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: 4

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Filer ID #

Date Received

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2 COMMITTEE NAME	Home Builders Association of Greater Austin HOME-PAC Personal
3 ACRONYM	HomePAC Personal
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8140 Exchange Dr., Austin, TX 78754
5 REPORTING TYPE	☑ REGULAR ☐ MONTHLY
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX David W Glenn
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8140 Exchange Dr., Austin, TX 78754
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 (512) 454-5588
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX David W Glenn
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: Home Builders Association of Greater Austin HOME-PAC Personal

16 CONTROLLING ENTITY INFORMATION

FULL NAME OF CONTROLLING ENTITY: Home Builders Association of Greater Austin
ACRONYM: HBA

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
David W Glenn			
Taylor Jackson			

18 EXPENDITURE DECISION MAKERS

First	MI	Last	Suffix
David Glenn			
Taylor Jackson			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

GENERAL-PURPOSE COMMITTEE:
RECIPIENT COMMITTEES

19 COMMITTEE NAME

Home Builders Association of Greater Austin HOME-PAC Personal

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
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/QuickFileAReport.php

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

GENERAL-PURPOSE COMMITTEE:

FORM GTA
PG 4

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

21 COMMITTEE NAME: Home Builders Association of Greater Austin HOME-PAC Personal

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 David Glenn, and my date of birth is 5/2/1988.

My Address is _____8140 Exchange Dr_____, ___Austin_____, __TX__, ___78754___, ____USA___.
(street) (city) (state) (zip code) (country)

Executed in ____Travis___ County, State of ___Texas__, on the _5th_ day of October, 2020.

_____
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