



DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance
WRS Tennessee Tower, 26th Floor
312 Rosa L. Parks Avenue
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 and must be updated annually within five (5) days of the initial contract date in each subsequent year in which the contract is in effect. 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. Name of Filer: Charlane Oliver

2. Form Information:

Form Completed By: Individual RECEIVING Fee Individual/Entity PAYING Fee

New Disclosure Form: Yes No Contract Year: 2023

3. Disclosure of Individual Receiving Fee:

Name: Charlane Oliver Position/ or Title: Owner, OEM Consulting Group, LLC

Mailing Address: P.O. Box 330402

City: Nashville State: TN Zip Code: 37203

Phone: 615-491-4882 Email: charlaneoliver@gmail.com

4. Disclosure of Payor

Name/Entity: Luis Mata

Mailing Address: 319 Center Street

City: La Vergne State: TN Zip Code: 37086

Phone: 865-297-8057 Email: lmaturuv@gmail.com

5. Contract and Compensation:

Date of Contract: 12/1/2023 Amount of Fee: \$750.00

Date(s) Services Rendered: 12/1/2023 - 2/1/2024

Description of Services: Communications and graphic design services

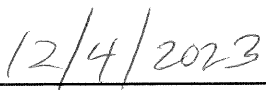
6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

n/a

7. 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.


Signature


Date



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1. Name of Filer: Luis Mata

2. Form Information:

Form Completed By: Individual RECEIVING Fee Individual/Entity PAYING Fee
New Disclosure Form: Yes No Contract Year: _____

3. Disclosure of Individual Receiving Fee:

Name: Charlane Oliver Position/ or Title: Owner, OEM Consulting Group, LLC
Mailing Address: P.O. Box 330602
City: Nashville State: TN Zip Code: 37203
Phone: 615-491-4862 Email: charlane.oliver@gmail.com

4. Disclosure of Payor

Name/Entity: Luis Mata
Mailing Address: 319 Center St
City: La Vergne State: TN Zip Code: 37086
Phone: 865-297-8057 Email: lmataruv@gmail.com

5. Contract and Compensation:

Date of Contract: 12/1/2023 Amount of Fee: \$750⁰⁰
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Signature



Date

12/4/2023