APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM GTA

Se	e GTA Instruction Guide for detailed instructions.	1 Total pages filed: 4
2 COMMITTEE		OFFICE USE ONLY
NAME	Restore Leadership ATX	Date Received OCC RECEIVED A
3 ACRONYM	RLA	MAR 4'21 AM9:56
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COL 6836 Austin Center Blvd. #280 Austin, TX 78731	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 Ellen Wood	LAST SUFFIX
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; 6836 Austin Center Blvd., #280 Austin, TX 78731	ZIP CODE
8 CAMPAIGN TREASURER MAILING ADDRESS same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COL	DE
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 450-6550	
10 PERSON APPOINTING TREASURER	FIRST MI LAST	SUFFIX
11 SIGNATURE	I understand that I have been appointed as the campaign committee and that I am responsible for filing all required refines for failure to do so. I am aware of the restrictions in title 15 from corporations and labor organizations.	ports and that I may be subject to
	Signatu	ure of Campaign Treasurer
12 ASSISTANT CAMPAIGN TREASURER	FIRST MI LAST Mike Wilfley	SUFFIX
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COI 6836 Austin Center Blvd, #280 Austin, TX 78731	DE
14 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 450-6556	
Charles of Personal Conference	CONTINUE ON PAGE 2 This appointment is effective on the date it is filled with the	commission.

GENERAL-PURPOSE COMMITTEE: CONTROLLING ENTITY INFORMATION

FORM GTA PG 2

15 COMMITTEE NAME F	Restore Leadership ATX			
16 CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTI	TY		
INFORMATION	ACRONYM			
	FULL NAME OF CONTROLLING ENTI	TY		
	ACRONYM		******	
	FULL NAME OF CONTROLLING ENT	ITY		
	ACRONYM			
	FULL NAME OF CONTROLLING ENT	ITY		
	ACRONYM			
17 CONTRIBUTION DECISION MAKERS	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
			Lot	Suffix
18 EXPENDITURE DECISION MAKERS	First	MI	Last	Sunx
	First	MI	Last	Suffix
	First	МІ	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	ATTACH ADDITI	ONAL COPIES O	F THIS FORM AS NEED	DED

GENERAL-PURPOSE COMMITTEE:

FORM GTA

RECIPIENT CO	DINIMIT LEE2			PG 3		
9 COMMITTEE NAME	Restore Leadership ATX					
RECIPIENT GENERAL	Committee name					
PURPOSE 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	11187				
	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 Commiss 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

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

PG 4

21 COMMITTEE NAME	Restore Leadersh	ip ATX				
22 AFFIRMATION (if applicable)	I swear, or affirm, and correct:	under penalty of pe	erjury that the	following sta	atement is in all	things true
(Check if applicable) officeho organiza officeho appointr	itical committee name lder, and will not u ation to make a poli lder, or (2) a politic ment a Statement A rganization Political (use any political of tical contribution t al committee that uthorizing Direct O	contribution fr o: (1) a cand has not inclu Campaign Exp	rom a corp didate for eluded in its penditures f	oration or a la lective office of campaign treas	abor ran urer
	PLEASE CO	MPLETE EITHER	OPTION (1) O	R (2) BELO	W:	
(1) Affidavit J	urat:					
			Men	1200		
			Signatur	e of Commi	tee Representa	tive
Notary S	Stamp/Seal					
					- addored	
	ribed before me by _ which, witness my ha			_, this the	day of	*
Signature of officer adm	ninistering oath	Printed Name of office	er administering	oath	Title of officer adr	ninistering oath
		OR				
(2) Unsworn I	Declaration Jurat:	OK.	- Commence of the Commence of			
My name is			, and my date	of birth is _		
	836 Austin Ct	Blud # 280	AUSTIN	TX	78731	USA
My Address is	(street)	,	(city)	(state)	(zip code)	(country)
Executed in	AVIS County, St	tate of TEXAS	, on the <u>2</u>	_ day of/	MARCH, 20 Z	<u>ə</u> .
			Eu	en de	100	
		Sign	ature of Comr	mittee Repre	esentative (Decl	arant)

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