Appointment of Political Treasurer

For State and Local Candidates and Single-Candidate Committees

INSTRUCTIONS

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 local candidate pursuant to T.C.A 2-10-101, may be exempt from completing this form, please check with county election commission for more information. A candidate may appoint himself or herself as political treasurer. A new form must be filed if the treasurer is changed.

Candidates for state public office must file their original Appointment of Political Treasurer statement ONLY with the Registry of Election Finance, 404 James Robertson Parkway, Suite 104, Nashville, TN 37243-1360.

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

1. Date: 2. Name of Candidate or Committee	ee: 3. Candidate e-mail address:	
2-4-2022 Andy E. Lac 4. Campaign Address and Phone:	y al	acy 777@ yahoo,co
4. Campaign Address and Phone: /	City State Zip Co	
184 Bushs Lave Ga	Matin , TN 370	
5. Home Address and Phone (if different than item 4 above)	: City State Zip Co	ode Phone
I want as Moone		
COffice Constant Control High State Control		
6. Office Sought (include district number, if applicable) School Board District I	7. Party Affliation	8. Election Year
Topol Brasa District	Republican	2017
9. Treasurer Name:	<u>'</u>	
	10. Treasurer e-mail address:	
Todd Alexander	to Addiex 370	48@gmail.com
11. Treasurer Address and Phone:	City State Zip	Code Phone
019 64- 100 60	11 1	
12. Candidate and Treasurer Signature (both signatures mu	din 1 N 3706	6 615-290 2137
12. Candidate and Treasurer Signature (both signatures mu	st be witnessed. Treasurer can no	ot 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.		
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Signature of Candidate FEB 1	[0 2022 Signa	ture of Treasurer
Short ale SUMNER	RCOUNTY Anna	Miral
	COMMISSION	
Signature of Witness	Signat	ture of Witness

