APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM GTA PG 1

	See	e GTA Instruction Guide for detailed instructions.	1 Total pages fi	led: 4
2 COM	IMITTEE IE	City Accountability Project	OFFICE Filer ID #	USE ONLY
3 ACR	ONYM	CAP or CAP PAC	Date Received OCC RECEIVED	
	MITTEE RESS	ADDRESS / POBOX; APT / SUITE #; CITY: STATE: ZIP CODE 5802 Lookout Mountain Dr. Austin TX 78731	Date Hand-delivered	N 24 '22 AM8:5
			Receipt#	Amount \$
5 REP	ORTING E	✓ REGULAR MONTHLY	Date Processed Date Imaged	
0	PAIGN ASURER E	Mrs. Laura Cantu-Templeton	LAST	SUFFIX
TRE. STRI ADD	PAIGN ASURER EET RESS ce or business)	STREET ADDRESS: APT / SUITE #, CITY, STATE; 5802 Lookout Mountain Dr. Austin TX 78731	ZIP CODE	
MAIL	SURER ING	ADDRESS / PO BOX: APT / SUITE#; CITY, STATE; ZIP CODE		
9 CAM	PAIGN ASURER	AREA CODE PHONE NUMBER EXTENSION (512) 826-0571		
	SON DINTING ASURER	Laura Cantu-Templeton		SUFFIX
11 SIGN	ATURE	I understand that I have been appointed as the campaign treas committee and that I am responsible for filing all required reports fines for failure to do so. I am aware of the restrictions in title 15 of the from corporations and labor organizations.	and that I may	be subject to on contributions
	STANT PAIGN SURER	FIRST MI LAST		SUFFIX
	PAIGN SURER	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE		
TREA	STANT PAIGN SURER NE	AREA CODE PHONE NUMBER EXTENSION		

GENERAL-PURPOSE COMMITTEE: CONTROLLING ENTITY INFORMATION

FORM GTA PG 2

15 COMMITTEE	Ο:4 Δ		'''' D ' '	
NAME	City Acco	ountab	ility Project	
16 CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTITY			
TOTAL WALLS OF THE PARTY OF THE	ACRONYM			
	FULL NAME OF CONTROLLING ENTITY			
	ACRONYM	2 2 2 3 4 1 9		**************************************
	FULL NAME OF CONTROLLING ENTITY			* :
	ACRONYM			
	FULL NAME OF CONTROLLING ENTITY			
	ACRONYM	*****		
17 CONTRIBUTION DECISION MAKERS	First	МІ	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	Mi	Last	Suffix
18 EXPENDITURE DECISION	l	MI	Last	Suffix
MAKERS	Laura Cantu-		n	
	Jason Reese	МІ	Last	Suffix
4	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
		CONTINUE ON	PAGE 3 OF THIS FORM AS NEED!	=n

GENERAL-PURPOSE COMMITTEE:

FORM GTA

RECIPIENT CO	WINTTEES			PG 3
19 COMMITTEE NAME	City Accountability Project			
20 RECIPIENT GENERAL PURPOSE	Committee name			
COMMITTEES	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
	For more inform https://ethics.state.tx	nation about where .us/filinginfo/Quick		
	CONTINUE ON P	AGE 4		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 4/2/2021

GENERAL-PURPOSE COMMITTEE:

FORM GTA

STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES FROM CORPORATION OR LABOR ORGANIZATION POLITICAL CONTRIBUTIONS UNDER SECTION 252.003, ELECTION CODE

21	COMMITTE	E
	NAME	

City Accountability Project

22 AFFIRMATION (if applicable)

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



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 har	nd and seal of office.
Signature of officer administering oath	Printed Name of officer administering oath Title of officer administering oath
(2) Unsworn Declaration Jurat:	OR
	- Templets Hand my date of birth is
My Address is 5802 Loukeat (street)	Mfn. Dr. Austin. Tx. 78731 (state) (zip code) (country)
Executed in TRAVIS County, St	tate of Texas, on the 23 day of Sept. 20 2/.

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