



# DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance  
WRS Tennessee Tower, 26th Floor  
312 Rosa L. Parks Avenue  
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 Teresa J. Sutton

## 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:

Early Year End Supplemental

Name: Teresa Sutton Position/or Title: Legislative Assistant

Mailing Address: 595 Albion Cir.

City: Gallatin State: TN Zip Code: 37066

Phone: 423-333-2208 Email: tjerimegirl@gmail.com

## 4. Disclosure of Payor

Name/Entity: Lowell Russell (State Representative)

Mailing Address: 104 Cortassel Shores

City: Vonore State: TN Zip Code: 37885

Phone: 423-836-4302 Email: Lowellrussell@yahoo.com

## 5. Contract and Compensation:

Date of Contract: 9/14/23 Amount of Fee: \$ 300.00

Date(s) Services Rendered: 9/15/23

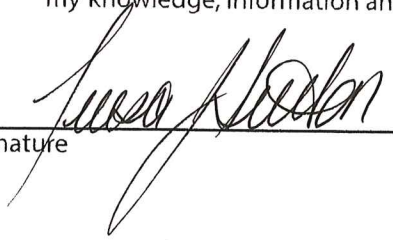
Description of Services: worked for campaign fundraiser for Rep. Russell

## 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.

  
\_\_\_\_\_  
Signature

9/18/23  
\_\_\_\_\_  
Date