



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, 404 James Robertson Parkway, Suite 104, 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).**

Greater Memphis Chamber, BNSF, Regional One Health, St. Jude Children's Research Hospital,
Baptist Memorial Healthcare, Methodist Le Bonheur Healthcare,, BlueCross/BlueShield
Memphis Bloworks Foundation

2. **Date of event**

September 15, 2017

3. **Description of event**

Legislative Reception at National Civil Rights Museum

4. **Total aggregate cost paid for the event**

\$6026.14

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

\$13.42

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
Greater Memphis Chamber	Kelly Rayne	\$342.68
BNSF	Kelly Rayne	\$342.68
Regional One Health	Kelly Rayne	\$342.68
St. Jude Children's Research Hospital	Kelly Rayne	\$342.68
Baptist Memorial Health Care	Kelly Rayne	\$342.68

TOTAL COST OF EVENT: \$6026.14

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).

Kelly Rayne Kelly Rayne 10-11-17
 Print Name Signature Date

Michael D. Garriga Michael D. Garriga 10-11-17
 Print Name Signature Date

John M. Farris John Farris 10/13/17
 Print Name Signature Date

 Print Name Signature Date

Zachary Chandler Zachary Chandler 10/12/17
 Print Name Signature Date

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
Greater Memphis Chamber	Kelly Rayne	\$342.68
BNSF	Kelly Rayne	\$342.68
Regional One Health	Kelly Rayne	\$342.68
St. Jude Children's Research Hospital	Kelly Rayne	\$342.68
Baptist Memorial Health Care	Kelly Rayne	\$342.68

TOTAL COST OF EVENT: \$6026.14

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).

Kelly Rayne Kelly Rayne 10-11-17
 Print Name Signature Date

 Print Name Signature Date

ROBERT R. CLARK Robert R. Clark 10-13-17
 Print Name Signature Date

 Print Name Signature Date

(Continued from first page)

Name of Employer or Lobbyist	Person Submitting Report	Employer Or Lobbyist Cost
Methodist/Lebonheur Healthcare	Kelly Rayne	\$342.68
BlueCross/BlueShield	Kelly Rayne	\$342.68
Memphis Bioworks	Kelly Rayne	\$342.68

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

<u>Cato Johnson</u>	<u>Cato Johnson</u>	<u>10/11/17</u>
Print Name	Signature	Date
<u>TAVANSKI Hughes</u>	<u>[Signature]</u>	<u>10-13-17</u>
Print Name	Signature	Date
<u>ROBERT R. CLARK</u>	<u>Robert Clark</u>	<u>10-13-17</u>
Print Name	Signature	Date