



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: Elaine Eisinger

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: Elaine Eisinger Position/ or Title: Legislative Assistant
Mailing Address: 3107 Larkspur Dr
City: Nashville State: TN Zip Code: 37207
Phone: 615-935-6796 Email: elaine.eisinger@capitol.tn.gov

4. Disclosure of Payor

Name/Entity: Friends of Bo Mitchell
Mailing Address: 6421 Riverplace Drive
City: Nashville State: TN Zip Code: 37221
Phone: 615-477-6718 Email: rep.bo.mitchell@capitol.tn.gov

5. Contract and Compensation:

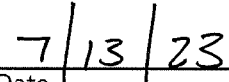
Date of Contract: July 13, 2023 Amount of Fee: \$1,000 monthly
Date(s) Services Rendered: will begin as soon as materials arrive
Description of Services: assist with campaign related mailings

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.

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 _____



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: Bo Mitchell

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: Elaine Eisinger Position/ or Title: Legislative Assistant

Mailing Address: 3107 Larkspur Dr

City: Nashville State: TN Zip Code: 37207

Phone: 615-935-6796 Email: elaine.eisinger@capitol.tn.gov

4. Disclosure of Payor

Name/Entity: Friends of Bo Mitchell

Mailing Address: 6421 Riverplace Drive

City: Nashville State: TN Zip Code: 37221

Phone: 615-477-6718 Email: rep.bo.mitchell@capitol.tn.gov

5. Contract and Compensation:

Date of Contract: July 13, 2023 Amount of Fee: \$1,000 monthly

Date(s) Services Rendered: will begin as soon as materials arrive

Description of Services: assist with campaign related mailings

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.

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 _____

7-13-2023
Date _____