



In-State Event Disclosure Form

Instructions: This form is for employers of lobbyists or lobbyists to report the costs of in-state events, where the entire membership of the General Assembly is invited, permissible under T.C.A. § 3-6-305 (b) (8). A copy of the invitation must be delivered to the Tennessee Ethics Commission at least seven (7) days prior to the event. The In State Event Disclosure statements must be filed within thirty (30) days following the event. If two (2) or more employers of lobbyists or lobbyists pay for the costs of the event, the costs may be consolidated on this form; provided that specification is made as to the allocation of the costs among the employers or lobbyists. Such employers or lobbyists shall remain individually accountable for the timeliness and accuracy of the consolidated form. Please note that the information listed on this statement will be posted on the Commission's website.

Note: This form is able to be typed in and saved to your computer. Upon completion, you may e-mail it to emily.alexander@tn.gov.

EVENT HOSTED BY

Tennessee Association for Home Care, Inc.

DATE OF THE EVENT

March 11, 2015

BRIEF DISCRIPTION OF THE EVENT

Continental Breakfast & Snacks & Homecare Representatives discussing state legislative issues.

TOTAL AGGREGATE COST PAID FOR THE EVENT

\$360.20

LIST THE COST FOR THE EVENT BASED ON THE NUMBER OF PERSONS INVITED. NOTE: THIS COST SHOULD NOT EXCEED \$58 PER PERSON, EXCLUDING SALES TAX AND GRATUITY.

\$.40 per person

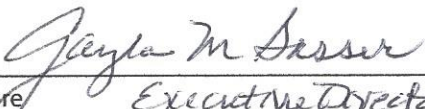
FILL IN THE CHART BELOW ACCORDINGLY FOR EACH EMPLOYER OR LOBBYIST OR PERSONS WHO CONTRIBUTED TO THE EVENT. NOTE: THE COST SHOULD NEVER BE ZERO (\$0).

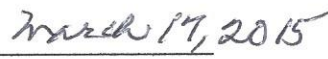
Employer or Lobbyist Name	Employer or Lobbyist	Address	Phone Number	Individual Cost Paid
TN Assoc for Home Care		P O Box 140087, Nashville, TN 37214	615-885-3399	\$360.20

TOTAL COST OF EVENT: \$ 360.20

TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

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


 Signature _____
 Executive Director, TATC


 Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____