



# DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance

WRS Tennessee Tower, 26th Floor

312 Rosa L. Parks Avenue

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 and must be updated annually within five (5) days of the initial contract date in each subsequent year in which the contract is in effect. 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. Name of Filer: William Mansfield

### 2. Form Information:

Form Completed By:  Individual RECEIVING Fee  Individual/Entity PAYING Fee

New Disclosure Form:  Yes  No Contract Year: 2023

### 3. Disclosure of Individual Receiving Fee:

Name: William Mansfield Position/ or Title: Legislative Assistant

Mailing Address: 1533 Destiny Dr

City: Murfreesboro State: TN Zip Code: 37130

Phone: 931-247-6308 Email: Will.mansfield1999@gmail.com

### 4. Disclosure of Payor

Name/Entity: Pat Marsh

Mailing Address: P.O. Box 1650

City: Shelbyville State: TN Zip Code: 37162

Phone: 931-580-3733 Email: opatmarsh@gmail.com

### 5. Contract and Compensation:

Date of Contract: 10/23/23 Amount of Fee: \$500.00

Date(s) Services Rendered: 10/30/23


Description of Services: Worked on a Campaign mailer

### 6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

None

**7. 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

10/23/23  
Date



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Form Completed By:  Individual RECEIVING Fee  Individual/Entity PAYING Fee  
New Disclosure Form:  Yes  No Contract Year: 2023

3. Disclosure of Individual Receiving Fee:

Name: William Mansfield Position/or Title: Adm Assistant  
Mailing Address: 1533 Destiny Dr  
City: Murfreesboro State: TN Zip Code: 37130  
Phone: 931-247-6308 Email: will.mansfield1999@gmail.com

4. Disclosure of Payor

Name/Entity: Pat Marsh for State Rep.  
Mailing Address: P.O. Box 1650  
City: Shelbyville State: TN Zip Code: 37162  
Phone: 931-580-3733 Email: patmarsh@gmail.com

5. Contract and Compensation:

Date of Contract: 10/23/23 Amount of Fee: \$500<sup>00</sup>  
Date(s) Services Rendered: 10/30/23  
Description of Services: worked on a campaign matter

6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

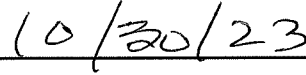
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