



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.

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

Tennessee Health Care Association

2. Date of event

03/05/2025

3. Description of event

Legislative Reception for conference attendees and legislators.

4. Total aggregate cost paid for the event

\$10,874.35

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

\$36.25

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
Tennessee Health Care Association	Jesse Samples	\$10,874.35

TOTAL COST OF EVENT: \$10,874.35

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).

Jesse Samples

04/01/2025

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date



DoubleTree by Hilton Nashville Downtown
 315 Fourth Avenue North, Nashville, TN 37219
 Phone: (615) 747-4800

BEO/Check #: 3286

Group Catering

Banquet Check

Page 1 of 1
 Date Printed: 3/05/2025

Post As:	THCA 2025	Event Date:	Wednesday, March 05, 2025
Account:	Tennessee Health Care Association THCA	Contact:	Darius McDonald
Address:	5120 Virginia Way Suite A 21 Brentwood, TN 37027	Phone:	(615) 346-7108
		Email:	dmdonald@thca.org
		Onsite Contact:	Darius McDonald
		Onsite Phone:	
Master Account #:	H1909	Catering Manager:	Makenna Doud
Payment Method:	Direct Bill	Booked By:	Tommy Lynch

Event Time	Event Name	Room	Agr	Gtd
5:30 PM - 7:30 PM	Reception	Salon C/D	200	200

<u>Food</u>			
Quantity	Item	Price	Amount
2	Spinach and Artichoke Dip (3 Quarts) with Tortilla Chips	\$150.00	\$300.00
2	Chorizo Sausage Rotel Dip (3 Quarts) with Tortilla Chips	\$150.00	\$300.00
200	PASSED -Beef Wellington – Puff Pastry and Beef Tenderloin with Horseradish Cream	\$8.00	\$1,600.00
200	PASSED -Chicken Brochette, Ginger Soy Glaze	\$7.00	\$1,400.00
200	STATION- Caprese Skewers – Baby Mozzarella, Grape Tomato and Basil	\$7.00	\$1,400.00
200	STATION- Pork Pot Stickers, Ponzu Sauce	\$6.00	\$1,200.00
	Subtotal:		\$6,200.00
	Service Charge 26.00%:		\$1,612.00
	State Tax 10.25%:		\$800.74
	Food Total:		\$8,612.74

<u>Additional Items</u>			
Quantity	Item	Price	Amount
2	Bartender Fee	\$100.00	\$200.00
2	Passing Fee	\$100.00	\$200.00
	Subtotal:		\$400.00
	Service Charge 26.00%:		\$104.00
	State Tax 10.25%:		\$51.66
	Additional Items Total:		\$555.66

	Check Subtotal	\$8,600.00
	Total Service Charges	\$1,716.00
	Total Taxes	\$852.40
	Check Grand Total	\$9,168.40

Organization Authorized Signature

Date

Date Printed: 3/05/2025



DoubleTree by Hilton Nashville Downtown

315 Fourth Avenue North, Nashville, TN 37219
Phone: (615) 747-4800

BEO/Check #: 3287

Group Catering

Banquet Check

Page 1 of 1
Date Printed: 3/05/2025

Post As:	THCA 2025	Event Date:	Wednesday, March 05, 2025
Account:	Tennessee Health Care Association THCA	Contact:	Darius McDonald
Address:	5120 Virginia Way Suite A 21 Brentwood, TN 37027	Phone:	(615) 346-7108
		Email:	dmcDonald@thca.org
		Onsite Contact:	Darius McDonald
		Onsite Phone:	
Master Account #:	H1909	Catering Manager:	Makenna Doud
Payment Method:	Direct Bill	Booked By:	Tommy Lynch

Event Time	Event Name	Room	Agr	Gtd
5:30 PM - 7:30 PM	Reception Drinks	Salon C/D	200	200

Beverage			
Quantity	Item	Price	Amount
130	House Brand Cocktails	\$11.00	\$1,430.00
55	House Wine	\$11.00	\$605.00
20	Imported Beer	\$8.00	\$160.00
17	Domestic Beer	\$6.00	\$102.00
48	Soft Drinks	\$5.00	\$240.00
82	Bottled Spring Water	\$4.00	\$328.00
35	Seasonal Specialty Cocktail	\$13.00	\$455.00
0	Hosted Bar - House Brands Charge On Consumption	\$0.00	\$0.00
Subtotal:			\$3,320.00
Service Charge 26.00%:			\$863.20
State Tax 10.25%:			\$428.77
Wine and Liquor Tax 15.00%:			\$373.60
Beverage Total:			\$4,985.47

Check Subtotal	\$3,320.00
Total Service Charges	\$863.20
Total Taxes	\$802.27
Check Grand Total	\$4,985.47

Organization Authorized Signature

Date

Date Printed: 3/05/2025



Office

251 Franklin Rd
Brentwood, TN 37027-5214
615.371.1150

March 3, 2025 7:58 PM
Receipt #: THAK000105003

2025 Budget

Card: 9712

Acct: 68220

Print Order: 2020177094241201

Manually Entered Pr	1		\$86.50
1450	6 @		\$6.5000 T
Matte Paper/SqFt			
51951	1 @		\$17.5000 T
Priority Print \$50+			
0404	6 @		\$5.0000 T
Foam Mount/SqFt			

In-store Pickup Location

Darius McDonald
251 Franklin Rd
Brentwood, TN 37027-5214, US
6153467108

Order Total \$86.50

Print Order Subtotal **\$86.50**

Tax \$8.43
Total **\$94.93**



251 Franklin Rd
Brentwood, TN 37027-5214
615.371.1150

March 3, 2025 7:58 PM
Receipt #: THAK000105002

2025 Budget
Core: 9712
Acct: 68220

Print Order: 2020297661095123

Manually Entered Pr	3	\$265.47
4373	3 @	\$7.9900 T
File Enhancement		
1450	21 @	\$6.5000 T
Matte Paper/SqFt		
0404	21 @	\$5.0000 T
Foam Mount/SqFt		

In-store Pickup Location
Darius McDonald
251 Franklin Rd
Brentwood, TN 37027-5214, US
6153467108

Order Total \$265.47

Print Order Subtotal **\$265.47**

Tax \$25.88
Total **\$291.35**

ORDER NUMBER


PAGgDCAcsPg

SHIPPING ADDRESS

Marla Thompson
5120 Virginia Way
Suite A21
Brentwood TN 37027
United States

SHIPPING METHOD

Express

	Poster	ITEM	QTY	PRICE
		Poster (Portrait, 3:4, Medium (18 x 1		\$29.00
		24in), No frame, Mounted)		

	Poster	ITEM	QTY	PRICE
		Poster (Portrait, 3:4, Medium (18 x 1		\$29.00
		24in), No frame, Mounted)		

	Poster	ITEM	QTY	PRICE
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		Poster (Portrait, 3:4, Medium (18 x 1		\$29.00
		24in), No frame, Mounted)		



Poster

ITEM	QTY	PRICE
Poster (Portrait, 3:4, Medium (18 x 1 24in), No frame, Mounted)		\$29.00



Poster

ITEM	QTY	PRICE
Poster (Portrait, 3:4, Medium (18 x 2 24in), No frame, Mounted)		\$46.50



Poster

ITEM	QTY	PRICE
Poster (Portrait, 3:4, Medium (18 x 2 24in), No frame, Mounted)		\$46.50



Poster

ITEM	QTY	PRICE
Poster (Portrait, 3:4, Medium (18 x 2 24in), No frame, Mounted)		\$46.50

Subtotal (11 items)

\$371.50

Shipping fee

\$25.00

Total (incl. tax)

\$396.50

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*** DUPLICATE OF INVOICE ***

Paper Direct
PO Box 1151
Minneapolis
(800)760-1203

MN 554401151

Catalog Number 546
Order # 4578364
Cust# 43268306
PO#
Date Invoiced 1/09/2025

Paid by: XXXXXXXXXXXXX5939 Exp: 10 2027

Sold To :
JEN TALBERT
TENNESSEE HEALTH CARE ASSOCIATION
5120 VIRGINIA WAY
SUITE A21

Ship To:
JEN TALBERT
TENNESSEE HEALTH CARE ASSOCIATION
5120 VIRGINIA WAY
SUITE A21

BRENTWOOD
TN 37060

BRENTWOOD
TN 37060

Qty	Item Number	Product Description	Unit Price	Ext Price
11	EVCM0014	RED CRESCENT 25CT	18.99	208.89
2	CT5006	SILVER PLAIN FOIL SEALS 102CT	12.99	25.98
1	5469997	PD SPRING 2025 BOX INSERT		
<hr/>				
Merchandise	Shipping	Tax	Total\$	Amt Paid
234.87	42.98	22.51	300.36	253.39 (46.97)
<hr/>				
Discount				
Balance				

1.5% Interest will be charged to accounts over 30 days old.

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