

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 and must be updated annually within five (5) days of the initial contract date in each subsequent year in which the contract is in effect. 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: Committee to ELECT DAMO VEILE JUDIE DAMO VEILE
2. Form Information:
Form Completed By: 🔲 Individual RECEIVING Fee 🗹 Individual/Entity PAYING Fee
New Disclosure Form: Yes No Contract Year: 2023
3. Disclosure of Individual Receiving Fee:
Name: TIM 1000 Position/ or Title: OWER - STATE GIES
Mailing Address: 2909 Islington Dr
City: Muffceshon State: TN Zip Code: 37128
Phone: 615-975-1892 Email: rudd + e acttracs. com
4. Disclosure of Payor
Name/Entity: Committee to ELECT DAVID VEILE JUDIE
Mailing Address: 517 Cumws ST
City: Franklin State: TN Zip Code: 37064
Phone: 615-424-1770 Email: dveile @ fanhlin.legel
5. Contract and Compensation:
Date of Contract: 10/12/2023 Amount of Fee: 10/000
Date(s) Services Rendered: 10/12/2023 - 3/5/2024
Description of Services: GENERAL CAMPAIGN SERVICES database
management, graphic design
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.
Payment med by Julian Bibb, Treasurer of Committee to
ELECT DAVID VEILE JUDGE
2

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.

Julian Poill Meanner 11/9/2023

11/9/2023 Date

SS-8006 (Rev. 06/23)



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1. Name of Filer: Tim Rudl / Stones River Strategies (SRS)
2. Form Information:
Form Completed By: 🔀 Individual RECEIVING Fee 🔲 Individual/Entity PAYING Fee
New Disclosure Form: 🛛 Yes 🔲 No Contract Year: 223
3. Disclosure of Individual Receiving Fee:
Name: Tim Rods Position/ or Title: 84000
Mailing Address: 2904 Is Sungton Dr
City: 17) Zip Code: 37/28
Phone: 615-975-1597 Email: RUDDTA realtrocs. Com
4. Disclosure of Payor
Name/Entity: Committee To Sect David Veile Judge
Mailing Address: 517 Commins States
City: State: Two Zip Code: 37 564
Phone: 65-424-1770 Email: dveile & Franklin Iso
5. Contract and Compensation:
Date of Contract: 13-12-23 Amount of Fee: 15,008
Date(s) Services Rendered: 12-12-23 - 3-5-24
Description of Services: General Composition Services:
Dotologe my prot Graphic Dook
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.
Directly Torongh SPS.

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

Date