



DISCLOSURE OF CONSULTING SERVICES
TENNESSEE ETHICS COMMISSION

This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services. Please read the instructions before completing this form. Failure to properly and timely submit the form may constitute a Class C misdemeanor pursuant to T.C.A. §§ 2-10-125 and 126, subsections (d)(1) and (d)(2).

CHECK THE APPLICABLE BOXES
Form completed by individual RECEIVING fee
Form completed by individual/entity PAYING fee
New Disclosure form
1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

DISCLOSURE OF INDIVIDUAL RECEIVING FEE
A. Name of individual receiving fee: Charles K. Barham
B. Position or title of individual: Member
C. Mailing address: 7040 Blue Springs Parkway #C16 Mosheim, TN 37818
D. Telephone: 423.525.7146
E. E-mail address: Kendall.Barham@tn.gov

DISCLOSURE OF PAYOR
A. Name of individual or entity paying fee:
B. If different from (A), name of individual submitting form on behalf of entity:
C. Mailing address:
D. Telephone:
E. E-mail address:

DISCLOSURE OF CONTRACT AND COMPENSATION
A. Date of contract:
B. Amount of fee:
C. Date(s) services rendered:
D. General description of services rendered:

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.

Charles K Barham
SIGNATURE

09/24/2019
DATE