



# APPOINTMENT OF POLITICAL TREASURER AND OFFICERS Multi-Candidate Committees (PACs)

Tennessee Bureau of Ethics and Campaign Finance

WRS Tennessee Tower, 2nd Floor  
312 Rosa L. Parks Avenue

Nashville, TN 37243  
(615) 741-7959

[Registry.Info@tn.gov](mailto:Registry.Info@tn.gov)

**INSTRUCTIONS:** This form must be used to appoint a political treasurer and officers as required by the Campaign Financial Disclosure Act (T.C.A. § 2-10-105) by all political campaign committees, other than single-candidate campaign committees. Do not use this form if your organization is a tax exempt organization under United States Internal Revenue Service Code 501(c)(4), 501(c)(5), or 501(c)(6) (26 USC 504(c)(4)-(6)) unless you intend to register as a multi-candidate political campaign committee in Tennessee. No funds may be received or expended for a future election until a political treasurer has been appointed. A new form must be filed if any change to the appointment of a treasurer or officers occurs.

Effective July 1, 2023, all multi-candidate political campaign committees (PACs) must file this form with the Registry of Election Finance at WRS Tennessee Tower, 26th Floor, 312 Rosa L. Parks Avenue, Nashville, TN 37243. PACs are no longer required to register and/or file campaign financial disclosure with the local election commission.

**EFFECTIVE JANUARY 1, 2024, ALL NOTICES SENT BY THE REGISTRY OF ELECTION FINANCE WILL BE SENT BY ELECTRONIC MAIL. YOU ARE REQUIRED TO PROVIDE AN EMAIL ADDRESS FOR EACH OFFICER OF THE PAC. WHERE EMAIL IS UNAVAILABLE, NOTICE WILL BE PROVIDED BY REGULAR MAIL. YOU ARE RESPONSIBLE FOR REGULARLY CHECKING YOUR INBOX AND/OR MAIL RECEPTACLE. TENN. CODE. ANN. § 4-55-107.**

1. Date: \_\_\_\_\_ 2. Committee Name: \_\_\_\_\_

3. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Committee Name as It Appears on Checks: \_\_\_\_\_

5. Type of Candidate Supported (Check One or Both):  State Candidate  Local Candidate

6. Treasurer Name: Attach Proof of Identification. *See Instructions for appropriate proof of identification.*

\_\_\_\_\_

7. Treasurer Email: \_\_\_\_\_

8. Treasurer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Is your committee controlled by a political party on the national, state, or local level or by a caucus of a political party established by the members of either house of the general assembly?

Yes – Republican Party  Yes – Democratic Party  No Party

10. Is your committee affiliated with any other multi-candidate committee?  Yes  No

11. If yes, please list name and address of committee(s) below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. **Committee Officers.** Each committee must certify the name and address of all officers of the committee. Each committee must designate at least one (1) officer in addition to the appointed treasurer. Each committee must have at least one (1) officer, not including the treasurer of such committee. For each officer, provide a copy of the individual's proof of identification. *See Instructions for appropriate proof of identification.* Provide phone number and/or email address for each listed officer. (Attach additional page if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **Responsible Individual(s).** Each committee must certify the name and address of each individual who directly controls expenditures. Each committee must designate at least one (1) individual who directly controls expenditures. For each responsible individual, provide a copy of the individual's proof of identification. See *Instructions for appropriate proof of identification*. Provide phone number and/or email address for each listed individual. (Attach additional page if necessary.)

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14. **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.

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15. **Appointing Authority and Treasurer Signatures.** (Both signatures must be witnessed. Treasurer cannot witness 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 Appointing Authority

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

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**ELECTRONIC FILING**

If you are interested in filing your campaign financial disclosure statements with the Registry electronically, then you will need an ID and password. You may go to <https://apps.tn.gov/tncamp> to see a demonstration of the electronic filing system. If you check the box a below, the Registry will send you an ID and password along with instructions on how to get started on the electronic filing system. If you have any questions, please feel free to contact the Registry office at (615) 741-7959.

I would like to receive an ID and password to file campaign financial disclosure statements electronically.

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