APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM GTA

	See GTA Instruction Guide for detailed instructions.				1 Total pages filed:			
2	COMMITTEE NAME	Protect and Serv	ve PAC				OFFIC Filer ID # Date Received	E USE ONLY
	ACRONYM	ADDRESS /PO BOX	APT/SUITE#	СПУ	STATE	ZIP CODE		C RECEIVED AT
4	COMMITTEE ADDRESS	c/o Bulldog Cor 138 Conant Stre Beverly, MA 01	npliance et, 2nd Floor	GHT,	SIATE	ZIPCODE	Date Hand-Delivere	
5	REPORTING TYPE	REGULAR			MONTHLY		Date Processed	
6	CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. Charles Gar	FIRST	МІ	NICKNAM	E	LAST	SUFFIX
7	CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO 138 Conant St Beverly, MA 0	reet, 2nd Floor	PT/SUITE#:	СПУ	STATE	ZIP CODE	
8	CAMPAIGN TREASURER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #	CITY,	STATE,	ZIP CODE		
9	CAMPAIGN TREASURER PHONE	AREA CODE (617) 231	PHONE NUMBER		EXTENS	SION	ι,	
10	PERSON APPOINTING TREASURER	FIRST Ross Hunt		м		LAST	19 N	SUFFIX
11	SIGNATURE	committee and fines for failure	at I have been that I am respor to do so. I am aw s and labor organ	sible for filin	ig all requ	ired reports	and that I ma	ay be subject to
						Signature o	f Campaign Trea	Surer
12	ASSISTANT CAMPAIGN TREASURER	FIRST		MI		LAST	e	SUFFIX
13	ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS /PO BOX.	APT / SUITE #.	CITY	STATE,	ZIP CODE		
14	ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENS	ION	-	
	-	This appointm	CONT ent is effective o	INUE ON PA		ith the com	mission.	

GENERAL-PURPOSE COMMITTEE: CONTROLLING ENTITY INFORMATION

15	COMMITTEE NAME					
16 CONTROLLING ENTITY INFORMATION						
		ACRONYM		* * * * * * * * * * *		
		FULL NAME OF CONTROLLIN	NG ENTITY			
		ACRONYM				
		FULL NAME OF CONTROLLIN	NG ENTITY			
		ACRONYM				• • •
		FULL NAME OF CONTROLLIN	NG ENTITY		,	
		ACRONYM				
1	CONTRIBUTION DECISION MAKERS	First	М	Last	Sulfox	
		First	М	Last	Suffix	
		First	MI	Last	Suffix	
		First	М	Last	Suffix	
		First	МІ	Last	Suffix	
18	EXPENDITURE DECISION MAKERS	First	M	Last	Suffix	
		First	М	Last	Suffix	
		First	M	Last	Suffix	
		First	MI	Last	Sulfix	
		First	MI	Last	Suffix	_
		ATTACH AD	DITIONAL COPIES O	F THIS FORM AS N	EDED	

GENERAL-PURPOSE COMMITTEE:

RECIPIENT COMMITTEES

19 COMMITTEE NAME							
20 RECIPIENT GENERAL	Committee name						
PURPOSE COMMITTEES	Committee address,		City;	State	Zip Code	e 20 a - 4	
	Committee name	<u> </u>			-)		
	Committee address,		City;	State;	Zip Code		
	Committee name						
	Committee address;		City,	State;	Zip Code		
	Committee name						
	Committee address;		City,	State	Zip Code	10.010	
	Committee name				1 1 Jacob	a 6	
	Committee address		City,	State	Zip Code	e e e e	
	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 ADDITION	AL COPIES OF THIS	FORM AS NEE	EDED			

GENERAL-PURPOSE COMMITTEE: STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPEND FROM CORPORATION OR LABOR ORGANIZATION POLIT CONTRIBUTIONS UNDER SECTION 252.003, ELECTION C	FICAL				
21 COMMITTEE NAME					
22 AFFIRMATION (if applicable) I swear, or affirm, under penalty of perjury that the for and correct:	ollowing statement is in all things true				
(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) <u>Affidavit Jurat:</u>					
Signature	of Committee Representative				
Notary Stamp/Seal					
Sworn to and subscribed before me by, 20, to certify which, witness my hand and seal of office.	this the day of,				
Signature of officer administering oath Printed Name of officer administering oa	th Title of officer administering oath				
OR					
(2) Unsworn Declaration Jurat:					
My name isCharles Gantt, and my date of birth	is				
My Address is c/o Bulldog Compliance, 138 Conant Street 2nd FIr, Beverly, (street) (city)	MA 01915 USA (state) (zip code) (country)				
Executed in _Essex County, State of MA, on the3_	day ofMarch, 2021				
Charle 2					
Signature of Commi	ttee Representative (Declarant)				
Filers may send this form to the TEC electronically at treasappoint@e					