



# DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance  
404 James Robertson Parkway, Suite 104  
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. 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. Form Information:

Form Completed By:  Individual Receiving Fee     Individual/Entity Paying Fee  
New Disclosure Form:     Yes     No  
Form Period:     1st Quarter     2nd Quarter     3rd Quarter     4th Quarter

For questions 2. and 3., pursuant to T.C.A. § 2-10-125(a), as revised by Public Chapter 1087 (2022), the filer must disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure: If more space is needed, attach additional pages.

### 2. Disclosure of Individual Receiving Fee:

Name: Adriane R Stewart    Position/ or Title: Consultant  
Mailing Address: 2173 Freeman LN  
City: Madison    State: TN    Zip Code: 37115  
Phone: 615-337-2290    Email: adriane.stewart@gmail.com

### 3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Mr. Jesse Howze & Mrs. Yushikau Howze  
Mailing Address: 113 Forestbrook Dr  
City: Madison    State: AL    Zip Code: 35757  
Phone: 254-457-4012    Email: Yushikau@yahoo.com  
Name of Person Submitting Form for Entity: Adriane R Stewart

### 4. Contract and Compensation:

Date of Contract: 11-29-2021    Amount of Fee: \$950  
Date(s) Services Rendered: 3-18-2022  
Description of Services: Review DCJ documents

### 5. 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.

Adriane Stewart  
Signature

10-2-2023  
Date



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### 1. Form Information:

Form Completed By:  Individual Receiving Fee  Individual/Entity Paying Fee  
New Disclosure Form:  Yes  No  
Form Period:  1st Quarter  2nd Quarter  3rd Quarter  4th Quarter

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### 2. Disclosure of Individual Receiving Fee:

Name: Adrienne R. Stewart Position/ or Title: Consultant  
Mailing Address: 2173 Freeman Ln  
City: Madison State: TN Zip Code: 37115  
Phone: 615-837-7280 Email: adrienne.stewart@gmail.com

### 3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Mr. Jesse Howze & Mrs. Yushikau Howze  
Mailing Address: 113 Forest brook Dr  
City: Madison State: AL Zip Code: 35757  
Phone: 254-457-4012 Email: Yushikau@yahoo.com  
Name of Person Submitting Form for Entity: Adrienne R. Stewart

### 4. Contract and Compensation:

Date of Contract: 11-29-2021 Amount of Fee: \$ 950  
Date(s) Services Rendered: 4-7-2022  
Description of Services: Reviewed legal documents and DCs documents

### 5. 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.

Adrienne Stewart  
Signature

10-2-2023  
Date



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## 1. Form Information:

Form Completed By:  Individual Receiving Fee  Individual/Entity Paying Fee

New Disclosure Form:  Yes  No

Form Period:  1st Quarter  2nd Quarter  3rd Quarter  4th Quarter

For questions 2. and 3., pursuant to T.C.A. § 2-10-125(a), as revised by Public Chapter 1087 (2022), the filer must disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure: If more space is needed, attach additional pages.

## 2. Disclosure of Individual Receiving Fee:

Name: Adrienne Stewart Position/ or Title: Consultant

Mailing Address: 2173 Freeman Ln

City: Madison State: TN Zip Code: 37115

Phone: 615-337-7290 Email: adrienerstewart@gmail.com

## 3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Mr Jesse Howze & Yushikau Howze

Mailing Address: 113 Forestbrook Dr

City: Madison State: AL Zip Code: 35757

Phone: 254-457-4012 Email: Yushikau@yahoo.com

Name of Person Submitting Form for Entity: Adrienne R. Stewart

## 4. Contract and Compensation:

Date of Contract: 11-29-2021 Amount of Fee: 18,450

Date(s) Services Rendered: 11-10-2022

Description of Services: Review DC's documents & court documents

## 5. 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.

Adrienne Stewart  
Signature

10-2-2023  
Date



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New Disclosure Form:  Yes  No  
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### 2. Disclosure of Individual Receiving Fee:

Name: Adriane R. Stewart Position/ or Title: Consultant  
Mailing Address: 2173 Freeman Ln  
City: Madison State: TN Zip Code: 37115  
Phone: 615-337-7290 Email: adriane.stewart@gmail.com

### 3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Mr. Jesse Howze & Mrs. Yushikau Howze  
Mailing Address: 113 Foreytbrook Dr  
City: Madison State: AL Zip Code: 35757  
Phone: 254-457-4012 Email: Yushikau@yghoo.com  
Name of Person Submitting Form for Entity: Adriane R. Stewart

### 4. Contract and Compensation:

Date of Contract: 11-29-2021 Amount of Fee: \$1425.00  
Date(s) Services Rendered: 5-17-2023, 6-12-2023 and 6-27-2023  
Description of Services: Completion of report for court, testified in court

### 5. 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.

Adriane R. Stewart  
Signature

10-2-2023  
Date



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### 2. Disclosure of Individual Receiving Fee:

Name: Aedrae R. Stewart Position/ or Title: Consultant  
Mailing Address: 2173 Freeman LN  
City: Madison State: TN Zip Code: 37115  
Phone: 615-337-7290 Email: aedraerstewart@gmail.com

### 3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Mrs. Jesse Howze & Mrs. Yushikau Howze  
Mailing Address: 113 Forestbrook Dr  
City: Madison State: AL Zip Code: 35757  
Phone: 254-457-4012 Email: Yushikau@yahoo.com  
Name of Person Submitting Form for Entity: Aedrae R. Stewart

### 4. Contract and Compensation:

Date of Contract: 11-29-2021 Amount of Fee: \$1050  
Date(s) Services Rendered: 7-12-2023 and 7-19-2023, 9-8-2023  
Description of Services: testified in court and reviewed DCS Policy w/ client's attorney

### 5. 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.

Aedrae R. Stewart  
Signature

10-2-2023  
Date