



CERTIFICATION OF RESPONSIBLE INDIVIDUALS

For Certain Tax Exempt Organizations

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

INSTRUCTIONS: This form must be used to certify the name and address of any individual who directly controls expenditures, as required by the Campaign Financial Disclosure Act (T.C.A. § 2-10-132(b)), by any organization that is tax exempt under United States Internal Revenue Service Code §§ 501(c)(4), 501(c)(5), or 501(c)(6) (26 U.S.C. §§ 501(c)(4)-(6)) and which expends an aggregate total of at least five thousand dollars (\$5,000) in organizational funds, moneys, or credits for communications that expressly contain the name or visually depict the likeness of a state or local candidate in a primary or general election within sixty (60) calendar days immediately preceding a primary or general election in which the named or visually depicted candidate appears on the ballot.

This form should be filed with the Registry of Election Finance immediately upon meeting the description outlined above. A new form must be filed if a change occurs to the certified responsible individuals as soon as practicable.

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 RESPONSIBLE INDIVIDUAL. 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. Organization Name: _____

3. Address: _____

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

4. Tax Exempt Status (Check One): 501(c)(4) 501(c)(5) 501(c)(6)

5. Responsible Individual(s). Certify the name and address of each individual who directly controls expenditures for the organization. All filers must designate at least one 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.)

6. Signature. This form must be signed by the filer and/or a responsible individual. Print the name and title of the filer below the signature. The filer's signature must be witnessed. Print the name and title (if any) of the witness below the 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 must be notified of any change to this information.

Signature of Filer

Name/Title: _____

Signature of Responsible Individual

Name/Title: _____

Signature of Witness

Name/Title: _____

Signature of Witness

Name/Title: _____