



In-State Event Disclosure Form

Instructions: This form is for employers of lobbyists or lobbyists to report the costs of in-state events, where the entire membership of the General Assembly is invited, permissible under T.C.A. § 3-6-305 (b) (8). A copy of the invitation must be delivered to the Tennessee Ethics Commission at least seven (7) days prior to the event. The In State Event Disclosure statements must be filed within thirty (30) days following the event. If two (2) or more employers of lobbyists or lobbyists pay for the costs of the event, the costs may be consolidated on this form; provided that specification is made as to the allocation of the costs among the employers or lobbyists. Such employers or lobbyists shall remain individually accountable for the timeliness and accuracy of the consolidated form. Please note that the information listed on this statement will be posted on the Commission's website.

Note: This form is able to be typed in and saved to your computer. Upon completion, you may e-mail it to emily.alexander@tn.gov.

EVENT HOSTED BY

McManan Winstead

DATE OF THE EVENT

2.3.15

BRIEF DISCRIPTION OF THE EVENT

Legislative Staff Appreciation Party

TOTAL AGGREGATE COST PAID FOR THE EVENT

\$ 23,405.65

**LIST THE COST FOR THE EVENT BASED ON THE NUMBER OF PERSONS INVITED.
NOTE: THIS COST SHOULD NOT EXCEED \$58 PER PERSON, EXCLUDING SALES TAX
AND GRATUITY.**

\$ 41.65

FILL IN THE CHART BELOW ACCORDINGLY FOR EACH EMPLOYER OR LOBBYIST OR PERSONS WHO CONTRIBUTED TO THE EVENT. NOTE: THE COST SHOULD NEVER BE ZERO (\$0).

Employer or Lobbyist Name	Employer or Lobbyist	Address	Phone Number	Individual Cost Paid
TN Cash Advance Assn.	Joyce McDaniel	P.O. Box 198136 Nashville 37219	615 425 5310	\$ 4000
TN Academy of Ophthalmology	Angela Allen	2301 21st Ave S Nashville TN 37212	615 460 1653	\$ 1500
TN Chamber	Franzley Jackson	611 Commerce St. Nashville 37203	615 256 5141	\$ 1500
Waste Management	Calvin Booker	3001 J Pioneer Drive Smyrna GA 30082	404 469 0187	\$ 2500

Sub-TOTAL COST OF EVENT: \$ 9,500

TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by T.C.A § 3-6-305(b)(8).

Signature

Date

Signature

Date

Signature

Date

Signature

Date

FILL IN THE CHART BELOW ACCORDINGLY FOR EACH EMPLOYER OR LOBBYIST OR PERSONS WHO CONTRIBUTED TO THE EVENT. NOTE: THE COST SHOULD NEVER BE ZERO (\$0).

Employer or Lobbyist Name	Employer or Lobbyist	Address	Phone Number	Individual Cost Paid
State Farm	Kelly Charnock	One State Farm Plaza A-3 Bloomington IL 61710	309 766 5009	\$ 2000
TN Manufactured Housing Association	Maria Jackson	PO Box 140688 Nashville TN 37214	615 256 4733	\$ 2500
TN Federation for Children	Tony Nimejad	PO Box 158833 Nashville 37215	615 873 0503	\$ 500
TN Wine & Spirits Retailers Assn.	Joyce McDaniel	PO Box 198136 Nashville 37219	615 425 5310	\$ 2500

Sub-TOTAL COST OF EVENT: \$ 7500

TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by T.C.A § 3-6-305(b)(8).

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

FILL IN THE CHART BELOW ACCORDINGLY FOR EACH EMPLOYER OR LOBBYIST OR PERSONS WHO CONTRIBUTED TO THE EVENT. NOTE: THE COST SHOULD NEVER BE ZERO (\$0).

Employer or Lobbyist Name	Employer or Lobbyist	Address	Phone Number	Individual Cost Paid
TN Charter School Center	Brag Trompach	209 10th Ave. S #416 Nashville 37203	615 4017222	\$2000
TennCan Grow	Ted LaRoche	2103 Shannon Drive Murfreesboro TN 37129	615 3904911	\$1500
TN Matt Bev. Association	Rich Foge	404 James Robertson Perry #1688 Nashville TN 37219	615 2427656	\$473.49
M. Mahan Winstead	David McLanahan Beth Winstead Anna Richardson Caroline Straight	211 7th Avenue #407 Nashville TN 37219	615 7263275	\$2432.16

SUB TOTAL COST OF EVENT: \$6405.65

Total \$23405.65

TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by T.C.A § 3-6-305(b)(8).

Caroline Straight
Signature

7-28-15
Date

Signature

Date

Signature

Date

Signature

Date