

## 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

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)

Ethics.Counsel@tn.gov

2. Form Information:  Form Completed By:	
Form Completed By:   Individual RECEIVING Fee   Andividual/Entity PAYING Fee   New Disclosure Form:   Akes   No   Port Period:   1st Quarter   2nd Quarter   3rd Quarter   4th Quarter   Per Eurau of Chirs this is in the semi - annual - mid year - Supplemental Report period.  3. Disclosure of Individual Receiving Fee:   Name:   Teresa J. Su thon   Position/or Title:   Legislative Assistant   Mailing Address:   Su thon   Position/or Title:   Legislative Assistant   Mailing Address:   Su thon   State:   Tw   Zip Code:   37066   Phone:   423-333-2208   Email:   tirrimegin agmail.com   Com   A. Disclosure of Payor   Name/Entity:   Lowell   Russell   Mailing Address:   DU Comtasse   Shores   City:   Vonore   State:   Tw   Zip Code:   37865   Phone:   423-836-4302   Email:   Lowell russell @ yahoo.com   S. Contract and Compensation:   Date of Contract:   Glada   Joa   Joa	1. Name of Filer Lowell Russell
New Disclosure Form: Aves No  Form Period: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter 2nd Quarter	2. Form Information:
Form Period:	Form Completed By: 🔲 Individual RECEIVING Fee Individual/Entity PAYING Fee
Name: Teresa J. Su Hon Position/or Title: Legislative Assistant  Mailing Address: 595 albion Circle  City: Gallatin State: TN Zip Code: 37066  Phone: 423-233-2208 Email: tjerimegirl@gmail.com  4. Disclosure of Payor  Name/Entity: Lowell Russell  Mailing Address: 104 Comtassel Shores  City: Vonore State: TN Zip Code: 37865  Phone: 423-836-4302 Email: 10wellrussell@yahoo.com  5. Contract and Compensation:  Date of Contract: 9/3/2023 Amount of Fee: 4019.24  Date(s) Services Rendered: 9/3/2023  Description of Services: Reimbursement for candy purchase for 4th of July parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	New Disclosure Form: Xes No
Mailing Address: 595 albion Circle  City: Gallatin	Form Period: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter per Bureau of Ethics this is in the semi-annual -mid year -Supplemental Report period.  3. Disclosure of Individual Receiving Fee:
Mailing Address: 595 albion Circle  City: Gallatin	Name: Teresa J. Su Hon Position/orTitle: Legislative Assistant
City: Gallatin State: TN Zip Code: 37066  Phone: 43-333-2208 Email: Tjerimeginl@gmail.com  4. Disclosure of Payor  Name/Entity: Lowell Russell  Mailing Address: 104 Comtassel Shores  City: Vonore State: TN Zip Code: 37865  Phone: 43-836-4302 Email: 10well russell@yahoo.com  5. Contract and Compensation:  Date of Contract: 43 2023 Amount of Fee: 4019.24  Date(s) Services Rendered: 43 2023  Description of Services: Reimbursement for candy purchase for 470 fluly parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	
Phone: 423-333-2208 Email: Tjerimegirl @gmail.com  4. Disclosure of Payor  Name/Entity: Lowell Russell  Mailing Address: 104 Corntassel Shores  City: Vonore State: TW Zip Code: 37885  Phone: 423-836-4302 Email: 10wellrussell @ yahoo.com  5. Contract and Compensation:  Date of Contract: 43/2023 Amount of Fee: 409.24  Date(s) Services Rendered: 43/2023  Description of Services: Reimbursement for candy purchase for 4th of July parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	City: Gallatin State: TN Zip Code: 37066
A. Disclosure of Payor  Name/Entity:	Phone: 423-333-2208 Email: ticrimegirlagmail.com
Mailing Address: 104 Corntasse   Shores  City: Vonore	4. Disclosure of Payor
City: VONOYE State: TN Zip Code: 378f5  Phone: 433-836-4302 Email: 10well russell @ yahoo.com  5. Contract and Compensation:  Date of Contract: 43/2023 Amount of Fee: 46/9.24  Date(s) Services Rendered: 43/2023  Description of Services: Reimbursement for candy purchase for 4th of July parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	Name/Entity: Lowell Russell
Phone: 43-836-4302 Email: 10wellrussell@yahoo.com  5. Contract and Compensation:  Date of Contract: 63/2023 Amount of Fee: 409.24  Date(s) Services Rendered: 63/2023  Description of Services: Reimbursement for candy purchase for 4th of July parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	Mailing Address: 104 Corntasse   Shores
5. Contract and Compensation:  Date of Contract: 43/2023 Amount of Fee: 4019.24  Date(s) Services Rendered: 43/2023  Description of Services: Reimbursement for candy purchase for 4th of July parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	City: Vonore State: TV Zip Code: 378f5
Date of Contract: 6/3/2023 Amount of Fee: 9/619.24  Date(s) Services Rendered: 6/3/2023  Description of Services: Reimbursement for candy purchase for 4th of July parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	Phone: 423-836-4302 Email: 10wellrussell@yahoo.com
Date(s) Services Rendered: 432023  Description of Services: Reimbursement for candy purchase for 4th of July parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	5. Contract and Compensation:
Description of Services: Reimbursement for candy purchase for 4th of July parades  6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	Date of Contract: $\frac{613}{3023}$ Amount of Fee: $\frac{409.24}{109.24}$
6. Disclose the full name and identity of any person or other entity through which payment flowed to or from	
	Description of Services: Reimbursement for candy purchase for 4th of July parades
	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.

_ lower Russely	6/6/2023
Signature	Date



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1. Name of Filer Teresa J. Sutten
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 pur Bure an of Chies This is in the Semi-annual mid year Supple 3. Disclosure of Individual Receiving Fee:
3. Disclosure of Individual Receiving Fee:
Name: Teresa J. Sutton Position/or Title: Legislative Assistant
Mailing Address: 595 albion Circle.
City: <u>Gallatin</u> State: <u>TN</u> Zip Code: <u>37066</u>
Phone: 423-333-2208 Email: tjerimegirl@gmail.com
4. Disclosure of Payor
Name/Entity: Lowell Russell
Mailing Address: 104 Corntassel Shores
City: Vonore State: TV Zip Code: 37885
Phone: 423-836-4302 Email: lowellrussell@yahoo.com
5. Contract and Compensation:
Date of Contract: Amount of Fee: 619.24
Date(s) Services Rendered: $\frac{433023}{}$
Description of Services: Candy order for 4th of July parades in Lowell Russell's
District. Reimbursement to purchaser Teresas. Sutton.
۱ 6. Disclose the full name and identity of any person or other entity through which payment flowed to or fron
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.

nature Date