



DISCLOSURE OF CONSULTING SERVICES
TENNESSEE ETHICS COMMISSION

This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services. Please read the instructions before completing this form. Failure to properly and timely submit the form may constitute a Class C misdemeanor pursuant to T.C.A. §§ 2-10-125 and 126, subsections (d)(1) and (d)(2).

CHECK THE APPLICABLE BOXES
Form completed by individual RECEIVING fee
Form completed by individual/entity PAYING fee
New Disclosure form
1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

DISCLOSURE OF INDIVIDUAL RECEIVING FEE
A. Name of individual receiving fee: G. Gregory Gilbert
B. Position or title of individual: CPA; State Board of Accountancy
C. Mailing address: 2634 Creekstone Circle, Maryville, TN 37804
D. Telephone: (865) 719-9820
E. E-mail address: ggilbert@cpa.com

DISCLOSURE OF PAYOR
A. Name of individual or entity paying fee: LBMC PC
B. If different from (A), name of individual submitting form on behalf of entity: John A. Litchfield, Jr., CPA, COO/CFO
C. Mailing address: 201 Franklin Road, Brentwood, TN 37027
D. Telephone: (615) 309-2260
E. E-mail address: jlitchfield@lbmc.com

DISCLOSURE OF CONTRACT AND COMPENSATION
A. Date of contract: June 1, 2019
B. Amount of fee: \$180 per hour; fees pd during quarter were \$9,945
C. Date(s) services rendered: June 1, 2019 through September 30, 2019
D. General description of services rendered: CPA Medical Consulting Services; Service on designated Community Boards

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.

John A. Litchfield, Jr., CPA, COO/CFO
SIGNATURE

10/8/19
DATE



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10-2-2019

DATE