

**Statement of Disclosure of Interests**

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

**\*\*This form must be filed with the TBR General Counsel by Senior Staff; all others, file as appropriate with Institution**

Please see the attached instructions before completing this form. Attach additional pages as necessary. Note that this disclosure statement must be signed and the signature attested to by a witness in item 12.

**Please Print or Type**

|  |  |
| --- | --- |
| **1. Staff Member Nam:** | **2. Phone Number**  Work: Home: |
| **3. Home Address** | |
| **4. Senior Staff \_\_\_\_\_\_\_\_**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **5. Sources of Income**  List major source(s) of private (non-governmental) income of more than $1,000 for yourself, your spouse or 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  Filer Spouse Minor Child  Filer Spouse Minor Child | |
| **6. Investments** – List any investment by you, your spouse or 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 Filer Spouse Minor Child Filer Spouse Minor Child | |

**7. Lobbying –** List any person, firm or organization for whom compensated lobbying is done by any associate, your spouse or minor child 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

**Terms of Subject Matter**

**Name of Lobbyist Employment or Measures Lobbyist Relation to Filer**

Filer Associate of Filer

Spouse Minor Child

Filer Associate of Filer

Spouse Minor Child

**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

Filer Spouse

**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 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 |
| Filer | Spouse | Minor Child |

**12. 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 Date**

**To be completed by witness:**

I, , the undersigned, do hereby witness the above signature, which was

(Print Name of Witness) signed in my presence:

**Signature of Witness Date**

**Instructions to Statement of Disclosure of Interests (SS-8005)**

**When Must the Statement Be Filed?**

 Within 30 days of appointment.

 Current officeholders must file by January 31st of each year.

**Where Should the Statement Be Filed?**

File the state with the TBR General Counsel, or the appropriate designated individual at your institution.

An amended Statement of Disclosure 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, your spouse or minor child residing with you receive in excess of $1,000 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 (The principal 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 6: 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;

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

3. 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.

**Question 7: 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 8: 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 11: 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 ordinar y 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).