



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: Zackwell Huff

2. Form Information:

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

New Disclosure Form: Yes No Contract Year: 2026

3. Disclosure of Individual Receiving Fee:

Name: Zackwell Huff Position/ or Title: Legislative Assistant

Mailing Address: 3908 Bonnaford dr.

City: Hermitage State: TN Zip Code: 37076

Phone: (423)215-1292 Email: zwhuff42@Gmail.com

4. Disclosure of Payor

Name/Entity: Rep. Michele Carringer

Mailing Address: 5329 Beverly Oaks dr.

City: Knoxville State: TN Zip Code: 37918

Phone: (865)385-6621 Email: mwcarringer@yahoo.com

5. Contract and Compensation:

Date of Contract: 4/1/2026 Amount of Fee: \$25/ Per Hour

Date(s) Services Rendered: 2026

Description of Services: Social Media, News Letter, General Consulting

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.

Richard Bell
Signature

4/2/2026
Date



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1. Name of Filer: Michele Carringer

2. Form Information:

Form Completed By: Individual RECEIVING Fee Individual/Entity PAYING Fee
New Disclosure Form: Yes No Contract Year: 2026

3. Disclosure of Individual Receiving Fee:

Name: Zackwell Huff Position/ or Title: Legislative Assistant
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Michele Carringer
Signature

4/2/2026
Date