APPOINTMENT OF POLITICAL TREASURER
For State and Local Candidates and Single-Candidate Committees

Tennessee Bureau of Ethics and Campaign Finance
WRS Tennessee Tower, 26th Floor
312 Rosa L. Parks Avenue
Nashville, TN 37243
(615) 741-7959
Registry.Info@tn.gov

The Appointment of Political Treasurer statement must be used to appoint a political treasurer as required by the Campaign Financial Disclosure Act (T.C.A. § 2-10-105) for state and local candidates and single-candidate political campaign committees. A state candidate may not receive or expend funds for an election until a political treasurer has been appointed for that election. A candidate may appoint himself or herself as political treasurer. A new form must be filed if the treasurer is changed. Some local candidates may be exempt from completing this form. Local candidates should check with the county election commission for more information.

Candidates for state public office must file their original Appointment of Political Treasurer statement ONLY with the Registry of Election Finance at the address above.

Candidates for local public office must file their original Appointment of Political Treasurer statement ONLY with their county election commission.

1. Date: 8/26/2026
2. Name of Candidate or Committee: RUTH FENNELL 3. Email: RUTHAFENNELL@gmail.com
4. Campaign Address: 1049 BLUE JAY WAY
   City: GALLATIN State: TN Zip Code: 37066
   Phone: 615-975-7884
5. Home Address: (check here if same as above ☒)
   City: _____ State: _____ Zip Code: _____
   Phone: _____
6. Office Information:
   Title of Office Sought: GALLATIN ALDERMAN (CITY COUNCIL) DISTRICT 4
   District Number, Municipality, or County Where Office is Located: _____
   Party Affiliation: N/A Election Year: 2026
7. Treasurer Name: RUTH FENNELL 8. Treasurer Email: RUTHAFENNELL@gmail.com
9. Treasurer Address: 1049 BLUE JAY WAY
   City: GALLATIN State: TN Zip Code: 37066
   Phone: 615-975-7884
10. Campaign Fund. Identify the banking institution where campaign funds are deposited. Include the last 4 digits of the bank account number. DO NOT include the complete account number.
    EDMONTON STATE BANK / ACCT 5086

FILED
AM PM
AUG 27 2026
SUMNER COUNTY
ELECTION COMMISSION

11. Candidate and Treasurer Signature: (BOTH signatures must be witnessed. A treasurer cannot witness candidate's signature.)

I certify under the penalty of perjury that the information given on this form is true and accurate. In addition, I understand that the Registry of Election Finance/County Election Commission must be notified of any change in this information.

Signature of Candidate

Signature of Witness

Jim Romanovich

Signature of Treasurer

Signature of Witness

Jim Romanovich