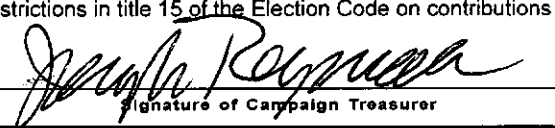


# APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM **GTA**  
PG 1

See GTA Instruction Guide for detailed instructions.

1 Total pages filed: **3**

2 COMMITTEE NAME	POSITIVE CHANGE PAC				<b>OFFICE USE ONLY</b>	
3 ACRONYM	_____				Acct. #	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1514 RICHCREEK Rd AUSTIN TEXAS 78757				Date Received	
5 REPORTING TYPE	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY				OCC RECEIVED AT OCT 10 '18 AM 11:48	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX JOSEPH REYNOLDS				Date Hand-Delivered or Postmarked	
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2611 WEST 49TH ST. AUSTIN TEXAS 78731				Date Processed	
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE SAME ↑				Date Imaged	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 297-4841					
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX MICHAEL 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 ( ) _____					

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***POSITIVE CHANGE 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

*MICHAEL**LAVIGNE*

First

MI

Last

Suffix

First

MI

Last

Suffix

First

MI

Last

Suffix

First

MI

Last

Suffix

**18 EXPENDITURE  
DECISION  
MAKERS**

First

MI

Last

Suffix

*MICHAEL**LAVIGNE*

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***POSITIVE CHANGE 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

Committee name

Committee address;

City;

State;

Zip Code

Committee name

Committee address;

City;

State;

Zip Code

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