



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: 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 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: \$3000.00
 Date(s) Services Rendered: 12-9-2021, 12-14-2021, 12-15-2021, 12-18-2021
 Description of Services: Consulted on a TPR (Termination of Parental Rights) case. Reviewed legal documents, DCS documents & DCS policy

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

10-31-2022
Date



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1. Form Information:

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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; FSS Team Leader
Mailing Address: 2173 Freeman LN
City: Madison State: TN Zip Code: 3715
Phone: 615-337-7290 Email: adriane.stewart@gmail.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Mr. Jesse Howze & Mrs. Yushika Howze
Mailing Address: 113 Forestbrook Dr
City: Madison State: AL Zip Code: 35757
Phone: 256-457-4012 Email: Yushika@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: \$600.00
Date(s) Services Rendered: 11-1-2022
Description of Services: Review of new information provided by my client

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

10-31-2022
Date