the Texas Ethics Commission a valid primary email address.
3. You want the Texas Ethics Commission to reset your password.
4. You want to clear your Security Questions and Answers.
5. You are locked out of your account due to an email issue.

Complete this form and return it by mail to the Texas Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070, by fax to 512-463-8808, or by hand-delivery to 201 E. 14th St., Sam Houston Building, 10th Floor, Austin, Texas 78701.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

All fields are required unless otherwise noted.

1. **FILER ID.** Enter the Filer ID number assigned to you by the Texas Ethics Commission. If you have not yet been assigned a Filer ID, leave this blank.
2. **NAME OF FILER SUBMITTING PRIMARY EMAIL ADDRESS.** The person submitting the primary email address must be the candidate/officerholder, the campaign treasurer of a political committee, the chair of a political party, a caucus chair, a person filing as if they were the campaign treasurer of a political committee, or a speaker/speaker candidate.
3. **COMMITTEE NAME.** Enter the committee name if this request is for a committee.
4. **REASON FOR FILING THIS FORM.** Check the appropriate boxes to indicate the reason you are filing this form (you may check more than one). If you want to provide a primary email address, enter it in box 4A.
5. **FILER CONTACT TELEPHONE.** Enter the telephone number of the filer submitting the primary email address. The Texas Ethics Commission will use this telephone number to contact the filer in the event there is a transmission error with the email address provided.
6. **CAMPAIGN FINANCE FILER TYPE.** Check the filer type for which you are submitting your primary email address.
7. **FILER SIGNATURE.** Sign after reading the statement.