Tennessee TEC Ethics Commission

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1 a. **DATE OF DISCLOSURE** 5/9/2007

b. **REPORTING PERIOD [check box]:** ☒ **October 1 – ~~March~~ Dec 31, 2006** ☐ **April 1 – September 30**

2. a. **NAME OF CORPORATION/ENTITY** Tennessee Academy of Family Physicians

b. **NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS**

Cathy Dyer, Executive Director

3. a. **ADDRESS** **Street or Rural Route** **City** **State** **Zip Code**

New address → 500 Wilson Pike Circle, Suite 212, Brentwood, TN 37027

b. **PHONE NUMBER** 615-370-5144

4. **LOBBYING INTERESTS**

a. List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.

healthcare

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b. Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.

professional association representing Family Physicians in TN.

5. **TOTAL AGGREGATE LOBBYIST COMPENSATION.** The term "compensation" is defined by T.C.A. § 3-6-301(7) as ". . . any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301). **Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)**

☒ Less than $10,000 Oct, Nov, Dec 2006
☐ At least $10,000 but less than $25,000
☐ At least $25,000 but less than $50,000
☐ At least $50,000 but less than $100,000
☐ At least $100,000 but less than $150,000
☐ At least $150,000 but less than $200,000
☐ At least $200,000 but less than $250,000
☐ At least $250,000 but less than $300,000
☐ At least $300,000 but less than $350,000
☐ At least $350,000 but less than $400,000

☐ If the aggregate total amount is $400,000 or more, you must round the aggregate total to the nearest fifty thousand dollars ($50,000): _____.

6. **LOBBYIST NAMES.** List the names of the individual lobbyists who rendered services in the State of Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist" box. Attach additional pages as needed. **Authority: T.C.A. § 3-6-303(a)(1).**

LOBBYIST NAME	IN-HOUSE LOBBYIST
Jack Fosbinder (Fosbinder & Assoc.)	☐
	☐
	☐
	☐

7. **LOBBYING-RELATED EXPENDITURES**

NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states.

Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action **in the State of Tennessee**. These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying. **Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.)**

☒ Less than $10,000
☐ At least $10,000 but less than $25,000
☐ At least $25,000 but less than $50,000
☐ At least $50,000 but less than $100,000
☐ At least $100,000 but less than $150,000
☐ At least $150,000 but less than $200,000
☐ At least $200,000 but less than $250,000
☐ At least $250,000 but less than $300,000
☐ At least $300,000 but less than $350,000
☐ At least $350,000 but less than $400,000

☐ If the aggregate total amount is $400,000 or more, you must round the aggregate total to the nearest fifty thousand dollars ($50,000): _____.

8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). **Authority: T.C.A. § 3-6-303(a)(3).**

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9. TO BE SIGNED BY REPORTING OFFICIAL *(must be attested to by a witness)*

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Cathy J. Dyer — 5/9/2007
Signature of Person Completing Report — Date
Print Name of Person: Cathy J. Dyer

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

Cathy J. Dyer — 5/9/2007
Signature of CEO, CFO or Authorized Representative — Date
Print Name of Person: Cathy J. Dyer

Ramona C. Dabbs, the undersigned, do hereby witness the above signature of the CEO,
(Printed Name of Witness) CFO or Authorized Representative, which was signed in my presence.

Ramona C. Dabbs — 5/9/07
Signature of Witness — Date

SS-8011

COPY

AMENDMENT TO EMPLOYER OF LOBBYIST REGISTRATION

INSTRUCTIONS: This form must be completed and filed by a registered employer within seven (7) days following the occurrence of any event, action or changed circumstances that renders your previously filed registration statement inaccurate or incomplete. Amended registration forms may be mailed (preferably by overnight service or by registered or certified mail), or hand-delivered to the Tennessee Ethics Commission, 312 Eighth Avenue North, 8th Floor, William R. Snodgrass Tower, Nashville, Tennessee 37243. Please type or print all information in ink. Please retain a copy of your amended registration form for your records. **If you are adding an additional lobbyist who is authorized to lobby for your business, you must complete a new employer of lobbyist registration and submit the registration fee.**

REGISTRANT'S NAME:

Tennessee Academy of Family Physicians

Please check the appropriate box(es):

- ☐ CHANGE OF BUSINESS NAME _____
- ☐ CHANGE OF BUSINESS ADDRESS _____
- ☐ CHANGE OF BUSINESS PHONE _____
- ☐ CHANGE OF EMAIL ADDRESS _____
- ☐ CHANGE IN EMPLOYMENT _____
- ☑ Termination of Employment (If you have terminated the employment of a lobbyist, please provide the name of that lobbyist and the date employment was terminated) effective 12/31/2006

  Jack Fosbinder; Fosbinder & Associates

  * Effective 1/1/2007 we will not have a lobbyist.
- ☐ CHANGE IN CORPORATE OFFICERS
- ☐ Change in Chief Executive Officer _____
- ☐ Change in Chief Financial Officer _____

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TO BE SIGNED BY EMPLOYER OR EMPLOYER REPRESENTATIVE

I do solemnly swear or affirm that I am a duly authorized representative of the Employer and the above named person(s) is/are authorized to lobby on my behalf or on behalf of the organization that I represent and that the information contained in this statement is complete and accurate and that I have complied with all requirements of the Lobbyist and Employer of Lobbyist Registration and Disclosure Act. I understand that the filing of information on this statement knowing or having reason to know that such information is inaccurate or incomplete is subject to the imposition of civil penalties. I further do solemnly swear or affirm that a copy of the Tennessee Ethics Commission Manual for Lobbyists and Employers of Lobbyists has been delivered to me or my representative by the lobbyist(s) named above, pursuant to Tenn. Code Ann. § 3-6-114.

Cathy J. Dyer, Executive Director

Signature of Employer or Employer Representative 12/20/2006

SS-8002