



## 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 **must** 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](mailto: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).

ROBERT R. CLARK St. Jude Children's Research Hospital

2. Date of event

3.11.25

3. Description of event

BREAKFAST

4. Total aggregate cost paid for the event

\$ 5,016.88

5. Per person contractual cost for the event based on the number of persons invited (excluding sales tax and gratuity)

\$ 38.00

6. List the names, person submitting report, and allocation of costs for each employer of lobbyist or lobbyist who contributed to the cost of the event. (Attach additional pages as needed.)

Name of Employer or Lobbyist	Person Submitting Report	Employer or Lobbyist Cost
ST. JUNE CHILDREN'S RESEARCH HOSPITAL	ROBERT R. CLARK	\$5,016.88

TOTAL COST OF EVENT: \$5,016.88

7. To be signed by each employer of lobbyist or lobbyist contributing to event

I certify that the information contained in this disclosure is true and that it is a complete and accurate report was required by TCA § 3-6-305(b)(8).

ROBERT R. CLARK      [Signature]      3.27.25  
Print Name                      Signature                      Date

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Print Name                      Signature                      Date

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Print Name                      Signature                      Date

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