

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)

pursuant to 1.C.A. 33 2-10-125, 125(u)	
1. Name of Filer: Singw Sisingw	
2. Form Information:	
Form Completed By: 🗡 _Individual RECEIVING Fee 🔲 Individual/Entity PAYING Fee	
New Disclosure Form: Yes No Contract Year: 2014	
3. Disclosure of Individual Receiving Fee:	
Name: Slaim Eising Position/or Title: Legislative HSSiStant	
Mailing Address: 3107 LankSpur Dv	www.a.
Mailing Address: 3107 LarkSpur Dv City: NaShvill State: TN Zip Code: 37207	
Phone: 1115 935 6796 Email: elaine eisinger @ Capital to ger	
4. Disclosure of Payor	
Name/Entity: <u>Rep. Bo Mithuu</u>	
Mailing Address: 6421 Fiverflace Dr	
City: NaShvill State: TN Zip Code: 37221	
Phone: US 477 6718 Email: 14p. bo. mituue capital. fn. gov	;
5. Contract and Compensation:	
Date of Contract: 1/22/24 Amount of Fee: \$500 month	
Date(s) Services Rendered: Moyane	
Date(s) Services Rendered:	
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.	n

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.

Sideratura

Date



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1. Name of Filer: <u>Bo Mitchuu</u>
2. Form Information:
Form Completed By: \square Individual RECEIVING Fee \square Individual/Entity PAYING Fee
New Disclosure Form: 🗹 Yes 🗌 No Contract Year: <u>2024</u>
3. Disclosure of Individual Receiving Fee:
Name: Elany Eisingy Position/or Title: Legislative Hssistant
Mailing Address: 3107 LarKS Our Dr
City: NOShVILU State: TN Zip Code: 37207
Phone: US 935 6796 Email: elaine eisinger @ capital tn.gov
4. Disclosure of Payor
Name/Entity: 6 Mikww
Mailing Address: 6421 Livania Dr
City: Nashvill State: TN Zip Code: 37221
Phone: US 477 6718 Email: 10.60. mikeluge capital. tn.ow
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My Match 1-24-24
Signature Date