



STATEMENT OF INTERESTS

Governor, Governor's Cabinet, Cabinet-Level Staff, Constitutional Officers, & General Assembly Members

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

INSTRUCTIONS: Please see the attached instructions before completing this form. The failure to timely and properly submit the required disclosure statement can, under T.C.A. § 3-6-205, result in the imposition of civil penalties in amounts up to ten thousand dollars (\$10,000). Attach additional pages as necessary. Note that this disclosure statement must be signed and the signature attested to by a witness in Item 16. In addition, please be aware that the information listed on this statement will be transferred to an electronic format for posting on the Commission's website, pursuant to T.C.A. § 8-50-501(d)(3).

EFFECTIVE JANUARY 1, 2024, ALL NOTICES SENT BY THE TENNESSEE ETHICS COMMISSION WILL BE SENT BY ELECTRONIC MAIL. EACH CANDIDATE OR OFFICIAL IS REQUIRED TO PROVIDE AN EMAIL ADDRESS TO THE COMMISSION. WHERE EMAIL IS UNAVAILABLE, NOTICE WILL BE PROVIDED BY REGULAR MAIL. YOU ARE RESPONSIBLE FOR REGULARLY CHECKING YOUR INBOX AND/OR MAIL RECEPTACLE. TENN. CODE. ANN. § 4-55-107.

1. Name of Official: _____ Title/Position: _____

2. Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

3. Mailing Address: (Check here if same as home address.)

City: _____ State: _____ Zip Code: _____

4. Sources of Income:

Part A. List major source(s) of private income of more than two hundred dollars (\$200) for yourself and your spouse. "Major sources of private income" include, but are not limited to: offices, directorships, and salaried employments. No dollar amounts need to be stated. Select as many recipients as necessary.

None

Name of Source	Address	City	State	Recipients	
				Filer	Spouse
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part B. List major source(s) of private income of more than one thousand dollars (\$1,000) for any minor child residing with you. No dollar amounts need to be stated.

None

Name of Source:

5. Positions Held:

List any position held including, but not limited to, officer, director, trustee, general partner, proprietor, or representative of any corporation, firm, partnership, business enterprise, non-profit organization, or educational institution. Both the month and year must be reported for the period of time the position was held. Positions with the federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature, do not require disclosure.

None

Name of Organization	Position Held	Date Held mm/yyyy	
		Start Date	End Date

6. Blind Trust:

For any trust considered to be a blind trust pursuant to T.C.A. § 35-50-120 in which you or your spouse is an interested party, identify the nature of the interest and list the location and the name and address of the Trustee. No individual asset held in such a blind trust need be disclosed.

None

Name of Source	Address	City	State	Recipients	
				Filer	Spouse
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

7. Investments:

List any investment by you, your spouse, or any minor child residing with you in any corporation or other business organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need be stated.

None

Name of Corporation or Organization	Held By		
	Filer	Spouse	Minor Child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Legislative Expenses:

Part A. List the amount and source (by name) of any contribution from private source(s) used for defraying the expenses related to the adequate performance of your legislative duties. Do not list amounts provided by or reimbursed by the State of Tennessee.

None

Amount	Source

Part B. List travel expenses, including expenses incidental to the travel, paid on behalf of you by a person with an interest in Tennessee state public policy if the travel was for the purpose of informing or advising you with respect to the public policy. Travel expenses paid for or reimbursed by a governmental entity or a recognized organization of public officials need not be disclosed.

None

Amount	Source

9. Lobbying:

List any person, firm, or organization for whom compensated lobbying is done by any associate, your spouse, or any minor child residing with you. Also, list any firm in which you, your spouse, or any minor child residing with you hold any interest for whom compensated lobbying is done. Explain the terms of any such employment, the subject matters lobbied, and/or the measures to be supported or opposed.

None

Name of Lobbyist	Terms of Employment	Subject Matter or Measures	Lobbyist Relation to Filer	
			<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse
			<input type="checkbox"/> Minor Child	<input type="checkbox"/> Associate
			<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse
			<input type="checkbox"/> Minor Child	<input type="checkbox"/> Associate

10. Professional Services:

List in general terms (by areas of the client's interests) the entities to which professional services (such as those of an attorney, accountant, or architect) are furnished by you or your spouse.

None

Licensed Profession	Client Interest	Furnished By	
		Filer	Spouse
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

11. Retainer Fees:

List any retainer fee you receive from any person, firm, or organization who is in the practice of promoting or opposing, influencing or attempting to influence directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, the legislative committees, or the members thereof.

None

12. Bankruptcy:

List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.

None

13. Loans:

List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse, or any minor child residing with you. *See the attached instructions for the list of loans that should not be disclosed on this report.*

None

Lender Name	Loan Recipient		
	Filer	Spouse	Minor Child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Services to State Entities:

If you are a member of the Tennessee General Assembly elected prior to and continuously serving since July 1, 2021, in order to establish an exemption from the provisions of T.C.A. § 12-4-103, list the name of any agency, branch, bureau, commission, department, or other division of state government to which the member of the Tennessee General Assembly has provided or offered to provide prior to July 1, 2021, and continues to provide (or continues to offer to provide) to the same entity, a service (any work, labor, or assistance provided in exchange for any salary, fee, payment, reimbursement, or other valuable consideration, or any combination thereof) and the nature of the service provided or offered. (See Public Chapter 347 (2021).)

None

State Entity	Service Provided

15. Leadership PACs:

Each member of the Tennessee General Assembly, and each candidate for the Tennessee General Assembly, must disclose the name of any multi-candidate political campaign committee established or controlled by the member or candidate within the immediately preceding five (5) years of the date of the disclosure.

None

16. Signature: (Must be attested to by a witness.)

I understand that, pursuant to T.C.A. § 8-50-507, submitting a disclosure or amendment to a disclosure form which contains false or incomplete information may subject me to the penalties of perjury. The information contained in this disclosure or amendment to a disclosure form is true, complete, and correct to the best of my knowledge, information, and belief.

Signature of Official or Candidate

Date

I, _____ the undersigned, do hereby witness the above signature,
(Print Name of Witness)
which was signed in my presence.

Signature of Witness

Date