



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: Robert Stevens

2. Form Information:

Form Completed By: Individual RECEIVING Fee Individual/Entity PAYING Fee
New Disclosure Form: Yes No Contract Year: 2024

3. Disclosure of Individual Receiving Fee:

Name: Tim Rudd Position/or Title: State Representative
Mailing Address: 2904 Islington Drive
City: Murfreesboro State: TN Zip Code: 37128
Phone: 615-975-1892 Email: ruddt@realtracs.com

4. Disclosure of Payor

Name/Entity: Robert Stevens
Mailing Address: 137 Laurel Hill Drive
City: Smyrna State: TN Zip Code: 37167
Phone: 615-948-5238 Email: Stevens_robert@comcast.net

5. Contract and Compensation:

Date of Contract: 3/11/24 Amount of Fee: TBD
Date(s) Services Rendered: March - August 2024
Description of Services: Consulting for campaign

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.

N/A

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.

Robert Stone
Signature

3/13/24
Date



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1. Name of Filer: Tim Budd

2. Form Information:

Form Completed By: Individual RECEIVING Fee Individual/Entity PAYING Fee

New Disclosure Form: Yes No Contract Year: 2024

3. Disclosure of Individual Receiving Fee:

Name: Tim Budd Position/ or Title: Owner, Stone River Strategies

Mailing Address: 2904 Islington Dr

City: Murfreesboro State: TN Zip Code: 37128

Phone: 615-975-1592 Email: buddt@realtracs.com

4. Disclosure of Payor

Name/Entity: Robert Stevens

Mailing Address: 137 Laurel Hill Drive

City: Smyrna State: TN Zip Code: 37167

Phone: 615-948-5238 Email: stevens_robert@comcast.net

5. Contract and Compensation:

Date of Contract: 3/11/24 Amount of Fee: TBD

Date(s) Services Rendered: March - August 2024


Description of Services: Campaign consulting

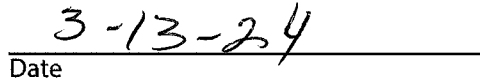
6. Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure.

N/A

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- 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