LOBBYIST RELATIONSHIP DISCLOSURE

INSTRUCTIONS: This form must be complete by any General Assembly member (including member-elect), governor, member of the governor's staff, secretary of state, treasurer, or comptroller of the treasury who has a sibling, spouse or child that is required to register as a lobbyist with the Registry of Election Finance.

The original disclosure must be filed with the Registry of Election Finance, 404 James Roberson Pkwy, Suite 1614 Nashville, TN 37243 by February 1. If there are any changes from the original disclosure a supplemental disclosure must be filed the Registry within 10 days. If you have any 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:
	☐ Original disclosure (due by February 1) ☐ Supplemental (due within 10 days of change)

OFFICIAL

3. NAME	4. POSITION
5. BUSINESS ADDRESS AND PHONE	

LOBBYIST

6. NAME OF LOBBYIST	7. POSITION
8. BUSINESS ADDRESS AND PHONE	

CLIENTS

9. NAME(S) ADDRESS(ES)

_____

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(Attach additional pages if necessary)

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.

_____

SIGNATURE DATE

SWORN TO AND SUBSCRIBED BEFORE ME IN THE

STATE OF _____

THIS _____ DAY OF _____20_____

_____

notary public

_____

date commission expires