



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

- | | |
|--|---|
| <input type="checkbox"/> Form completed by individual RECEIVING fee
<input checked="" type="checkbox"/> New Disclosure form | <input checked="" type="checkbox"/> Form completed by individual/entity PAYING fee
<input type="checkbox"/> 1 st Qtr <input type="checkbox"/> 2 nd Qtr <input type="checkbox"/> 3 rd Qtr <input type="checkbox"/> 4 th Qtr |
|--|---|

DISCLOSURE OF INDIVIDUAL RECEIVING FEE

A. Name of individual receiving fee: G Gregory Gilbert	B. Position or title of individual: CPA/State Board of Accountancy
C. Mailing address: 2634 Creekstone Circle, Maryville, Tennessee 37804	
D. Telephone: 865-719-9820	E. E-mail address: ggilbert@cpa.com

DISCLOSURE OF PAYOR

A. Name of individual or entity paying fee: LBMC, PC	B. If different from (A), name of individual submitting form on behalf of entity: John A Litchfield, Jr, CPA, COO/CFO
C. Mailing address: 201 Franklin Road, Brentwood, Tennessee 37027	
D. Telephone: 615-309-2260	E. E-mail address: jlitchfield@lbmc.com

DISCLOSURE OF CONTRACT AND COMPENSATION

A. Date of contract: May 31, 2019	B. Amount of fee: \$180 per hour
C. Date(s) services rendered: To be rendered June 1, 2019 through November 30, 2019	
D. General description of services rendered: CPA Medical consulting services; various community boards as designated by LBMC, PC	

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.


SIGNATURE

7/18/19
DATE



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DISCLOSURE OF INDIVIDUAL RECEIVING FEE	
A. Name of individual receiving fee: G. Gregory Gilbert	B. Position or title of individual: CPA; State Board of Accountancy
C. Mailing address: 2634 Creekstone Circle, Maryville, TN 37804	
D. Telephone: (865) 719-9820	E. E-mail address: ggilbert@cpa.com

DISCLOSURE OF PAYOR	
A. Name of individual or entity paying fee: LBMC PC	B. If different from (A), name of individual submitting form on behalf of entity: John A. Litchfield, CPA, COO/CFO
C. Mailing address: 201 Franklin Road, Brentwood, TN 37027	
D. Telephone: (615) 309-2260	E. E-mail address: jlitchfield@lbmc.com

DISCLOSURE OF CONTRACT AND COMPENSATION	
A. Date of contract: June 1, 2019	B. Amount of fee: \$180 per hour; fees pd during quarter were \$19,710
C. Date(s) services rendered: April 1, 2020 through June 30, 2020	
D. General description of services rendered: CPA Medical Consulting Services; Service on designated Community Boards	

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.

John A. Litchfield CFO/COO

SIGNATURE

7/8/20

DATE