



# DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

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](mailto:Ethics.Counsel@tn.gov)

This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services and/or campaign services. Please read the instructions before completing this form. This form must be filed within five (5) days of entering into any contract for consulting services and/or campaign services and must be updated annually within five (5) days of the initial contract date in each subsequent year in which the contract is in effect. Failure to properly and timely submit the form may constitute either a Class A or a Class C misdemeanor pursuant to T.C.A. §§ 2-10-125, 126(d)

1. Name of Filer: Johnny Shaw

### 2. Form Information:

Form Completed By:  Individual RECEIVING Fee  Individual/Entity PAYING Fee

New Disclosure Form:  Yes  No Contract Year: 2024

### 3. Disclosure of Individual Receiving Fee:

Name: Allysca Sneed Position/ or Title: Campaign Admin  
Mailing Address: P.O. Box 23432  
City: Nashville State: TN Zip Code: 37202  
Phone: \_\_\_\_\_ Email: shawfordistrict80@gmail.com

### 4. Disclosure of Payor

Name/Entity: Committee to Elect Johnny Shaw  
Mailing Address: P.O. Box 191  
City: Bolivar State: TN Zip Code: 38008  
Phone: 731-658-7689 Email: shawfordistrict80@gmail.com

### 5. Contract and Compensation:

Date of Contract: N/A Amount of Fee: \$1500/per quarter  
Date(s) Services Rendered: Quarterly  
Description of Services: Campaign work, graphic designs/Bookkeeping, produce mailings/clerical work/ordering supplies etc.

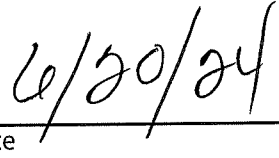
### 6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. By my signature below, I attest to the following:**

- I understand that, pursuant to T.C.A. §§ 2-10-125 and 126, submitting a Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury.
- The information contained in this Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date



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1. Name of Filer: Alyson Sneed

2. Form Information:

Form Completed By:  Individual RECEIVING Fee  Individual/Entity PAYING Fee

New Disclosure Form:  Yes  No Contract Year: 2024

3. Disclosure of Individual Receiving Fee:

Name: Alyson Sneed Position/ or Title: Campaign Admin.

Mailing Address: P.O. Box

City: NASHVILLE State: TN Zip Code: 37202

Phone: \_\_\_\_\_ Email: shawfor.district80@gmail.com

4. Disclosure of Payor

Name/Entity: Committee To Elect Johnny Shaw

Mailing Address: P.O. Box 191

City: BOLIVAR State: TN Zip Code: 38008

Phone: \_\_\_\_\_ Email: shawfor.district80@gmail.com

5. Contract and Compensation:

Date of Contract: N/A Amount of Fee: \$1500/per quarter

Date(s) Services Rendered: Quarterly

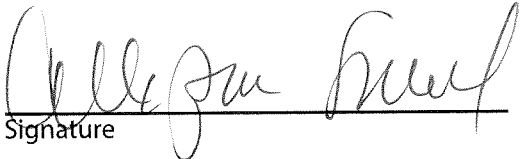
Description of Services: Campaign work

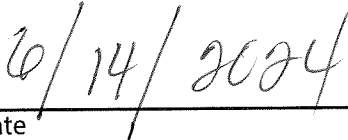
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\_\_\_\_\_  
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Signature

  
Date