



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: Kaki Carrigan Position/ or Title: Director of Operations
Mailing Address: 660 Sylvan Heights Way
City: Nashville State: TN Zip Code: 37209
Phone: 615-487-1960 Email: KCarrigan09@gmail.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: CompAc
Mailing Address: PO 58874
City: Nashville State: TN Zip Code: 37205
Phone: 931-261-2487 Email: CameronA.Sexton@gmail.com
Name of Person Submitting Form for Entity: Cameron Sexton

4. Contract and Compensation:

Date of Contract: 8/29/22 Amount of Fee: \$1,154.12
Date(s) Services Rendered: 8/29/22
Description of Services: Reimbursement for travel expenses for photography services

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.

Signature [Signature]

Date 10/31/22



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1. Form Information:

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New Disclosure Form: Yes No
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2. Disclosure of Individual Receiving Fee:

Name: Katherine Carrigan Position/or Title: Director of Operations & Member Relations
Mailing Address: 610 Sylvan Heights Way Apt 214
City: Nashville State: TN Zip Code: 37209
Phone: 615-483-1460 Email: KL.Carrigan09@gmail.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: CAMPAC
Mailing Address: PO Box 58524
City: Nashville State: TN Zip Code: 37205
Phone: _____ Email: _____
Name of Person Submitting Form for Entity: _____

4. Contract and Compensation:

Date of Contract: 8/29/22 Amount of Fee: \$1154.12
Date(s) Services Rendered: 8/29
Description of Services: travel expenses for photography services

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.

Katherine Carrigan
Signature

10/31/2022
Date