

## Received December 28, 2022 10:48 PM 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. Name of Filer Tim Rudd (Stones River Stratey's)  |
|---|
| 2. Form Information:  |
| Form Completed By: Individual RECEIVING Fee Individual/Entity PAYING Fee  |
| New Disclosure Form:  |
| Form Period: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter  |
| 3. Disclosure of Individual Receiving Fee:  |
| Name: Jim Rull Position/or Title: States River Stronting &  |
| Mailing Address: 2904 Tolongton Dr  |
| City: MartinesborB State: TN Zip Code: 37/28  |
| Phone: 515-975-1892 Email: RUDDT @ Cantilots Com  |
| 4. Disclosure of Payor  |
| Name/Entity: Robert Stevens   |
| Mailing Address: 137 Laura ( Hall Vo  |
| City: Supress State: The Zip Code: 37167  |
| Phone: 015-948-5738 Email: Stevers_ robert D comcost, NUT   |
| 5. Contract and Compensation:   |
| Date of Contract:Amount of Fee: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |
| Date(s) Services Rendered: 18/3/752   |
| Description of Services:  |
|   |
| 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.  |
|   |
| 7. By my signature below, I attest to the following:  |
| <ul> <li>I understand that, pursuant to T.C.A. §§ 2-10-125 and 126, submitting a Disclosure of Consulting Services<br/>form which contains false information may subject me to the penalties of perjury.</li> </ul> |
| <ul> <li>The information contained in this Disclosure of Consulting Services form is true and correct to the best of<br/>my knowledge, information and belief.</li> </ul>   |
| Signature 12-28-22  Date  |
| Signature: 60000  |

SS-8006 (Rev. 07/22)



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| 1. Form Information:  |  |   |  |  |
|---|--|---|--|--|
| Form Completed By:  | □Individ                                     | ual Receiving Fee   | Mndividual/Entity Pa                               | aying Fee  |
| New Disclosure Form:  | ☐Yes   | □No   |  |  |
| Form Period: 🗆 1st  | Quarter                                      | ☐ 2nd Quarter   | ☐ 3rd Quarter                                      | 4th Quarter  |
| For questions 2. and 3., purs<br>the full name and identity o<br>disclosure: If more space is r | of any person                                | or other entity throug  | sed by Public Chapter 10<br>h which payment flowed | 87 (2022), the filer must disclose<br>to or from the person making the             |
| 2. Disclosure of Individu   |  |   |  |  |
| Name:Tim  | <u>Kndd</u>                                  | Position/ or  | Title:   |  |
| Mailing Address:  |  |   |  |  |
| City:   |  | State:  | _ Zip Code:  |  |
| Phone:  |  | Email:  |  | 441  |
| 3. Disclosure of Individu   |  |   |  |  |
| Name/Entity:  | bert   | Stevens   |  |  |
| Mailing Address:  |  |   |  |  |
| City:   |  | State:  | Zip Code:  |  |
| Phone:  |  | Email:  |  |  |
| Name of Person Submit   | tting Form f                                 | or Entity:  |  |  |
| 4. Contract and Compen  Date of Contract: 8   | sation: $15/3$                               | $\frac{1}{2}$ Amount of   | Fee: \$3,400.                                      | ,00  |
|   |  |   |  |  |
| Description of services.  |  |   |  |  |
| form which co   | hat, pursuar<br>ntains false<br>on contained | nt to T.C.A. §§ 2-10-12:<br>information may subj<br>d in this Disclosure of | ect me to the penalties                            | Disclosure of Consulting Services of perjury. m is true and correct to the best of |
| Signature   |  | D   | ate  |  |



## DISCLOSURE OF CONSULTING SERVICES AND CAMPAIGN SERVICES

Rec. 8/15/2022

Tennessee Bureau of Ethics and Campaign Finance 404 James Robertson Parkway, Suite 104 Nashville, TN 37243 (615) 741-7959

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| 1. Form Informat  | tion:                              |  |                        |                           |   |
|---|------------------------------------|--|------------------------|---------------------------|---|
| Form Completed By: Individual Receiving Fee                           |                                    |  | ual Receiving Fee      |                           |   |
| New Disclosure  | Form:                              | Yes  | □No                    | ☐ Individual/Entity P     | aying Fee   |
| Form Period:  | ☐ 1st                              | Quarter  | ☐ 2nd Quarter          | <b>⊠</b> 3rd Quarter      | Пша   |
| For questions 2. and<br>the full name and id<br>disclosure: If more s | d 3., pur<br>dentity of<br>pace is | suant to T.C.A<br>of any person<br>needed, attac | 1 62 10 120/-1         | 5. AN VENTAGORE           | 4th Quarter  87 (2022), the filer must disclose  to or from the person making the |
| 2. Disclosure of Ir   | dividu                             | al Receiving                                     | Fee:                   |                           |   |
| Name: Tim   | Per                                | 20   | Position/au            | Tu /-                     | River Strategie   |
| Mailing Address   | 2                                  | 104 -  | Islington              | Title: Co Tones           | Tiver Strategie   |
| City: 1 Luc   | tre                                | Shapa  | State: 74              | 7 6 27 27                 |   |
| Phone: 65   | -974                               | 5-150  | Email: R               | DI Presity                | 8   |
| 3. Disclosure of In   | dividuz                            | I/Entity Pay                                     | ing For                | DI ( Colt                 | COCS-COM  |
| Name/Entity:  | RXL                                | - T  | ing ree:               | 1                         |   |
| Mailing Address:  | 13.                                | 7 /  | rel Hilly              | though a                  | F Robert Steve  |
| City: Sym   |                                    | -  | spel Hill              | Dr                        |   |
| Phone: 6/   | 74                                 |  | _ State:               | Zip Code: 37/6            | 37  |
| Name of Person S  | 178                                | -525   | Email: Steve           | ins. Rober                | @ comcost. net  |
|   |                                    |  | Entity:                |                           |   |
| . Contract and Co   |                                    |  |                        |                           |   |
| Date of Contract:   | -0                                 | 15-2   | Amount of Fe           | e: TBD                    |   |
| Date(s) Services R  | endere                             | d: _ /B_   | D                      | 0 180-0                   |   |
| Description of Ser  | vices: _(                          | Sca  | eral Ca                | / erither                 | Print Design  |
| By my signature   | below,                             | attest to th                                     | e followina:           |                           |   |
| <ul> <li>I understa</li> </ul>  | and that                           | , pursuant to                                    | TC A 66 2-10 125 a     | nd 126, submitting a Dis  | sclosure of Consulting Services   |
| <ul> <li>The information</li> </ul>                                   | nation o                           | contained in<br>oformation a                     | this Disclosure of Cor | nsulting Services form is | true and correct to the best of   |
| Signature   | RI                                 | of   | Date                   | 14-27                     |   |

SS-8006 (Rev. 05/22)

Rec. 8/15/2022



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| 1. 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  |
| 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: Tim Rude Position/ or Title Cotone o Raver Strategies   |
| Mailing Address: 2904 Jolinaton Dr  |
| City: Mur Freesborn State: TN Zip Code: 37128   |
| Phone: 615-975-1892 Email: BJDD, Occoltrocs. Com  |
| 3. Disclosure of Individual/Entity Paying Fee:  |
| Name/Entity: Robert Stevens / Friends of Robert Steven  |
| Mailing Address: 137 Love of Hill De  |
| City: Survivo State: TN Zip Code: 37/67   |
| Phone: 615-948-5238 Email: Stevens-CobeA & Comount- No  |
| Name of Person Submitting Form for Entity:  |
| 4. Contract and Compensation:   |
| Date of Contract: 8/15/22 Amount of Fee: TBP  |
| Date(s) Services Rendered: TBD  |
| Description of Services: General Consulting / Print Design  |
| 5. By my signature below, I attest to the following:  |
| <ul> <li>I understand that, pursuant to T.C.A. §§ 2-10-125 and 126, submitting a Disclosure of Consulting Services<br/>form which contains false information may subject me to the penalties of perjury.</li> </ul>   |
| <ul> <li>The information contained in this Disclosure of Consulting Services form is true and correct to the best of<br/>my knowledge, information and belief.</li> </ul>   |
| Signature S/4/22  |

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