

DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance 404 James Robertson Parkway, Suite 104 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. Form Information:
Form Completed By: 🗖 Individual Receiving Fee 🗖 Individual/Entity Paying Fee
New Disclosure Form: Yes No
Form Period: \square 1st Quarter \square 2nd Quarter \square 3rd Quarter \square 4th Quarter
For questions 2. and 3., pursuant to T.C.A. § 2-10-125(a), as revised by Public Chapter 1087 (2022), the filer must disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure: If more space is needed, attach additional pages.
2. Disclosure of Individual Receiving Fee:
Name: Teresa J. Sutton Position/or Title: Legislative assistant
Mailing Address: <u>595 Olbion Cir</u>
City: 6allatin State: TN Zip Code: 37066
Phone: 423-333-2208 Email: ticrimegirl@gmail.com
3. Disclosure of Individual/Entity Paying Fee:
Name/Entity: <u>Rep. Lowell</u> Russell
Mailing Address: 104 Corntassel Shores
City: Vonore State: TN Zip Code: 37885
Phone: 423-836-4302 Email: Lowellrusselle yahoo. Com
Name of Person Submitting Form for Entity: Teresa J. Sutton
4. Contract and Compensation:
Date of Contract: July 4, 2024 Amount of Fee: 400.00
/ ' 1 1 2 2 2 2 2 2 2 2
Date(s) Services Rendered: <u>July 4, 2024</u> Description of Services: <u>drove Vehicle in July 4thisparades</u> , <u>multiple locations</u> , <u>decora</u>
and water
5. 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 mowledge, information and belief.
Signature 7/8/2024 Date
SS-8006 (Rev. 05/22)



DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Tennessee Bureau of Ethics and Campaign Finance 404 James Robertson Parkway, Suite 104 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

1. Form Information:
Form Completed By: 🔲 Individual Receiving Fee 🔛 Individual/Entity Paying Fee
New Disclosure Form: Yes No
Form Period: \square 1st Quarter \square 2nd Quarter \square 3rd Quarter \square 4th Quarter
For questions 2. and 3., pursuant to T.C.A. § 2-10-125(a), as revised by Public Chapter 1087 (2022), the filer must disclose the full name and identity of any person or other entity through which payment flowed to or from the person making the disclosure: If more space is needed, attach additional pages.
2. Disclosure of Individual Receiving Fee:
Name: Teresa J. Sutton Position/or Title: Legislative Assistant
Mailing Address: <u>595 albion Cir.</u>
City: Gallatin State: TN Zip Code: 37066
Phone: 423-333-2208 Email: ticrimegirla amail. com
3. Disclosure of Individual/Entity Paying Fee:
Name/Entity: Kep. Lowell Kussell
Mailing Address: 104 Corntassel Shores
City: State: _T\mathcal{D} _ Zip Code: 3'7885
Phone: 423-836-4302 Email: lowellrusselle yahoo.com
Name of Person Submitting Form for Entity: <u>Teresal</u> . Sutton
4. Contract and Compensation:
Date of Contract: $\frac{\int u \cdot y \cdot 4}{\sqrt{2024}}$ Amount of Fee: $\frac{4400}{\sqrt{90}}$
Date(s) Services Rendered: $\sqrt{u_y u_y} = \sqrt{u_y u_y}$
Description of Services: drove vehicle in July 4th parades, multiple locations, decorations and water.
5. 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.
Lowel Kussell 7/4/2024
Signature