



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

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: Chase Ingle

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: Chase Ingle Position/ or Title: Senior Leg. Advisor
Mailing Address: 1800 B 17th Ave. N. Nashville
City: Nashville State: TN Zip Code: 37208
Phone: 865-640-4462 Email: chaseingle6@gmail.com

4. Disclosure of Payor

Name/Entity: House Republican Caucus
Mailing Address: P.O. Box 812
City: Portland State: TN Zip Code: 37148
Phone: 615-308-5557 Email: william.lamberth@gmail.com

5. Contract and Compensation:

Date of Contract: 6-3-24 Amount of Fee: \$500.00
Date(s) Services Rendered: 6-3-24
Description of Services: Event staff

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.

William Lamberth / House Republican Caucus

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

6-5-2024

Date



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1. Name of Filer: House Republican Caucus

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: Chase Ingle Position/ or Title: Sr. Leg. Advisor; House Majority Leader

Mailing Address: 1806B 7th Ave. N.

City: Nashville State: TN Zip Code: 37208

Phone: 865-640-4462 Email: chaseingle6@gmail.com

4. Disclosure of Payor

Name/Entity: House Republican Caucus

Mailing Address: P.O. Box 812

City: Nashville State: TN Zip Code: 37148

Phone: 615-308-5557 Email: william.lamberth@gmail.com

5. Contract and Compensation:

Date of Contract: June 3, 2024 Amount of Fee: \$500.00


Date(s) Services Rendered: June 3, 2024

Description of Services: Staffing for caucus fundraiser


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:

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- 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