

"Amendment"



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. Name of Filer Tim Rudd (Stones River Strategies)

2. 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

3. Disclosure of Individual Receiving Fee:

Name: Tim Rudd Position/ or Title: Stones River Strategies
Mailing Address: 2904 Islington Dr
City: Madisonville State: TN Zip Code: 37128
Phone: 615-975-1892 Email: RUDDT@realtracs.com

4. Disclosure of Payor

Name/Entity: Robert Stevens
Mailing Address: 137 Laurel Hill Dr
City: Sumner State: TN Zip Code: 37167
Phone: 615-948-5738 Email: stevens_robert@comcast.net

5. Contract and Compensation:

Date of Contract: _____ Amount of Fee: \$3,400
Date(s) Services Rendered: 10/2/22
Description of Services: _____

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.

Tim Rudd
Signature

12-28-22
Date



Amended

DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

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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: Tim Rudd Position/ or Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Robert Stevens

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Name of Person Submitting Form for Entity: _____

4. Contract and Compensation:

Date of Contract: 8/15/22 Amount of Fee: \$3,400.00

Date(s) Services Rendered: 10/21/22

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.

Robert Stevens
Signature

12/28/22
Date



DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Rec. 8/15/2022

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Nashville, TN 37243
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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: Tim Rudd Position/ or Title: (Stones River Strategies)
Mailing Address: 2904 Islington Dr
City: Murfreesboro State: TN Zip Code: 37128
Phone: 615-975-1892 Email: RURDDT@realtracs.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Robert Stevens / Friends of Robert Stevens
Mailing Address: 137 Laurel Hill Dr
City: Smyrna State: TN Zip Code: 37167
Phone: 615-748-5238 Email: stevens.robert@comcast.net
Name of Person Submitting Form for Entity: ''

4. Contract and Compensation:

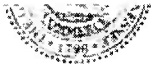
Date of Contract: 8-15-22 Amount of Fee: TBD
Date(s) Services Rendered: TBD
Description of Services: General Consulting / Print Design

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.

Signature [Handwritten Signature]

Date 8-14-22



Tennessee Bureau of Ethics and Campaign Finance
 404 James Robertson Parkway, Suite 104
 Nashville, TN 37243
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2. Disclosure of Individual Receiving Fee:

Name: Tim Ruddle Position/ or Title: General River Strategies
 Mailing Address: 2904 Tullington Dr
 City: Murfreesboro State: TN Zip Code: 37128
 Phone: 615-975-1892 Email: TRUDDT@realtracs.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Robert Stevens / Friends of Robert Stevens
 Mailing Address: 137 Laurel Hill Dr
 City: Smyrna State: TN Zip Code: 37167
 Phone: 615-948-5238 Email: stevens_robert@comcast.net
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Robert Stevens
 Signature

8/14/22
 Date