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: Matt Cook

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: Matt Cook Position/ or Title: Senior Legislative Advisor

Mailing Address: 425 Rep. John Lewis Way N

City: Nashville State: TN Zip Code: 37243

Phone: 615-741-3943 Email: matthew.cook@capitol.tn.gov

4. Disclosure of Payor

Name/Entity: House Republican Caucus

Mailing Address: P.O. Box 812

City: Portland State: TN Zip Code: 37148

Phone: 615-308-5557 Email: william.lambeth@gmail.com

5. Contract and Compensation:

Date of Contract: 9/30/26 Amount of Fee: $2,200.00

Date(s) Services Rendered: Sept. 04. 2026

Description of Services: Event Services

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.

House Republican Caucus / William Lambeth

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.

Signature

10/13/26
Date

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1. Name of Filer: House Republican Caucus

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: _____ Position/ or Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

4. Disclosure of Payor

Name/Entity: House Republican Caucus

Mailing Address: P.O. Box 812

City: Portland State: TN Zip Code: 37148

Phone: 615-308-5557 Email: william.lamber4k@gmail.com

5. Contract and Compensation:

Date of Contract: 9/30/26 Amount of Fee: $3,900.00 total. ($2,200.00 w/ Matt Cook, $1,600.00 w/ Blake Hassler)

Date(s) Services Rendered: Sept./Oct. 2026

Description of Services: Event staff/expense

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.

Payment flowed to Matt Cook and Blake Hassler. Both are House staffers.

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.

Signature

10-14-26

Date