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	Better Austin PAC	OFFICE USE ONLY Filer ID #
3 ACRONYM	BAPAC	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1609 S 1st, Austin TX, 78704	DCC RECEIVED AT OCT 27 '25 PM12:45 Date Hand-delivered or Postmarked Receipt # / Amount $
5 REPORTING TYPE	☑ REGULAR ☐ MONTHLY	Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Ms. Melissa Chapman	
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE 3509 Werner Avenue, Austin 78722	
8 CAMPAIGN TREASURER MAILING ADDRESS ☐ same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (503) 701-3422	
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Melissa Chapman	
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. Melissa Chapman Signature of Campaign Treasurer	
12 ASSISTANT CAMPAIGN TREASURER	FIRST MI LAST SUFFIX Martin Golando	
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 104 Babcock Ste. 107, San Antonio, Texas 78201	
14 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 471-1185	

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 Better Austin PAC

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
Melissa		Chapman	

18 EXPENDITURE DECISION MAKERS

First	MI	Last	Suffix
Melissa		Chapman	

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

GENERAL-PURPOSE COMMITTEE:
RECIPIENT COMMITTEES

19 COMMITTEE NAME: Better Austin 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

For more information about where to file go to:
https://ethics.state.tx.us/filinginfo/QuickFileAReport.php

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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

21 COMMITTEE NAME: Better Austin 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:**

CECILIA ALVAREZ
My Notary ID # 124639891
Expires August 5, 2027
Notary Stamp/Seal

Signature of Committee Representative

Sworn to and subscribed before me by Martin Golando, this the 29th day of September, 2026, 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
	Cecilia Alvarez	

OR

(2) **Unsworn Declaration Jurat:**

My name is _____, and my date of birth is _____.

My Address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

_____
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