



# 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: 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: Zachary Roberts Position/ or Title: Sr. Leg. Advisor; House Majority Caucus Chair

Mailing Address: 606B Vernon Avenue

City: Nashville State: TN Zip Code: 37209

Phone: 615-210-2791 Email: tngopzr@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.

---

---

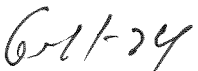
---

---

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

- 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



# 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:** Zachary Roberts

**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: Zachary Roberts Position/ or Title: Sr. Leg. Advisor; House Majority Caucus Chair

Mailing Address: 606B Vernon Avenue

City: Nashville State: TN Zip Code: 37209

Phone: 615-210-2791 Email: tngopzr@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

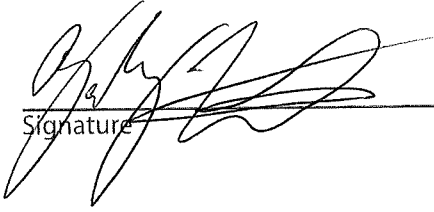
Description of Services: Staffing for caucus fundraiser

**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.**

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

6/11/24  
\_\_\_\_\_  
Date