



# 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: Sara Kyle

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: Dwayne Thompson Position/ or Title: Campaign Manager  
Mailing Address: 8398 Shingle Oaks Drive  
City: Cordova State: TN Zip Code: 38018  
Phone: 901-378-9842 Email: hdwaynethompson@hotmail.com

4. Disclosure of Payor

Name/Entity: Friends of Sara Kyle  
Mailing Address: 6421 Old Orchard Cove  
City: Memphis State: TN Zip Code: 38119  
Phone: 901-237-4942 Email: sara.pkyle@icloud.com

5. Contract and Compensation:

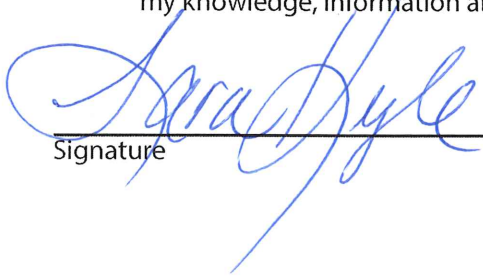
Date of Contract: May 15, 2024 Amount of Fee: \$3,500 + to be determined  
Date(s) Services Rendered: May 15, 2024 - November 15, 2024  
Description of Services: Manage all campaign activities

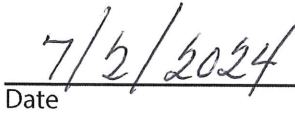
6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

None

**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: Dwayne Thompson

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: Dwayne Thompson Position/ or Title: State Representative  
Mailing Address: 8398 Shingle Oaks Dr.  
City: Cordova State: TN Zip Code: 38018  
Phone: (901) 378-9842 Email: hdwaync@thompson@hotmail.com

4. Disclosure of Payor

Name/Entity: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Contract and Compensation:

Date of Contract: May 15, 2024 Amount of Fee: \$3500 + to be determined  
Date(s) Services Rendered: May 15, 2024 + November 15, 2024  
Description of Services: Manage all campaign activities

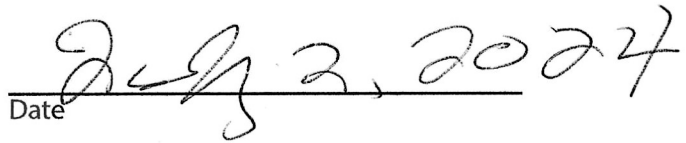
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