



## In-State Event Disclosure

Lobbyists and employers of lobbyist are required to report the costs of in-state events permissible under T.C.A. § 3-6-305(b)(8) where the entire membership of the General Assembly is invited. (A copy of the invitation must be delivered to the Tennessee Ethics Commission at least seven (7) days prior to the event.) Disclosure statements of the event costs must be filed within thirty (30) days following the event.

If two (2) or more employers of lobbyists or lobbyists pay for the costs, the costs may be consolidated on one form, provided that specification is made as to the allocation of the costs among the employers or lobbyists. Employers of lobbyists and lobbyists shall remain individually accountable for the timeliness and accuracy of the consolidated form. In-state event disclosures will be posted on the Commission's website.

If two (2) or more employers of lobbyists or lobbyists pay for the costs, each **must** sign the disclosure. *If the disclosure is not accurate or completed in its entirety, it will be returned for correction.*

You may mail the disclosure to the Bureau of Ethics & Campaign Finance, 404 James Robertson Parkway, Suite 104, Nashville, TN 37243, or email to [emily.alexander@tn.gov](mailto:emily.alexander@tn.gov).

**1. List each employer of lobbyist and/or each lobbyist who contributed to sponsorship of the event (attached additional pages as necessary).**

Independent Insurance Agents of Tennessee, Inc.; National Association of Mutual Ins. Cos.;  
Tennessee Farmers Mutual Ins. Co.; State Farm Mutual Auto Ins. Co.; Property Casualty Ins. Association of  
America; Nationwide Ins. Co.; Association of Tennessee Life Ins. Cos.

**2. Date of event**

January 30, 2018

**3. Description of event**

Insurance Industry Legislative Reception

**4. Total aggregate cost paid for the event**

\$20,883.36

**5. Per person contractual cost for the event based on the number of persons invited (excluding sales tax and gratuity)**

\$43.25

6. List the names, person submitting report, and allocation of costs for each employer of lobbyist or lobbyist who contributed to the cost of the event. (Attach additional pages as needed.)

Name of Employer or Lobbyist	Person Submitting Report	Employer or Lobbyist Cost
Independent Ins. Agents of TN, Inc.	Ashley Gold	\$2,983.33
Tennessee Farmers Mutual Ins. Co.	Ben Sanders	\$2,983.33
State Farm Mutual Auto Ins. Co.	Scott White	\$2,983.33
Property Casualty Ins. Assoc. of America	Mandy Young	\$2,983.33
Nationwide Ins. Co.		\$2,983.33

TOTAL COST OF EVENT: 20,883.36

7. To be signed by each employer of lobbyist or lobbyist contributing to event

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

Amanda Haynes Young *Amanda Haynes Young* 2/7/18  
 Print Name Signature Date

Jeremy Nagashiro *[Signature]* 2/7/18  
 Print Name Signature Date

D. Scott White *[Signature]* 2/8/18  
 Print Name Signature Date

A. Gold *Ashley Gold* 2-8-18  
 Print Name Signature Date

Ben Sanders *[Signature]* 2/12/2018  
 Print Name Signature Date

**ADDENDUM TO IN-STATE EVENT DISCLOSURE FORM  
FOR EMPLOYERS OF LOBBYISTS & LOBBYISTS**

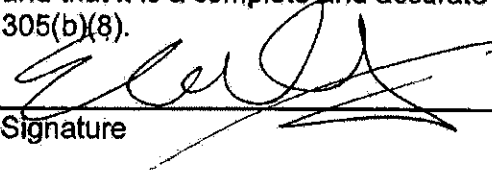
**6. NAMES ADDRESSES, PHONE NUMBERS AND ALLOCATION OF COSTS FOR EACH OF THE EMPLOYERS OF LOBBYISTS OR LOBBYISTS WHO CONTRIBUTED TO THE COSTS OF THE EVENT.**

Name of Employer or Lobbyist	Person Submitting Report	Individual Costs Paid
National Association of Mutual Ins. Cos.		\$2,983.33
Association of Tennessee Life Insurance Companies		\$2,983.33

**TOTAL COST OF EVENT: \$20,883.36**

**7. 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).


2/13/18  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDENDUM TO IN-STATE EVENT DISCLOSURE FORM  
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6. NAMES ADDRESSES, PHONE NUMBERS AND ALLOCATION OF COSTS FOR EACH OF THE EMPLOYERS OF LOBBYISTS OR LOBBYISTS WHO CONTRIBUTED TO THE COSTS OF THE EVENT.

Name of Employer or Lobbyist	Person Submitting Report	Individual Costs Paid
National Association of Mutual Ins. Cos.		\$2,983.33
Association of Tennessee Life Insurance Companies	DRIC WILLIAMS	\$2,983.33

**TOTAL COST OF EVENT: \$20,883.36**

7. **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).

	2-8-18
Signature	Date
Signature	Date
Signature	Date
Signature	Date