



DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

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

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. Name of Filer _____

2. Form Information:

Form Completed By: Individual RECEIVING Fee Individual/Entity PAYING Fee

New Disclosure Form: Yes No

Form Period: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

3. Disclosure of Individual Receiving Fee:

Name: _____ Position/ or Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

4. Disclosure of Payor

Name/Entity: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

5. Contract and Compensation:

Date of Contract: _____ Amount of Fee: _____

Date(s) Services Rendered: _____

Description of Services: _____

6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

7. 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.

Signature

Date