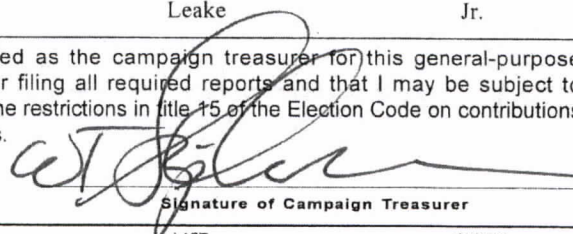


# APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM GTA  
PG 1

See GTA Instruction Guide for detailed instructions.		1 Total pages filed:  3				
2 COMMITTEE NAME	Margins PAC		<b>OFFICE USE ONLY</b> 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		
	( )					

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**

<b>15 COMMITTEE NAME</b>				
Margins PAC				
<b>16 CONTROLLING ENTITY INFORMATION</b>	FULL NAME OF CONTROLLING ENTITY			
	N/A			
	ACRONYM			
<b>16 CONTROLLING ENTITY INFORMATION</b>	FULL NAME OF CONTROLLING ENTITY			
	ACRONYM			
<b>16 CONTROLLING ENTITY INFORMATION</b>	FULL NAME OF CONTROLLING ENTITY			
	ACRONYM			
<b>16 CONTROLLING ENTITY INFORMATION</b>	FULL NAME OF CONTROLLING ENTITY			
	ACRONYM			
<b>17 CONTRIBUTION DECISION MAKERS</b>	First	MI	Last	Suffix
	Warren	T.	Leake	Jr.
	First	MI	Last	Suffix
<b>17 CONTRIBUTION DECISION MAKERS</b>	First	MI	Last	Suffix
<b>17 CONTRIBUTION DECISION MAKERS</b>	First	MI	Last	Suffix
<b>17 CONTRIBUTION DECISION MAKERS</b>	First	MI	Last	Suffix
<b>18 EXPENDITURE DECISION MAKERS</b>	First	MI	Last	Suffix
	Warren	T.	Leake	Jr.
	First	MI	Last	Suffix
<b>18 EXPENDITURE DECISION MAKERS</b>	First	MI	Last	Suffix
<b>18 EXPENDITURE DECISION MAKERS</b>	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](mailto: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**

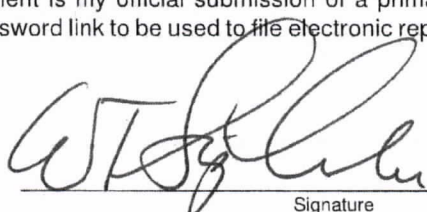
# FORM SECURITY FOR: CAMPAIGN FINANCE

(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	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms Warren T. Leake, Jr.			Date Hand-delivered or Date Postmarked  Date Processed  Date Imaged																																				
3 COMMITTEE NAME (if committee)	Margins PAC																																							
4 REASON FOR FILING THIS FORM (check at least one)	<input checked="" type="checkbox"/> I want to provide my primary email address for the Texas Ethics Commission to send email password links and other notices. <input type="checkbox"/> I want the Texas Ethics Commission to set/reset my password. <input type="checkbox"/> I want the Texas Ethics Commission to clear my Security Questions and Answers.																																							
4A PRIMARY EMAIL ADDRESS	wtsleake@leakelaw.com																																							
5 FILER CONTACT TELEPHONE (to be used if email address is invalid)	AREA CODE (817)	PHONE NUMBER 460-7711	EXTENSION																																					
6 CAMPAIGN FINANCE FILER TYPE	<table border="0"> <tr> <td><input type="checkbox"/> COH</td> <td>CANDIDATE/OFFICEHOLDER</td> <td><input type="checkbox"/> CEC</td> <td>COUNTY EXECUTIVE COMMITTEE</td> </tr> <tr> <td><input type="checkbox"/> JC/OH</td> <td>JUDICIAL CANDIDATE/OFFICEHOLDER</td> <td><input type="checkbox"/> MCEC</td> <td>MONTHLY COUNTY EXECUTIVE COMMITTEE</td> </tr> <tr> <td><input type="checkbox"/> SCC/OH</td> <td>STATE/COUNTY CHAIR</td> <td><input type="checkbox"/> DCE</td> <td>DIRECT CAMPAIGN EXPENDITURES</td> </tr> <tr> <td><input type="checkbox"/> MPAC</td> <td>MONTHLY GENERAL-PURPOSE COMMITTEE</td> <td><input type="checkbox"/> ASIF SPAC</td> <td>AS IF-SPECIFIC-PURPOSE COMMITTEE</td> </tr> <tr> <td><input checked="" type="checkbox"/> GPAC</td> <td>GENERAL-PURPOSE COMMITTEE</td> <td><input type="checkbox"/> LEG</td> <td>LEGISLATIVE CAUCUS</td> </tr> <tr> <td><input type="checkbox"/> JSPAC</td> <td>JUDICIAL SPECIFIC-PURPOSE COMMITTEE</td> <td><input type="checkbox"/> PTYCORP</td> <td>POLITICAL PARTY</td> </tr> <tr> <td><input type="checkbox"/> SC SPAC</td> <td>STATE/COUNTY SPECIFIC-PURPOSE COMMITTEE</td> <td><input type="checkbox"/> SPK</td> <td>SPEAKER</td> </tr> <tr> <td><input type="checkbox"/> SPAC</td> <td>SPECIFIC-PURPOSE COMMITTEE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPAC</td> <td colspan="3">FILING FOR SCHOOL BOND ELECTIONS ONLY. Attach a copy of your treasurer appointment stamped by your school district.</td> </tr> </table>				<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.		
<input type="checkbox"/> COH	CANDIDATE/OFFICEHOLDER	<input type="checkbox"/> CEC	COUNTY EXECUTIVE COMMITTEE																																					
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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. <div style="text-align: center;">           Signature       </div>																																							



## 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/officeholder, 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.