Appointment of Political Treasurer^{RECEIVED}

For State and Local Candidates and Single-Candidate Committees

APR 232020

INSTRUCTIONS

WILSON COUNTY

The Appointment of Political Treasurer statement must be used to appoint a political treasurer as Equiver by ISSION 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.

Date: 2. Name of Candidate or Committee:			3. Candidate e-mail address:		
04/14/2020	Scott Hefner			hefner37122@gmail.com	
4. Campaign Address and Phone:		ity	State	Zip Code	Phone
1007 Fairview Knoll Court		ount Juliet	TN	37122	615-772-6842
5. Home Address and Phone (if different than item 4 above): Ci		ity	State	Zip Code	Phone
5. Office Sought (include district number, if applicable)		7. Party Affliation			8. Election Year
District 3, City of Mount Juliet Board of Commis-		Republican			2020
9. Treasurer Name:		10. Treasurer e-mail address:			
Cheri Hefner		cherirmusic@yahoo.com			
11. Treasurer Address and Phone: Ci		ity	Stat	e Zip Code	Phone
1007 Fairview Knoll Court Mo		ount Juliet	TN	J 37122	615-415-9071
12. Candidate and Treasurer Signature (both signatures must be witnessed. Treasurer can not witness candidate's signature):					
Signature of Candidate Cherist Holang Hospital Signature of Treasurer					
Su	Sacretriot				
Signa	Signature of Witness				

