



House Ethics Committee - Trip Disclosure Form

In accordance with Rule 82, a member who accepts travel expenses from a sponsor to participate in an out-of-state trip related to the member's official duties must file a trip disclosure form **within ten (10) business days** of the member's return from the trip.

NAME: Vincent Dixie

CONTACT NUMBER: 615.741.1997

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: 

DATE: 9/5/19

SPONSOR(S): The Leadership Conference Education Fund

TRIP DESTINATION(S): Philadelphia, PA

CONFERENCE/MEETING NAME (IF ANY): Census Counts 2020

DATE OF DEPARTURE: 9.5.19 DATE OF RETURN: 9.26.19

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NAME: <u>Yusuf Hakeem</u>	
CONTACT NUMBER: <u>615-741-2702</u>	
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE: <u>Yusuf Hakeem</u>	DATE: <u>9-10-19</u>

SPONSOR(S): <u>The Leadership Conference on Civil and Human Rights and the Leadership Conference Education fund</u>	
TRIP DESTINATION(S): <u>Valley Forge, Philadelphia</u>	
CONFERENCE/MEETING NAME (IF ANY): <u>Get Out the Count Regional Census Summit</u>	
DATE OF DEPARTURE: <u>9/5/2019</u>	DATE OF RETURN: <u>9/6/2019</u>
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NAME: <u>Vincent Dixie</u>	
CONTACT NUMBER: <u>615.741.1997</u>	
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE: <u></u>	DATE: <u>10.9.19</u>

SPONSOR(S): <u>Center for Reproductive Rights</u>	
TRIP DESTINATION(S): Florida <u>Washington D.C.</u>	
CONFERENCE/MEETING NAME (IF ANY): <u>Reproductive Rights - Leadership Summit</u>	
DATE OF DEPARTURE: <u>9.24</u>	DATE OF RETURN: <u>9.25</u>
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NAME: Robin Smith

CONTACT NUMBER: 615-741-2548

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

RLS

DATE: 12/19/19

SPONSOR(S): ~~RE~~ Milbank Memorial Fund

TRIP DESTINATION(S): Phoenix, AZ

CONFERENCE/MEETING NAME (IF ANY): Reforming States Group

DATE OF DEPARTURE: 12/4/19 DATE OF RETURN: 12/6/19

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NAME: Robin Smith

CONTACT NUMBER: 615-741-2548

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

RL Smith

DATE: 12/19/19

SPONSOR(S): National Association of Insurance Commissioners

TRIP DESTINATION(S): Austin, TX

CONFERENCE/MEETING NAME (IF ANY): NAIC Fall National Meeting

DATE OF DEPARTURE: 12/6/19 DATE OF RETURN: 12/9/19

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NAME:	
CONTACT NUMBER:	<u>Iris Rudder</u>
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE:	<u>Iris Rudder</u> DATE: <u>1/28/20</u>

SPONSOR(S): <u>Taipei Economic + Cultural Office in Atlanta</u>	
TRIP DESTINATION(S): <u>Taipei / Taiwan</u>	
CONFERENCE/MEETING NAME (IF ANY): _____	
DATE OF DEPARTURE: <u>12/6/19</u>	DATE OF RETURN: <u>12/15/19</u>
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NAME:	DAVE WRIGHT	
CONTACT NUMBER:	[REDACTED]	
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.		
SIGNATURE:	Dave Wright	DATE: 1/29/2020

SPONSOR(S):	TAIPEI ECONOMIC & CULTURAL OFFICE ATLANTA	
TRIP DESTINATION(S):	TAIWAN	
CONFERENCE/MEETING NAME (IF ANY):		
DATE OF DEPARTURE:	12/7/19	DATE OF RETURN: 12/15/19
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