



STATEMENT OF INTERESTS
GOVERNOR/GOVERNOR’S CABINET/CABINET LEVEL STAFF/
CONSTITUTIONAL OFFICERS/GENERAL ASSEMBLY MEMBERS

Please see the attached instructions before completing this form. The failure to timely and properly submit the required disclosure statement can, under T.C.A. §3-6-205, result in the imposition of civil penalties in amounts up to \$10,000. Attach additional pages as necessary. Note that this disclosure statement must be signed and the signature attested to by a witness in item 15. In addition, please be aware that the information listed on this statement will be transferred to an electronic format for posting on the Commission’s website, pursuant to T.C.A. §8-50-501(d)(3).

Please Print or Type

| 1. Name of Official | Title/Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|----------------|---------|--|-------|------------|-------|-------|-------|-------|--|-------|-------|-------|-------|--|-------|-------|-------|-------|--|-------|-------|-------|-------|--|-------|-------|-------|-------|--|
| 2. Email address (optional): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Home Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="margin-left: 40px;">Mailing Address (check here if same as home address) <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Sources of Income</p> <p>Part A. List major source(s) of private income of more than \$200 for yourself and your spouse. “Major sources of private income” include, but are not limited to: offices, directorships and salaried employments. No dollar amounts need to be stated. Select as many recipients as necessary.</p> <p><input type="checkbox"/> NONE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Name of Source</th> <th style="text-align: left; width: 20%;">Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 30%;">Recipients</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Filer <input type="checkbox"/> Spouse</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Filer <input type="checkbox"/> Spouse</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Filer <input type="checkbox"/> Spouse</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Filer <input type="checkbox"/> Spouse</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Filer <input type="checkbox"/> Spouse</td> </tr> </tbody> </table> | | Name of Source | Address | City | State | Recipients | _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse |
| Name of Source | Address | City | State | Recipients | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Part B. List major source(s) of private income of more than \$1,000 of any minor child residing with you. No dollar amounts need to be stated.

NONE

Name of Source

6. Positions Held – List any position held including, but not limited to, officer, director, trustee, general partner, proprietor, or representative of any corporation, firm, partnership, business enterprise, non-profit organization or educational institution. Both the month and year must be reported for the period of time the position was held. Positions with the federal government, religious, social, fraternal or political entities, and those solely of an honorary nature, do not require disclosure.

NONE

| Name of Organization | Position Held | Date Held Month/Year |
|----------------------|---------------|-------------------------|
| _____ | | From: _____ To: _____ |
| _____ | | From: _____ To: _____ |

7. Blind Trust – For any trust considered to be a blind trust pursuant to T.C.A. § 35-50-120 in which you or your spouse is an interested party, identify the nature of the interest and list the location and the name and address of the Trustee. No individual asset held in such a blind trust need be disclosed.

NONE

| Name of Source | Address | City | State | Recipients |
|----------------|---------|------|-------|--|
| _____ | | | | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse |
| _____ | | | | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse |

8. Investments – List any investment by you, your spouse or minor children residing with you in any corporation or other business organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need be stated.

NONE

| Name of Corporation or Organization | Held By | | |
|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|
| _____ | <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Minor Child |
| _____ | <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Minor Child |
| _____ | <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Minor Child |

9. Legislative Expenses

Part A. List the amount and source (by name) of any contribution from private source(s) used for defraying the expenses related to the adequate performance of your legislative duties. Do not list amounts provided by or reimbursed by the State of Tennessee.

NONE

Amount Source

Part B. List travel expenses, including expenses incidental to the travel, paid on behalf of you by a person with an interest in Tennessee state public policy if the travel was for the purpose of informing or advising you with respect to the public policy. Travel expenses paid for or reimbursed by a governmental entity or a recognized organization of public officials need not be disclosed.

NONE

Amount Source

10.Lobbying – List any person, firm or organization for whom compensated lobbying is done by any associate, your spouse or minor children residing with you. Also, list any firm in which you, your spouse or minor child residing with you hold any interest for whom compensated lobbying is done. Explain the terms of any such employment, the subject matters lobbied and/or the measures to be supported or opposed.

NONE

| Name of Lobbyist | Terms of Employment | Subject Matter or Measures | Lobbyist Relation to Filer | |
|------------------|---------------------|----------------------------|---------------------------------|---|
| _____ | _____ | _____ | <input type="checkbox"/> Filer | <input type="checkbox"/> Associate of Filer |
| | | | <input type="checkbox"/> Spouse | <input type="checkbox"/> Minor Child |
| _____ | _____ | _____ | <input type="checkbox"/> Filer | <input type="checkbox"/> Associate of Filer |
| | | | <input type="checkbox"/> Spouse | <input type="checkbox"/> Minor Child |

11. Professional Services – List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse.

NONE

Licensed Profession

Client Interest

Furnished by

Filer Spouse

Filer Spouse

12. Retainer Fees – List any retainer fee you receive from any person, firm or organization who is in the practice of promoting or opposing, influencing or attempting to influence directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, the legislative committees or the members thereof.

NONE

13. Bankruptcy – List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.

NONE

14. Loans – List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. *See the attached instructions for the list of loans that should not be disclosed on this report.*

NONE

Lender Name

Loan Recipient

Filer Spouse Minor Child

Filer Spouse Minor Child

15. Services to State Entities - If you are a member of the General Assembly elected prior to and continuously serving since July 1, 2021, in order to establish an exemption from the provisions of T.C.A. 12-4-103, list the name of any agency, branch, bureau, commission, department, or other division of state government to which the member of the general assembly has provided or offered to provide prior to July 1, 2021, and continues to provide (or continues to offer to provide) to the same entity, a service (any work, labor, or assistance provided in exchange for any salary, fee, payment, reimbursement, or other valuable consideration, or any combination thereof) and the nature of the service provided or offered. (See Public Chapter 347 (2021).)

NONE

State Entity

Service Provided

16. Signature – Must be attested to by a witness

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report in accordance with the Conflict of Interest Disclosure Act.

Signature of Official

Date

To be completed by witness:

I, _____, the undersigned, do hereby witness the above signature.
which was signed in my presence:

Signature of Witness

Date

Instructions to Statement of Interests

The positions listed below are required by the Ethics Reform Act of 2006 to file a Statement Interests with the Tennessee Ethics Commission. Please make sure you are using the correct form:

- General Assembly Members;
- Governor;
- Governor's Cabinet;
- Cabinet Level Staff;
- Constitutional Officers

When Must the Statement Be Filed?:

Current officeholders must file by April 15th of each year. Newly-appointed officeholders must file within 30 days of appointment to office. The appointing authority must send notice to the Commission within 3 days of appointment.

Where Should the Statement Be Filed?:

Electronic filing: To file electronically for the first time, go to <https://apps.tn.gov/conflict/>, click on "Sign Up," and follow directions to set up a TN.GOV account with your unique authorization code. After setting up your TN.GOV account, go to <https://apps.tn.gov/conflict/> and log in as a returning user to file your Statement of Interests. If you have previously filed electronically, go to https://apps.tn.gov/conflict and log in to file your report. If you do not remember your Username and Password, call (629) 888-5870 for technical support, to retrieve that information.

Paper Filing: To file on paper, go to <https://www.tn.gov/content/dam/tn/ethicscommission/documents/officials/ss-8004.pdf> to print the form and instructions. Complete your Statement in its entirety. Mail the completed form to the Tennessee Ethics Commission, 404 James Robertson Parkway, Suite 104, Nashville, TN 37243. Your Statement of Interests is not considered filed until received by the Commission. If you have questions, please feel free to contact the Commission's office at: (615) 741-7959 or e-mail us at ethics.counsel@tn.gov.

An amended Statement of Interests must be filed whenever reported conditions change due to a termination or an acquisition of any of those interests that you are required to report. This report is a public document and will be posted on the internet. Social security numbers, dates of birth, and account numbers are not required and should not be included on your Statement.

SUPPLEMENTAL INSTRUCTIONS

Question 5: Sources of Income

1. "Private income" refers to any income you or your spouse receive in excess of \$200 per annum from a non- governmental source, and any income a minor child residing with you receives in excess of \$1000 per annum from a non- governmental source.
2. "Private Income includes, but is not limited to:
 - Bank and Bond Interest
 - Business Income
 - Capital Gains
 - Clinical Practice Income
 - Income from Employment
 - Income from Contractual Relationships

- Directorships
- Dividends from CDs, stocks and securities
- Compensated Fiduciary Positions (trusteeships, conservatorships, etc.)
- Honoraria
- Lecture Fees
- Payments from Annuities, Settlements...etc.
- Rental income
- Research Grants
- Research Foundation Income
- Trust Income (but not the principal which is reported in the investment question)

This list is not exhaustive, but merely exemplary. If you, your spouse or minor child residing with you have other income that is not listed here but meets the requirements of this section, you are required to list them.

3. "Private income" does not include monies received directly by inheritance or gift. The term does include the income produced by an investment which has been received by inheritance or gift.

As a general rule, if the receipts are reportable to the IRS as private income, then they must be listed on the form.

Question 8: Investments

1. Do not report holdings that are ten thousand dollars (\$10,000) or less in value or five percent (5%) of the total capital. If, however, the holding is ten thousand dollars (\$10,000) or less in value, but is five percent (5%) or more of the total capital, the holding must be reported.

If the investment is managed by entities other than yourself, spouse or minor child residing with you (such as mutual funds or 401Ks), list the entity managing the account and the type of investment, but not the corporations to which the money has been distributed.

2. Examples of investments that must be listed if held by you, your spouse or minor child residing with you:

- 401K, 403(b) and 457 plans
- Annuities
- Bonds
- Certificates of Deposit
- College Savings Programs
- State Deferred Compensation Plans
- Estates
- Stocks and securities
- IRAs
- Keogh Plans
- Limited Liability Corporations (LLCs)
- Mutual Funds in IRAs
- Mutual Funds not in IRAs
- Notes (investments)
- Pensions
- Real Estate (but not your primary or secondary residence)
- Real Estate Investment Trusts (REITs)
- Retirement Plans for States other than Tennessee
- TIAA-CREF Supplemental Retirement Plans
- Treasury Notes
- Blind Trusts
- Warrants
- Zero Coupon Bonds

Question 10: Lobbying Interests

1. If you, your spouse, or minor child residing with you are associated with a compensated lobbyist, you must provide the name(s) of the entities for which the associate lobbies.
2. If you, your spouse or minor child have any interest in any lobbying firm, you must list the name of the entity. Do not report interests in employers of lobbyists, e.g., do not report interests in public corporations or other entities that may engage a lobbyist.

Question 11: Professional Services

For the purpose of this question, you must list the general areas of interests of your (or your spouse's) clients if you (or your spouse) engage in any profession licensed by the State of Tennessee. You are not, however, required to list your clients or to otherwise furnish personal information about your clients. These professions include, but are not limited to:

| | | |
|-------------------|---------------------|--------------|
| Chiropractic | Massage Therapy | Optometry |
| Dentistry | Medicine | Audiology |
| Physical Therapy | Midwifery | Nursing |
| Pharmacology | Podiatry | Architecture |
| Public Accounting | Veterinary Medicine | Law |

This list is not exclusive. If you or your spouse practice a profession that is not listed but that requires a license to practice in the State of Tennessee, you are required to list the general areas of your clients' interests.

Question 14: Loans

Loans need not be disclosed on this report if they are:

1. From your immediate family (spouse, parent, sibling or child);
2. From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule;
3. Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender made on a basis which assures repayment; evidenced by a written instrument and subject to a due date or amortization schedule;
4. From a partnership in which you have at least ten percent (10%) partnership interest;
5. From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling or child).