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.

their county election commission	n.			
. Date: 2. Name of Candidate or Committee:			3. Candidate e-mail address:	
11-29-21 Bob	Maiola			
4. Campaign Address and Phone:		ity State	Zip Code F	Phone
425 Paisley Wa		latin TN	37075	615-305-989
5. Home Address and Phone (if diffe	erent than item 4 above): C	ity State		Phone
Same				
6. Office Sought (include district nu	mber, if applicable)	7. Party Affliation	c 91 1	3. Election Year
School Board	Disting 9	Endepend		2022
9. Treasurer Name:		10. Treasurer e-mail a		. 1
Ciridy Davis		Cindyrago	•	mail.com
11. Treasurer Address and Phone:			e Zip Code	Phone
424 Paisley Wa	14 Gall	atin Tu	37075	615-423-3898
12. Candidate and Treasurer Signature (both signatures must be witnessed. Treasurer can not witness candidate's signature):				
I certify under the penalty of pe that the Registry of Election Fi	jury that the information g nance/County Election Cor	liven on this form is tru nmission must be noti	ie and accurate. I fied of any chang	In addition, I understand ge in this information.
KA 4 L			ndy 1	Caus_
Signature of Candida	ite	Å	Signature of T	reasurer
Kolutin (h)	****	LED	mw 1	es of
Signature of Witness		PM /	Signature of V	/itness
DEC 2 1 2021				

