



STATEMENT OF INTERESTS

State and Local Office Holders, Candidates and Appointees to Such Positions, Non-General Assembly Members

Tennessee Bureau of Ethics and Campaign Finance
WRS Tennessee Tower, 26th Floor
312 Rosa L. Parks Avenue
Nashville, TN 37243
(615) 741-7959
Ethics.Counsel@tn.gov

INSTRUCTIONS: Please see the attached instructions before completing this form. **This form must be filed with the Tennessee Ethics Commission.**

This form must be filed annually for each office and/or position held. In addition, if you seek re-election, or election to a different office, you must file again for each office sought within thirty days (30) from the date of qualifying. 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 ten thousand dollars (\$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 13. 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).

EFFECTIVE JANUARY 1, 2024, ALL NOTICES SENT BY THE TENNESSEE ETHICS COMMISSION WILL BE SENT BY ELECTRONIC MAIL. EACH CANDIDATE OR OFFICIAL IS REQUIRED TO PROVIDE AN EMAIL ADDRESS TO THE COMMISSION. WHERE EMAIL IS UNAVAILABLE, NOTICE WILL BE PROVIDED BY REGULAR MAIL. YOU ARE RESPONSIBLE FOR REGULARLY CHECKING YOUR INBOX AND/OR MAIL RECEPTACLE. TENN. CODE. ANN. § 4-55-107.

1. Name of Official or Candidate: _____

2. Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

3. Mailing Address: (check here if same as home address) _____

City: _____ State: _____ Zip Code: _____

4. Position Information: Office Holder or New Candidate

County: _____ Title of Office Held or Sought: _____

District Number, Municipality, or County Where Office is Located: _____

5. Sources of Income:

List major source(s) of private (non-governmental) income of more than one thousand dollars (\$1,000) for yourself, your spouse, or a minor child residing with you. "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.

None

Name of Source	Recipients		
	Filer	Spouse	Minor Child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Investments:

List any investment by you, your spouse, or a minor child 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		
	Filer	Spouse	Minor Child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Lobbying:

List any person, firm, or organization for whom compensated lobbying is done by any associate, your spouse, or a minor child residing with you. Also, list any firm in which you, your spouse, or a 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"/> Spouse
			<input type="checkbox"/> Minor Child	<input type="checkbox"/> Associate
			<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse
			<input type="checkbox"/> Minor Child	<input type="checkbox"/> Associate

8. 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

9. 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

10. 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

11. 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 a minor child 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Leadership PACs:

Each member of the Tennessee General Assembly, and each candidate for General Assembly, must disclose the name of any multi-candidate political campaign committee established or controlled by the member or candidate within the immediately preceding five (5) years of the date of the disclosure.

None

13. Signature: (Must Be Attested to by a Witness)

I understand that, pursuant to T.C.A. § 8-50-507, submitting a disclosure or amendment to a disclosure form which contains false or incomplete information may subject me to the penalties of perjury. The information contained in this disclosure or amendment to a disclosure form is true, complete, and correct to the best of my knowledge, information, and belief.

Signature of Official or Candidate

Date

I, _____ the undersigned, do hereby witness the above signature,
(Print Name of Witness)
which was signed in my presence.

Signature of Witness

Date