



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
[X] 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: Brian Wagner
B. Position or title of individual: Owner/President
C. Mailing address: 6203 River Oaks Ct.
D. Telephone: 615-491-4694
E. E-mail address: brian@wagnermarketing.net

DISCLOSURE OF PAYOR
A. Name of individual or entity paying fee: Opry Entertainment Group
B. If different from (A), name of individual submitting form on behalf of entity:
C. Mailing address: One Gaylor Drive, Nashville, TN 37214
D. Telephone: 615-882-5455
E. E-mail address: svandergriff@opry.com

DISCLOSURE OF CONTRACT AND COMPENSATION
A. Date of contract: April 5, 2024
B. Amount of fee: \$200 per hour
C. Date(s) services rendered: April 5, 2024 - October 31, 2024
D. General description of services rendered: Coordinating Marketing efforts to celebrate Opry 100th Anniversary between Opry and TN Dept. of Tourist Dev. (TDTD)

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.

[Handwritten Signature]
SIGNATURE

4-11-24
DATE