

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

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
Mailing Address: 2904 Islington Drive City: Mufreesboro State: TU zip Code: 37128 Phone: 615-975-1892 Email: rudd t@ real tracs. com
Phone: 615-975-1892 Email: rudd ta real tracs, com
4. Disclosure of Payor
Name/Entity: Cobert Stevens
Mailing Address: 137 Cancal Hill Prive
City: SMyCaa, State: DV Zin Code: 37167
Mailing Address: 137 Canval Hill Dive City: Smyrna, State: DV zip Code: 37167 Phone: 615-948-5238 Email: Stevens_robert@Concast.net
5. Contract and Compensation:
Date of Contract: $3/11/24$ Amount of Fee: \$7,200.00
Date of Contract: 3/11/24 Amount of Fee: \$7,200.00 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.

- 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



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.qov

pursuant to T.C.A. §§ 2-10-125, 126(d)
1. Name of Filer: (Where Stevens
2. Form Information:
Form Completed By: 🔲 Individual RECEIVING Fee 💢 Individual/Entity PAYING Fee
New Disclosure Form: 🛮 Yes 🔲 No Contract Year: 🔝 つみ Ч
3. Disclosure of Individual Receiving Fee:
Name: Tim Midd Position/orTitle: State Regresentative
Mailing Address: 2904 Islington Drive
City: Mwfrux boro State: TJ Zip Code: 37128
Phone: 615-975-1892 Email: rudd + @ real tracs, con
4. Disclosure of Payor
Name/Entity: 16bert Stevens
Mailing Address: 137 Cauxl Hill Dive
City: Snyra State: N Zip Code: 37167 Phone: 615-948-5238 Email: Stevens robert Oconcast, net
Phone: 615-948-5238 Email: Stevers robert Oconcast net
5. Contract and Compensation:
Date of Contract: 3/11/24 Amount of Fee: 789
Date(s) Services Rendered: March - August 2024
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.

- 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



- AMENDED-

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

pursuant to 1.C. 1.33 2 10 123/120(4)
1. Name of Filer: Tim Rude
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 Rudl Position/or Title: Owner, Stores River Strong
Mailing Address: 2904 Islinstan DC
City: Mustices bars State: Til Zip Code: 37/28
Phone: 615-975-1592 Email: cully freal traction
4. Disclosure of Payor
Name/Entity: Robert Stevens
Mailing Address: 137 Loural Hill Deive
City: Susyono State: Tel Zip Code: 37/67 Phone: 6/5-448-5238 Email: STEVENS-rabet & Comcost. NET
5. Contract and Compensation:
Date of Contract: 3/11/24 Amount of Fee: #7,200
Date(s) Services Rendered: March - August 2024
Description of Services: Compaign 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.
NA

- 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

7-11-24 (Amendal)



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

Name of Filer:
Form Completed By: Individual RECEIVING Fee Individual/Entity PAYING Fee New Disclosure Form: Yes No Contract Year:
New Disclosure Form: A Yes No Contract Year: 2824 Disclosure of Individual Receiving Fee: Name: Time Position/ or Title: Occas, 570165 River 57 Mailing Address: 2704 Isling For Dr City: Musselstone State: The Zip Code: 37128 Phone: 615-975-1592 Email: Cull Present Tooks Form
Disclosure of Individual Receiving Fee: Name: Tim Ruda Position/ or Title: Owner, 5701/25 River 57 Mailing Address: 2904 Isling Dr City: Musselstone State: Tw Zip Code: 37128 Phone: 615-975-1592 Email: Cudd Torrant Tooks Tom
Name: Tim Budd Position/or Title: Owner, States River 57 Mailing Address: 2904 Islington Dr City: Musscalstono State: The Zip Code: 37128 Phone: 615-975-1892 Email: Cudd Torrantons Dom
Mailing Address: 2904 Islington Dr City: Musscalstono State: To Zip Code: 37128 Phone: 615-975-1892 Email: Cudl Torra Trons Dom
City: MUFFRELSLOOD State: TN Zip Code: 37128 Phone: 615-975-1592 Email: Cuddt@realtrors. Dom
Phone: 615-975-15/92 Email: <u>Fuddt@realtrors</u> Dom
Disclosure of Payor
· · · · · · · · · · · · · · · · · · ·
Name/Entity: Not Stwers
Mailing Address: 137 Lawal Hill Dive
City: Smyra State: N Zip Code: 37167
Phone: 615-948-5238 Email: Stevens_robert@concast.net
Contract and Compensation:
Date of Contract: 3/11/24 Amount of Fee: TBO
Date(s) Services Rendered: March - August 2024
Description of Services: <u>Campaign</u> <u>Consulting</u>
Disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure. $\bigcup A$

- 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 Result

Data