


**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	Black American Futures		<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Filer ID # Date Received 2021 MAR 19 AM 10:52 RECEIVED CITY SECRETARY DALLAS, TEXAS Date Hand-Delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged </div>
3 ACRONYM	BAF		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
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 Ryan L Mitchell	
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5271 Harbor Cove Ln; Powder Springs,GA; 30127		
8 CAMPAIGN TREASURER MAILING ADDRESS <input checked="" type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (770) 598-7112		
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX		
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. <div style="text-align: right;">  _____ Signature of Campaign Treasurer </div>		
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**

15 COMMITTEE NAME

16 CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
	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
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix

18 EXPENDITURE DECISION MAKERS	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**GENERAL-PURPOSE COMMITTEE:
RECIPIENT COMMITTEES**

**FORM GTA
PG 3**

**19 COMMITTEE
NAME**

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

**FORM GTA
PG 4**

**21 COMMITTEE
NAME**

**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 Nigel Deen, and my date of birth is 01/22/1990.

My Address is 2647 White Oak Dr., Decatur, GA, 30032, USA
(street) (city) (state) (zip code) (country)

Executed in Dekalb County, State of GA, on the 17 day of November, 20 .

Nigel Deen
Signature of Committee Representative (Declarant)

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Texas Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070