

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

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: Adrian (e Restewant Position or Title: Consultant)
Mailing Address: 2173 Freeman LN
City: Modition State: 77 Zip Code: 3>115
Phone: 65-337-2290 Email: adnonerstementa snot com
3. Disclosure of Individual/Entity Paying Fee:
Name/Entity: Mr. Jesse Howre & Mrs. Yushi Kau Howre
Mailing Address: 113 to restorook or
City: Modison State: At Zip Code: 35757
Phone: 254457-4012 Email: Yushikau @yahou: com
Name of Person Submitting Form for Entity: Adriane R Stewart
4. Contract and Compensation:
Date of Contract: 11-29-2021 Amount of Fee:
Date(s) Services Rendered: 3-18-2022
Description of Services: Description of Services:
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.

16-2-2023



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1.C.A. 33 2-10-123, 120(d)				
1. Form Information:				
Form Completed By:	🔀 Individua	al Receiving Fee	☐ Individual/Entity Pa	aying Fee
New Disclosure Form:]Yes	No No		
Form Period: 🗆 1st	Quarter	🔀 2nd Quarter	☐ 3rd Quarter	4th Quarter
	of any person o	or other entity through		87 (2022), the filer must disclose to or from the person making the
2. Disclosure of Individu	Rislewer	Position/ or Ti	The state of the s	lant
Mailing Address:				
City: Madison				
Phone: 45337-	7280	Email: advone	rustewort @ >	mailcom
3. Disclosure of Individu	al/Entity Payi	ng Fee:		
Name/Entity: Mr.	Jerse H	owze & N	la. Pushika	iv Howze
Mailing Address: 113				
City: Madison				7
Phone: 254-457-				
Name of Person Submit				or t
4. Contract and Compens	sation:		VIII STEED I	
Date of Contract://	-29-202	/ Amount of Fe	e: \$ 450	
Date(s) Services Render	ed: 4.7	2022	41 A C.S.	
Description of Services:	Revu	wed lead	documents.	and DCs document
5. By my signature below	ı, I attest to th	ne following:		
			nd 126, submitting a E t me to the penalties o	Disclosure of Consulting Services of perjury.
• The information my knowledge			nsulting Services form	is true and correct to the best of
() by a choose	A A		10.7 200 7	

Date

SS-8006 (Rev. 05/22)



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1.C.A. 99 2-10-125, 126(d)			
1. Form Information:			
Form Completed By:	Individual Receiving Fee	☐ Individual/Entity P	aying Fee
New Disclosure Form:	☐ Yes 🔀 No		
Form Period: 1s	t Quarter 2nd Quarter	3rd Quarter	4th Quarter
the full name and identity	rsuant to T.C.A. § 2-10-125(a), as rev of any person or other entity throu needed, attach additional pages.		
2. Disclosure of Individu		A - 65	1 +
Name: Admonde	Position/o	r Title:)ten'
Mailing Address:	173 Freeman LN		
	State: 📈		
Phone: 65-337-	-7290 Email: adn'on	werstewant @	anoil com
3. Disclosure of Individu	al/Entity Paying Fee:		
Name/Entity: Mrc	Jesse Howre &	Pushikau H	DWZe
	3 Forestbrook Dr		
city: Madison	State: AZ	Zip Code: 3 ジン	57
	4012 Email: Yush		
Name of Person Submi	tting Form for Entity:	ONE BISTEWS	ind
4. Contract and Compen		•	
Date of Contract:	Amount of	Fee: 450	
Date(s) Services Render	red: 11-10-2022		
Description of Services	Review Des de	ocumento É	count downer
5. By my signature belov	w, I attest to the following:		
	hat, pursuant to T.C.A. §§ 2-10-12. ntains false information may subj		
The information my knowledge	on contained in this Disclosure of e, information and belief.	Consulting Services form	n is true and correct to the best of

10-2-2023



DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

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1. Form Informa	tion:			
Form Complete	ed By: 🗖 Ir	dividual Receiving Fee	☐ Individual/Entity F	Paying Fee
New Disclosure	Form: DY	es No		
Form Period:	☐ 1st Quart	er 🔀 2nd Quart	er 🗆 3rd Quarter	4th Quarter
the full name and	identity of any p	o T.C.A. § 2-10-125(a), as person or other entity thi l, attach additional page	ough which payment flowe	087 (2022), the filer must disclose d to or from the person making the
Mailing Addres	bue R.J 5: 2173	treemon L		
71.7	Carlotte and the second	TO 12 OF THE PARTY NAMED IN COLUMN TWO IS NOT TH	Zip Code: 371	
3. Disclosure of I	ndividual/Ent	ty Paying Fee:	and the same of th	
Name/Entity:	Mr. Jes	se Howre	& Mrs. Yushi	Kau Howre
Mailing Addres	s: <u>1/3</u> 7	onest brook i	DH	
City: Moce	lison	State: A	L Zip Code: 35 2	57
			ushi kou dys	
Name of Persor	Submitting Fo	orm for Entity:	eriante R. St	ewant
4. Contract and C				
Date of Contrac	t: <u>//-29-</u>	⊋D⊋ Amount	of Fee: 8/425,0	00
Date(s) Services	Rendered:	5-17-2023	6-12-2023	and 6-27-2023
	^	mpletion,	/	or court,
5. By my signatu	e below, I atte	st to the following:		
 I under form w 	stand that, pur hich contains f	suant to T.C.A. §§ 2-10- alse information may s	125 and 126, submitting a ubject me to the penalties	Disclosure of Consulting Services of perjury.
		nined in this Disclosure nation and belief.	of Consulting Services forr	m is true and correct to the best of
Signature	oux	<i>y</i>	10-2 - 202 Date	3



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1. Form Information:				P
Form Completed By:	🗖 Individual Re	eceiving Fee	☐ Individual/Entity Pa	aying Fee
New Disclosure Form:	□Yes ⊠N	lo		
Form Period: 1s	t Quarter [2nd Quarter	☐ 3rd Quarter	4th Quarter
For questions 2. and 3., put the full name and identity disclosure: If more space is	of any person or oti	her entity through	sed by Public Chapter 108 h which payment flowed	37 (2022), the filer must disclose to or from the person making the
Name: Actions Name: Actions Mailing Address: City: Mod 130N	Restewar 2173 Free	Position/or L MON L State: 7N	N Zip Code: <u>37</u> (15	lont
Phone: 615 -337-	7250 En	nail: Qoloo	werstew art	D smort com
3. Disclosure of Individu	al/Entity Paying	Fee:		
Name/Entity://	· Serse the	wre &	Mrs. Yush	ikau Howre
Mailing Address:	13 Forest	brook Dr	Y The state of the	
City: Madisc	INC	State: AL	Zip Code:	757
Phone: 254-75	12	, ,		oc com
Name of Person Submit		100	2 1	wort
4. Contract and Compen				
Date of Contract: //-		Amount of F	ee. 8 1050	
Date(s) Services Render				13, 9-8-2023
Description of Services:				
Dary W	1 61 1	DAN VAC DE	rney	course of
5. By my signature below			1	
		•	and 136 cubmitting a F	Disclosure of Consulting Services
form which con	ntains false inform	ation may subje	ct me to the penalties o	of perjury.
The information my knowledge	n contained in this	s Disclosure of Co belief.	onsulting Services form $\sqrt{0.9} - 202$	is true and correct to the best o
Signature	Tex	Dat		