



# 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. s 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: Virginia Ann Crawford Benedetti Position/ or Title: Legislative Assistant

Mailing Address: 7456 Nolensville Rd

City: Nolensville State: TN Zip Code: 37135

Phone: (615) 708-9597 Email: vaebenedetti@gmail.com

## 3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Haile for Senate

Mailing Address: P.O. Box 816

City: Callatin State: TN Zip Code: 37066

Phone: (615) 604-0883 Email: senator.ferrell.haile@gmail.com

Name of Person Submitting Form for Entity: Ferrell Haile

## 4. Contract and Compensation:

Date of Contract: 9/8/22 Amount of Fee: \$20/hr

Date(s) Services Rendered: 9/8/22 to 10/6/22

Description of Services: preparation of mailing lists

## 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.

Virginia Benedetti  
Signature

9/8/22  
Date



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### 2. Disclosure of Individual Receiving Fee:

Name: Jimmy Benedetti Position/ or Title: EX. ASSISTANT

Mailing Address: 7456 Nolensville Rd

City: Nolensville State: TN Zip Code: 37135

Phone: (615) 708-9597 Email: vacbenedetti@gmail.com

### 3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Haibe for Senate

Mailing Address: P.O. Box 816

City: Gallatin State: TN Zip Code: 37066

Phone: 615-604-0883 Email: SENATOR, ferrell.haibe@gmail.com

Name of Person Submitting Form for Entity: Ferrell Haibe

### 4. Contract and Compensation:

Date of Contract: 9-8-2022 Amount of Fee: \$ 20<sup>00</sup> / hour

Date(s) Services Rendered: 9-8-2022 to 10-6-2022

Description of Services: Mailing list preparation

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Ferrell Haibe  
Signature

9-8-2022  
Date