



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: Jinny Crawford Benedetti

2. Form Information:

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

New Disclosure Form: ☒ Yes ☐ No Contract Year: 2024

3. Disclosure of Individual Receiving Fee:

Name: Jinny Benedetti Position/ or Title: Exec. Assitant for Policy & Research

Mailing Address: 2037 Oak Trl Drive

City: Nolensville State: TN Zip Code: 37135

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

4. Disclosure of Payor

Name/Entity: Haile For State Senate

Mailing Address: P.O. Box 816

City: Gallatin State: TN Zip Code: 37066

Phone: (615) 604-0883 Email: teamhaile@ferrellhaile.com

5. Contract and Compensation:

Date of Contract: Oct 9, 2024 Amount of Fee: \$2000.00

Date(s) Services Rendered: May 2024 - August 2024

Description of Services: Campaign event management, volunteer coordination, merchandise management

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/A

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.

VACBenedetti
Signature

10/18/24
Date



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New Disclosure Form: ☒ Yes ☐ No Contract Year: 2024

3. Disclosure of Individual Receiving Fee:

Name: Jinny Benedetti Position/ or Title: Exec. Assistant for Policy & Research

Mailing Address: 2037 Oak Trl Drive

City: Nolensville State: TN Zip Code: 37135

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

4. Disclosure of Payor

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Fernell Haile
Signature

10/18/24
Date