



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 Lowell Russell

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:

per Bureau of Ethics this is in the semi-annual - mid year - Supplemental Report period.

Name: Teresa J. Sutton Position/ or Title: Legislative Assistant

Mailing Address: 595 Albion Circle

City: Gallatin State: TN Zip Code: 37066

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

4. Disclosure of Payor

Name/Entity: Lowell Russell

Mailing Address: 104 Comtassel Shores

City: Vonore State: TN Zip Code: 37885

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

5. Contract and Compensation:

Date of Contract: 6/3/2023 Amount of Fee: \$ 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 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.

Lowen Russell
Signature

6/6/2023
Date



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: *per Bureau of Ethics this is in the semi-annual mid year Supplemental Report Per,*

Name: Teresa J. Sutton Position/ or Title: Legislative Assistant

Mailing Address: 595 Albion Circle.

City: Gallatin State: TN Zip Code: 37066

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

4. Disclosure of Payor

Name/Entity: Lowell Russell

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: 6/3/2023 Amount of Fee: \$ 619.24

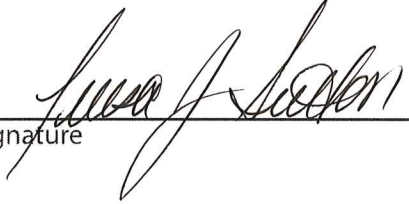
Date(s) Services Rendered: 6/3/2023

Description of Services: Candy order for 4th of July parades in Lowell Russell's District. Reimbursement to purchaser, Teresa J. Sutton.

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

6/6/2023

Date