



DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance
404 James Robertson Parkway, Suite 104
Nashville, TN 37243
(615) 741-7959
Ethics.Counsel@tn.gov

This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services and/or campaign services. Please read the instructions before completing this form. This form must be filed within five (5) days of entering into any contract for consulting services and/or campaign services. Failure to properly and timely submit the form may constitute either a Class A or a Class C misdemeanor pursuant to T.C.A. §§ 2-10-125, 126(d)

1. Form Information:

Form Completed By: Individual Receiving Fee Individual/Entity Paying Fee
New Disclosure Form: Yes No
Form Period: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

For questions 2. and 3., pursuant to T.C.A. § 2-10-125(a), as revised by Public Chapter 1087 (2022), the filer must disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure: If more space is needed, attach additional pages.

2. Disclosure of Individual Receiving Fee:

Name: Allyson Sneed Position/ or Title: Campaign Manager & Bookkeeping
Mailing Address: P.O. Box 23432
City: MASHVILLE State: TN Zip Code: 37202-3432
Phone: 615-243-8733 Email: Allyson.Sneed@

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Committee to Elect Johnny SHAW
Mailing Address: P.O. Box 191
City: BOLIVAR State: TN Zip Code: 38008
Phone: 731-658-7689 Email: shawforDistrict80@gmail.com
Name of Person Submitting Form for Entity: Allyson Sneed

4. Contract and Compensation:

Date of Contract: 10/25/2022 Amount of Fee: \$500/month paid in (2) PAYMENTS
Date(s) Services Rendered: JAN thru Dec 2022 to \$3000
Description of Services: Bookkeeping / conference chairing, meeting Attendance
clerical work

5. By my signature below, I attest to the following:

- I understand that, pursuant to T.C.A. §§ 2-10-125 and 126, submitting a Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury.
- The information contained in this Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

Allyson M Sneed
Signature

10/25/2022
Date



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Form Completed By: Individual Receiving Fee Individual/Entity Paying Fee
New Disclosure Form: Yes No
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2. Disclosure of Individual Receiving Fee:

Name: Allyson Sneed Position/ or Title: CAMPAIGN MANAGER + BOOKKEEPING
Mailing Address: P.O. Box 23432
City: NASHVILLE State: TN Zip Code: 37202-3432
Phone: 615-243-8733 Email: allysonsneed921@gmail.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: COMMITTEE TO ELECT JOHNNY SHAW
Mailing Address: P.O. Box 191
City: BOLIVAR State: TN Zip Code: 38008
Phone: 731-658-7689 Email: shawfordistrict8@gmail.com
Name of Person Submitting Form for Entity: JOHNNY SHAW

4. Contract and Compensation:

Date of Contract: 10/25/2022 Amount of Fee: \$500/month paid end of year
Date(s) Services Rendered: JAN thru Dec 2022 in (2) payments of \$3000 each
Description of Services: Book keeping, conf training, meetings Attendance clerical work

5. By my signature below, I attest to the following:

- I understand that, pursuant to T.C.A. §§ 2-10-125 and 126, submitting a Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury.
- The information contained in this Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

Johnny Shaw
Signature

10-25-22
Date