

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: Mark Cachron
2. Form Information:
Form Completed By: 🛛 Individual RECEIVING Fee 🕑 Individual/Entity PAYING Fee
New Disclosure Form: 🕅 Yes 🔲 No Contract Year: <u>2029</u>
3. Disclosure of Individual Receiving Fee:
Name: <u>Claire Sundstrom</u> Position/or Title: <u>Legislative Assistant</u>
Mailing Address: 730 Old Hickory Blud. Unit 108
City: Nashville State: TN Zip Code: 37209
Phone: 313-614-8999 Email: daircesandstrom@gmail.com
4. Disclosure of Payor
Name/Entity: Mark Cochron for State Rep
Mailing Address: <u>P.O. Box 466</u>
City: Englewood State: 1 Zip Code: 37339
Phone: <u>423-506-6739</u> Email: Mark for state rep 23 @ gmail.com
5. Contract and Compensation:
Date of Contract: <u>9/5/2024</u> Amount of Fee: <u>\$200.00</u>
Date(s) Services Rendered: <u>9/5/24</u>
Description of Services: Invitation design
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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.

Pioneer Spirit, LLC

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.

09/05/24 . Signature Date

SS-8006 (Rev. 06/23)



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1. Name of Filer: <u>Claine Sandstrom</u>
2. Form Information:
Form Completed By: 🛛 🖾 Individual RECEIVING Fee 🔲 Individual/Entity PAYING Fee
New Disclosure Form: 🔽 Yes 🗌 No Contract Year: <u>2024</u>
3. Disclosure of Individual Receiving Fee:
Name: <u>Claire Sandstrom</u> Position/orTitle: <u>Legislative Assistant</u>
Mailing Address: 730 Old Hickory Blvd. Unit 108
City: Nashville State: TN Zip Code: 37209
Phone: 313-614-8999 Email: Claire csandstrom@gmail.com
4. Disclosure of Payor
Name/Entity: Mark Cochran for State Rep.
Mailing Address: P.O. Box 466
City: <u>Englewood</u> , State: <u>TN</u> Zip Code: <u>37329</u>
Phone: 423-506-6739 Email: markfor state rep 23 agmail. com
5. Contract and Compensation:
Date of Contract: 9/6/2029 Amount of Fee: \$200.00
Date(s) Services Rendered: 9/5/2024
Description of Services: Invitation design

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. <u>Pioneer Spirit, LLC</u>

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9 2029 Date **Signature**