

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:	Form Completed By: Lindividual Receiving Fee Individual/Entity Paying Fee					
New Disclosure Form:	Ves No					
Form Period: 🛛 1 st Q	Quarter 2nd Qua	arter 23rd Quarter	4th Quarter			
For questions 2. and 3., pursu the full name and identity of disclosure: If more space is ne	any person or other entity t	hrough which payment flowed	87 (2022), the filer must disclose to or from the person making the			
2. Disclosure of Individual	Receiving Fee:		1			
Name: Laura	BondPositi	on/orTitle: Legislati	VC ASSISTANT			
Mailing Address: 5025 Hills boro Pike Apt. 144						
City: Nashville State: TN Zip Code: 37215						
Phone: (1015) 804- 9	7000 Email: /6	aura bond @ con	mcast, net			
3. Disclosure of Individual						
Name/Entity: Pat Marsh for State Representative						
0	0. Box 1650	an s a car				
City: Shelbuvill		N Zip Code: 37/1	62			
Phone: (931) 580-3733 Email: Opatmarsh @ gmail. Com						
			1122			
	ing Form for Entity:	and porte				
4. Contract and Compensa		# COD	12			
Date of Contract: <u>9</u> -	6-2022 Amou	0				
Date(s) Services Rendered	d: <u>9-6-202</u>	2				
Description of Services:	Campaign.	Letter	2 2 2			
	. 0		(, C)			

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 knowledge, information and belief.

<u>9-11-2022</u> Date



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1. Form Information	n:			A HANNING THE		
Form Completed By: Individual Receiving Fee						
New Disclosure Fo	rm: PYes	ΠNo				
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: Laura Bond Position/orTitle: Legislative Assistant						
Mailing Address: 5025 Hillsboro Pike Unit 144						
City: <u>Mashville</u> State: <u>N</u> Zip Code: <u>37215</u>						
Phone: (115) 804-9000 Email: Jaura, bond @ Comcast, net						
3. Disclosure of Individual/Entity Paying Fee:						
Name/Entity: Pat Marsh for State Representative						
Mailing Address: P.O. Box 1650						
City: Shelby ville State: TN Zip Code: 37/02						
Phone: (931) 580-3733 Email: Opatmarsh@ gmail, Cam						
Name of Person Submitting Form for Entity: Laura Bond						
4. Contract and Compensation:						
Date of Contract: 9-6-2022 Amount of Fee: \$500						
Date(s) Services Rendered: <u>9-6-2022</u>						
Description of Services: Campaign Lefter						

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.

March

9-11-2022

Signature

Date