



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 Tim Rudd

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:

Name: Tim Rudd Position/ or Title: State Representative
Mailing Address: 2904 Islington Dr
City: Murfreesboro State: TN Zip Code: 37128
Phone: 615-973-1892 Email: ruddt@nailtracs.com

4. Disclosure of Payor

Name/Entity: Robert Stevens
Mailing Address: 137 Laurel Hill Dr
City: Smithton State: TN Zip Code: 37167
Phone: 615-948-5237 Email: stevens.Robert@comcast.net

5. Contract and Compensation:

Date of Contract: 7/3/26 Amount of Fee: \$750
Date(s) Services Rendered: Before August 5th Primary
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

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

[Signature]

Date

7-3-26



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New Disclosure Form: ☒ Yes ☐ No

Form Period: ☐ 1st Quarter ☐ 2nd Quarter ☒ 3rd Quarter ☐ 4th Quarter

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Phone: 615-975-1892 Email: ruddt@realtracs.com

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Mailing Address: 137 Laurel Hill Drive

City: Smyrna State: TN Zip Code: 37167

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

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Date of Contract: 7/3/26 Amount of Fee: \$750.00

Date(s) Services Rendered: Before August 6 primary

Description of Services: Campaign consulting

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Signature

7/3/26
Date