



IN-STATE CONSULTING DISCLOSURE

INSTRUCTIONS: This form must be completed by any staff person or employee of the General Assembly, member of a commission established by and responsible to the General Assembly or either House, member or employee of a State Regulatory Authority, member or employee of any Executive Department or Agency or other State Body in the Executive Branch who receives a fee, commission or any other form of compensation for consulting services. Any person or entity paying a fee, commission or any other form of compensation to one of the above individuals must also complete this form.

Consulting Services is defined as "services to advise or assist person or entity in influencing state legislative or administrative action as such term is defined in §3-6-102(11), including, but not limited to, services to advise or assist a person or entity in maintaining, applying for, soliciting or entering into a contract with the state.

This form must be filed with the Registry of Election Finance, 404 James Robertson Pkwy, Suite 1614 Nashville, TN 37243 within five (5) days of entering into a contract. An updated form must be filed quarterly and is due on the tenth day following the end of each quarter.

If you have questions, please go to the Registry's website at www.state.tn.us/tref or telephone (615) 741-7959.

1. DATE SUBMITTED	2. CHECK THE ONE THAT APPLIES: <input type="checkbox"/> Form completed by person receiving fee <input type="checkbox"/> Form completed by person / entity paying fee
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PERSON RECEIVING FEE	
3. NAME OF PERSON RECEIVING FEE	4. POSITION
5. ADDRESS AND PHONE	

PERSON / ENTITY PAYING FEE	
6. NAME OF PERSON / ENTITY PAYING FEE	
7. CONTACT PERSON IF DIFFERENT FROM ABOVE	8. POSITION
9. ADDRESS AND PHONE	

GENERAL INFORMATION	
10. AMOUNT OF FEE	11. DATE(S) OF SERVICE
12. DESCRIPTION OF SERVICE(S) _____ _____ _____	

SIGNATURE AND NOTARY	
I certify that the information contained in this statement is a true and accurate report of all matters required to be disclosed. I understand that any false statement(s) contained in this statement subjects me to the penalties of perjury.	SWORN TO AND SUBSCRIBED BEFORE ME IN THE
	STATE OF _____
_____	THIS ____ DAY OF _____ 20____
SIGNATURE	notary public
DATE	_____
	date commission expires