



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.

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

Tennessee Health Care Association

- 2. Date of event**

2/20/18

- 3. Description of event**

Evening Reception for Legislators

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

5415.74

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

21.49

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 |
|-----------------------------------|--------------------------|---------------------------|
| Tennessee Health Care Association | Jesse Samples | 5415.74 |
| | | |
| | | |
| | | |
| | | |

TOTAL COST OF EVENT: 5415.74

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).

Jesse W Samples *Jesse W Samples* 3-1-18
 Print Name Signature Date

 Print Name Signature Date

 Print Name Signature Date

 Print Name Signature Date

 Print Name Signature Date

*** DUPLICATE OF INVOICE ***

PAPER DIRECT
4875 WHITE BEAR PKWY
WHITE BEAR LAKE MN 55110
(800)272-7377

Catalog Number 546
Order # 9079398
Cust# 42829867
PO#
Date Invoiced 1/09/2018

Paid by: XXXXXXXXXXXXXXX0088 Exp: 9 2021

Sold To :
MARGOT COLLINS
THCA
5120 VIRGINIA WAY
SUITE A21

Ship To:
MARGOT COLLINS
THCA
5120 VIRGINIA WAY
SUITE A21

BRENTWOOD
TN 37027

BRENTWOOD
TN 37027

| Qty | Item Number | Product Description | Unit Price | Ext Price |
|-----|-------------|--------------------------------|------------|-----------|
| 1 | SECX6047E | USA PROUD CASUAL INV/ENV 2UP 1 | 79.99 | 79.99 |
| 1 | 8722-SA | PAPER DIRECT BOX INSERTS 2017 | | |
| 1 | PDSL118 | PD Shipline | | |
| 1 | 5469995 | PF118 PAPER DIRECT CATALOG | | |

| Merchandise | Shipping | Tax | Total\$ | Amt Paid | Discount | Balance |
|-------------|----------|-----|---------|----------|-----------|---------|
| 79.99 | 16.99 | | 96.98 | 84.98 | (12.00) | |

1.5% Interest will be charged to accounts over 30 days old.

PAPER DIRECT assent to this sales is expressly conditional to the terms found at www.standardtermsofsale.com and no terms of the buyer which are different or additional to or in conflict with those herein are accepted.

DoubleTree by Hilton Nashville Downtown

BEO#: 52376

Page 1 of 1

315 Fourth Avenue North Nashville, TN USA 37219
 Phone: 615-747-4800 - Fax: 615-747-4815

Banquet Check

| | |
|------------------------------------------------------------------------|-----------------------------------------------|
| Group Name: Tennessee Health Care Association THCA | Event Date: Tuesday, February 20, 2018 |
| Post As: Tennessee Health Care Association Legislative Conf. | Contact: Ms. Meg Collins |
| Address: 5120 Virginia Way Sulte A 21 Brentwood, TN 37027 | Phone: 615-834-6520 Ext: 108 |
| | Fax: 615-834-2502 |
| | On Site Contact: Ms. Meg Collins |
| | Phone: 615-834-6520 EXT: 108 |
| Payment: Direct Bill | Catering Mgr: Nicole Dallaire |
| Tax Exempt: No | |

| NO. | FOOD | PRICE | SUBTOTAL | TOTAL |
|-----|------------------------------------------------|--------|-----------------|-----------------|
| 2 | Hot Sausage Rotel Dip (3 Quarts) | 145.00 | 290.00 | |
| 2 | Chef's Gourmet Guacamole Dip (3 Quarts) | 145.00 | 290.00 | |
| 200 | (PASSED) Corn Fritters served with House Aioli | 3.00 | 600.00 | |
| 200 | (PASSED) Short Rib Beignets | 5.00 | 1,000.00 | |
| 200 | (PASSED) Bacon Wrapped Shrimp | 5.00 | 1,000.00 | |
| 200 | (PASSED) Pimento Cheese & Bacon Crostinis | 4.00 | 800.00 | |
| | TOTAL FOOD | | 3,980.00 | |
| | Service Charge % | 24.00 | 955.20 | |
| | Sales Tax % | 9.50 | 468.84 | |
| | | | | 5,404.04 |

| NO. | MISCELLANEOUS | PRICE | SUBTOTAL | TOTAL |
|-----|----------------------------|-------|---------------|---------------|
| 2 | Bartender Fees | 75.00 | 150.00 | |
| | TOTAL MISCELLANEOUS | | 150.00 | |
| | Service Charge % | 24.00 | 36.00 | |
| | Sales Tax % | 9.50 | 17.67 | |
| | | | | 203.67 |

| | ROOM RENTAL | PRICE | SUBTOTAL | TOTAL |
|--------------|------------------------|-----------------------|-------------|-------------|
| Room: | Salon E | Function: RECP | | |
| Room: | Cumberland South Foyer | Function: REG | | |
| | TOTAL | | 0.00 | |
| | Service Charge % | 24.00 | 0.00 | |
| | Room rental tax % | 9.50 | 0.00 | |
| | | | | 0.00 |

Grand Total: 5,607.71

Balance Due: 5,607.71

Date: 2/20/2018

Client Signature _____

DoubleTree by Hilton Nashville Downtown

BEO#: 52376

Page 1 of 1

315 Fourth Avenue North Nashville, TN USA 37219

Phone: 615-747-4800 - Fax: 615-747-4815

Banquet Check

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Group Name: Tennessee Health Care Association THCA Post As: Tennessee Health Care Association Legislative Conf. Address: 5120 Virginia Way Suite A 21 Brentwood, TN 37027 | Event Date: Tuesday, February 20, 2018 Contact: Ms. Meg Collins Phone: 615-834-6520 Ext: 108 Fax: 615-834-2502 On Site Contact: Ms. Meg Collins Phone: 615-834-6520 EXT: 108 |
| Payment: Direct Bill Tax Exempt: No | Catering Mgr: Nicole Dallaire |

| NO. | BEVERAGE | PRICE | SUBTOTAL | TOTAL |
|-----|--------------------------------------------|-------|---------------|-----------------|
| 92 | House Brand Cocktails | 8.00 | 736.00 | |
| 25 | House Wine to Include Red, White and Blush | 8.00 | 200.00 | |
| | TOTAL BEVERAGE | | 936.00 | |
| | Service Charge % | 24.00 | 224.64 | |
| | Sales Tax % | 24.50 | 284.36 | |
| | | | | 1,445.00 |
| 4 | Domestic Beer | 5.00 | 20.00 | |
| 3 | Imported Beer | 6.00 | 18.00 | |
| 30 | Bottled Spring Water | 3.00 | 90.00 | |
| | TOTAL BEVERAGE | | 128.00 | |
| | Service Charge % | 24.00 | 30.72 | |
| | Sales Tax % | 9.50 | 15.08 | |
| | | | | 173.80 |

Grand Total: 1,618.80

Balance Due: 1,618.80

Date: 2/20/2018

Client Signature



FedEx Office is your destination
for printing and shipping.

251 Franklin Rd
Brentwood, TN 37027-5214
Tel: (615) 371-1150

\$154.82
Tennepac

2/12/2018 12:11:28 PM CST
Team Member: William P.
Customer: Meg Collins
Account #: XXXXXX6918-0001
Account: TENNESSEE HEALTH CARE ASSOCIATI
Reference: MEG COLLINS 6158346520

\$141.75 without
tax

INVOICE
Official bill of Sale
Terms Net 30 Days
Please Reference Invoice # 051500019701

Account #: XXXXXX6918-0001
Authorized User: Corporate Card
Account: TENNESSEE HEALTH CARE ASSOCIATI
Reference: MEG COLLINS 6158346520
Signee: Meg Collins
Signee Phone: (615) 834-6520

| | | |
|-------------------|-------|----------|
| 200check | Qty 1 | 47.25 |
| BW Print Per SqFt | 6 @ | 0.6750 T |
| 000286 Reg. Price | 0.75 | |
| Foam Mount/SqFt | 6 @ | 4.5000 T |
| 000404 Reg. Price | 5.00 | |
| Lamination/SqFt | 6 @ | 2.7000 T |
| 000369 Reg. Price | 3.00 | |
| Price per piece | 47.25 | |
| Regular Total | 52.50 | |
| Discounts | 5.25 | |

| | | |
|----------------------|-------|-----------|
| LC Sponsor Sign 2018 | Qty 1 | 68.63 |
| FSOS MountPostCustom | 5 @ | 13.7260 T |
| 002727 Reg. Price | 15.25 | |
| Price per piece | 68.63 | |
| Regular Total | 76.25 | |
| Discounts | 7.62 | |

100check

Discounts 7.62

100check Qty 1 47.25

BW Print Per SqFt 6 @ 0.6750 T
 000286 Reg. Price 0.75
 Foam Mount/SqFt 6 @ 4.5000 T
 000404 Reg. Price 5.00
 Lamination/SqFt 6 @ 2.7000 T
 000369 Reg. Price 3.00

Price per piece 47.25
 Regular Total 52.50
 Discounts 5.25

150check Qty 1 47.25

BW Print Per SqFt 6 @ 0.6750 T
 000286 Reg. Price 0.75
 Foam Mount/SqFt 6 @ 4.5000 T
 000404 Reg. Price 5.00
 Lamination/SqFt 6 @ 2.7000 T
 000369 Reg. Price 3.00

Price per piece 47.25
 Regular Total 52.50
 Discounts 5.25

Sub-Total 210.38
 Tax 19.42
 Deposit 0.00

Total 229.80

Invoiced Account 229.80

Total Tender 229.80
 Change Due 0.00

Total Discounts 23.37



I am an authorized agent of the company
 and my signature authorizes the
 company to pay for all items reflected
 on this invoice.

Mary Collins