



## 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](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).**

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, Old Dominick Distillery

- 2. Date of event**

September 16, 2017

- 3. Description of event**

A Taste of Memphis Legislative Reception at Old Dominick Distillery

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

\$6568.89

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

\$14.63

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: \$6568.89

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

\_\_\_\_\_  
 Print Name                      Signature                      Date

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

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

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

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

\_\_\_\_\_  
 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 Bloworks	Kelly Rayne	\$342.68
Old Dominick Distillery	Kelly Rayne	\$1500 (in kind)

(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).

Cato Johnson      Cato Johnson      10/11/17  
Print Name                      Signature                      Date

TAVARSKI, Hughes      [Signature]      10-13-17  
Print Name                      Signature                      Date

\_\_\_\_\_  
Print Name                      Signature                      Date

\_\_\_\_\_  
Print Name                      Signature                      Date

(Continued from first page)

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Cato Johnson      *Cato Johnson*      10/11/17  
Print Name                      Signature                      Date

Robert R. Cernak      *Robert R. Cernak*      10-13-17  
Print Name                      Signature                      Date

Print Name                      Signature                      Date

(Continued from first page)

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Cate Johnson      Cate Johnson      10/11/17  
Print Name                      Signature                      Date

\_\_\_\_\_  
Print Name                      Signature                      Date

\_\_\_\_\_  
Print Name                      Signature                      Date

Lou Alsobrooks      Lou Alsobrooks      10/12/17  
Print Name                      Signature                      Date