


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	Equity PAC		OFFICE USE ONLY Filer ID # Date Received OCC RECEIVED AT JUL 8 '21 PM3:58 Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged
3 ACRONYM	EQ		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 53, Manchaca, TX 78652		
5 REPORTING TYPE	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Catina Voellinger		
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE 7537 Cameron Road, Austin, TX 78752		
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 567-8377		
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Sukyi McMahon		
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	Equity PAC			
16 CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTITY			
	ACRONYM			
	FULL NAME OF CONTROLLING ENTITY			
	ACRONYM			
	FULL NAME OF CONTROLLING ENTITY			
17 CONTRIBUTION DECISION MAKERS	First	MI	Last	Suffix
	Sukyi McMahon			
	First	MI	Last	Suffix
	Kathy Mitchell			
	First	MI	Last	Suffix
18 EXPENDITURE DECISION MAKERS	First	MI	Last	Suffix
	Sukyi McMahon			
	First	MI	Last	Suffix
	Kathy Mitchell			
	First	MI	Last	Suffix

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**GENERAL-PURPOSE COMMITTEE:
RECIPIENT COMMITTEES**

**FORM GTA
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19 COMMITTEE
NAME

Equity 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>

**CONTINUE ON PAGE 4
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**

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**21 COMMITTEE
NAME**

Equity 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:**_____
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 Catina G. Voellinger, and my date of birth is _____.My Address is 7537 Cameron Road, Austin, TX, 78752, USA.
(street) (city) (state) (zip code) (country)Executed in Travis County, State of TEXAS, on the 7 day of July, 2021._____
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