



Tennessee REALTORS® Political Action Committee Local Candidate Disbursement Request Form

*This form must be completed in order for the request to be considered by the Tennessee RPAC Trustees.
Submit this form by fax to 615-321-4905, attn: J. Bucy.*

CANDIDATE INFORMATION

Candidate Name: _____

Office Sought: _____ District #: _____

Status: Incumbent Challenger Open Seat

Name of Campaign Committee: _____

Address: _____

City: _____ State: _____ Zip: _____

Is Candidate a REALTOR®? Yes No Affiliate Member

DISBURSEMENT INFORMATION

Amount Requested: _____

Election: Primary General Special/Runoff

Date of Election: _____

REQUEST INFORMATION

Name of Local Association Submitting Request: _____

Date Approved by Board of Directors/Executive Committee: _____

Vote Result: Yea Nay Abstain

Comments: _____

Request Submitted By: _____ Date: _____

For TAR Office Use Only

Date Approved: _____ Amount: _____ Check #: _____