



DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance
404 James Robertson Parkway, Suite 104
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. 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

For questions 2. and 3., pursuant to T.C.A. § 2-10-125(a), as revised by Public Chapter 1087 (2022), the filer must disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure: If more space is needed, attach additional pages.

2. Disclosure of Individual Receiving Fee:

Name: Anna Katherine White Position/ or Title: Executive Assistant of Policy & Research
Mailing Address: 444 Elmington Ave, Apt 528
City: Nashville State: TN Zip Code: 37205
Phone: 615-982-0720 Email: anna.katherine.515@gmail.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Jeremy Faison
Mailing Address: PO Box 510
City: Newport State: TN Zip Code: 37821
Phone: 423-608-3296 Email: jerfaison@gmail.com
Name of Person Submitting Form for Entity: Anna Katherine White

4. Contract and Compensation:

Date of Contract: 9/5/22 Amount of Fee: \$ 500
Date(s) Services Rendered: _____
Description of Services: Campaign work outside of work hours not on state time.

5. 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.

Anna Katherine White
Signature

10/24/22
Date



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1. 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 *error mkf*

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2. Disclosure of Individual Receiving Fee:

Name: Anna Katherine White Position/ or Title: _____
Mailing Address: 444 Elmington Ave #528
City: Nashville State: TN Zip Code: 37205
Phone: _____ Email: _____

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Jeremy Faison
Mailing Address: PO Box 516
City: Newport State: TN Zip Code: 37828
Phone: 423 608 3296 Email: jerfaison@gmail
Name of Person Submitting Form for Entity: Miriam Faison - Treasurer

4. Contract and Compensation:

Date of Contract: N/A one-time Amount of Fee: 500
Date(s) Services Rendered: 9/5/22
Description of Services: Graphic Design

5. 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.

M Faison 10/31/22
Signature

Date