



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: 8/13/24
2. Name of Candidate or Committee: MARK A SKIDMORE 3. Email: CSKID@COMCAST.NET
4. Campaign Address: 209 NEPTUNE DRIVE
 City: HENDERSONVILLE State: TN. Zip Code: 37075
 Phone: 615-824-0033 / 615-824-3070
5. Home Address: (check here if same as above)

City: _____ State: _____ Zip Code: _____
 Phone: _____

6. Office Information:

Title of Office Sought: ALDERMAN WARD ONE
 District Number, Municipality, or County Where Office is Located: ONE
 Party Affiliation: N/A Election Year: 2024

7. Treasurer Name: JO C. SKIDMORE 8. Treasurer Email: CSKID@COMCAST.NET

9. Treasurer Address: 209 NEPTUNE DR.
 City: HENDERSONVILLE State: TN Zip Code: 37075
 Phone: 615-824-0033

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.


AM **FILED** PM

AUG 13 2024


**SUMNER COUNTY
ELECTION COMMISSION**

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

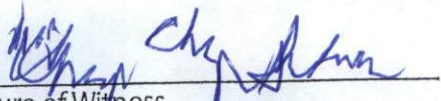
I certify under the penalty of perjury that the information given on this form is true and accurate. In addition, I understand that the Registry of Election Finance/County Election Commission must be notified of any change in this information.



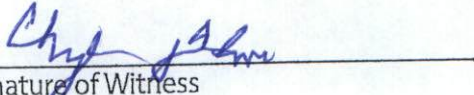
Signature of Candidate



Signature of Treasurer



Signature of Witness



Signature of Witness