

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		Positive Change PAC				OFFICE USE ONLY	
3 ACRONYM						Filer ID #	
4 COMMITTEE ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1514 Richcreek Road Austin Texas 78757				Date Received	
5 REPORTING TYPE		<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY				OCC RECEIVED AT SEP 25 '20 AM 11:40	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
			Rosemary			Merriam	
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 800 West Lynn Austin Texas 78703 rdmerriam@gmail.com				Date Hand-Delivered or Postmarked	
8 CAMPAIGN TREASURER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				Receipt #	
<input checked="" type="checkbox"/> same as above						Amount \$	
9 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER		EXTENSION		
		(512)	477-2382				
10 PERSON APPOINTING TREASURER		FIRST	MI	LAST	SUFFIX		
		Mike		Lavigne			
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		
		()					

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

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

**FORM GTA
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15 COMMITTEE NAME Positive Change PAC

16 CONTROLLING ENTITY INFORMATION

FULL NAME OF CONTROLLING ENTITY
None
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
Mike		Lavigne	

18 EXPENDITURE DECISION MAKERS

First	MI	Last	Suffix
Mike		Lavigne	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**GENERAL-PURPOSE COMMITTEE:
RECIPIENT COMMITTEES**

19 COMMITTEE NAME Positive Change PAC

20 RECIPIENT GENERAL PURPOSE COMMITTEES

Committee name
None
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:
<https://ethics.state.tx.us/filinginfo/QuickFileARreport.php>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

GENERAL-PURPOSE COMMITTEE:
STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL
CONTRIBUTIONS UNDER SECTION 252.003, ELECTION CODE

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21 COMMITTEE NAME Positive Change PAC

22 AFFIRMATION (if applicable)

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:



(Check if applicable)

The political committee named above is not established or controlled by a candidate or an officeholder, and will not use any political contribution from a corporation or a labor organization to make a political contribution to: (1) a candidate for elective office or an officeholder, or (2) a political committee that has not included in its campaign treasurer appointment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions declaring the same.

PLEASE COMPLETE EITHER OPTION (1) OR (2) BELOW:

(1) Affidavit Jurat:

Signature of Committee Representative

Notary Stamp/Seal

Sworn to and subscribed before me by _____, this the ____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed Name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration Jurat:

My name is Rosemary Merriam and my date of birth is [REDACTED]

My Address is 800 West Lynn Ashby TX 78703 Travis
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of Texas on the 24 day of Sept., 2020

[Signature]
Signature of Committee Representative (Declarant)

Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or by mail to:

Texas Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070