



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: Teresa J. Sutton Position/ or Title: Legislative Assistant
Mailing Address: 595 Albion Cir.
City: Gallatin State: TN Zip Code: 37066
Phone: 423-333-2208 Email: tjcrimegirl@gmail.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Lowell Russell
Mailing Address: 104 Corntassel Shores
City: Vonore State: TN Zip Code: 37885
Phone: 423-836-4302 Email: lowellrussell@yahoo.com
Name of Person Submitting Form for Entity: Teresa J. Sutton

4. Contract and Compensation:

Date of Contract: 10/11/2022 Amount of Fee: \$ 250.00
Date(s) Services Rendered: 10/21/2022
Description of Services: Assisting with campaign fundraiser

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.

Teresa J. Sutton
Signature

10/11/2022
Date



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

Name: Teresa J. Sutton Position/ or Title: Legislative Assistant
Mailing Address: 595 Albion Cir.
City: Gallatin State: TN Zip Code: 37066
Phone: 923-333-2208 Email: tjcrimegirl@gmail.com

3. Disclosure of Individual/Entity Paying Fee:

Name/Entity: Lowell Russell
Mailing Address: 104 Contassel Strass
City: VOLVOLE State: TX Zip Code: 37835
Phone: (423) 836-4802 Email: lowellrussell@yahoo.com
Name of Person Submitting Form for Entity: Lowell Russell

4. Contract and Compensation:

Date of Contract: 10/11/2022 Amount of Fee: \$250.⁰⁰
Date(s) Services Rendered: 10/21/2022
Description of Services: Assist w/ Campaign Fundraising

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.
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Lowell Russell

Signature

10/11/22

Date