

In-State Event Disclosure

Lobbyists and employers of lobbyist are required to report the costs of in-state events permissible under T.C.A. § 3-6-305(b)(8) where the entire membership of the General Assembly is invited. (A copy of the invitation must be delivered to the Tennessee Ethics Commission at least seven (7) days prior to the event.) Disclosure statements of the event costs must be filed within thirty (30) days following the event.

If two (2) or more employers of lobbyists or lobbyists pay for the costs, the costs may be consolidated on one form, provided that specification is made as to the allocation of the costs among the employers or lobbyists. Employers of lobbyists and lobbyists shall remain individually accountable for the timeliness and accuracy of the consolidated form. In-state event disclosures will be posted on the Commission's website.

If two (2) or more employers of lobbyists or lobbyists pay for the costs, each <u>must</u> sign the disclosure. *If* the disclosure is not accurate or completed in its entirety, it will be returned for correction.

You may mail the disclosure to the Bureau of Ethics & Campaign Finance, WRS Tennessee Tower, 26th Floor, 312 Rosa L. Parks Avenue, Nashville, TN 37243, or email to emily.alexander@tn.gov.

1. List each employer of lobbyist and/or each lobbyist who contributed to sponsorship of the event (attached additional pages as necessary).

Tennessee Pharmacists Association

2. Date of event

02/26/2024

3. Description of event

TPA's 2024 Legislative Reception, a time for Pharmacy professionals to network with state representatives and senators and discuss legislative issues face to face. The event will be hosted at the Sheraton Downtown Nashville.

- 4. Total aggregate cost paid for the event \$16.176.83
- 5. Per person contractual cost for the event based on the number of persons invited (excluding sales tax and gratuity \$64.71

Name of Employer or Lobbyist		Person Submitting Report		Employer or Lobbyist Cost
Tennessee Pharmacists	Association	Emerald Johnson		\$16,176.83
		TOTAL COST OF I	EVENT: _	\$16,176.83
I certify that the informa	tion contained in			
accurate report was requir Emerald Johnson	ed by TCA § 3-6-	305(b)(8).	02/26/204	
Print Name	Signature		Date	
Print Name	Signature		Date	
Print Name	Signature		Date	
Print Name	Signature		Date	
	Signature			