



# 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 Teresa J. Sutton

## 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: Early Year End Supplemental  
Name: Teresa J. Sutton Position/ or Title: Legislative Assistant  
Mailing Address: 595 Albion Circle  
City: Gallatin State: TN Zip Code: 37066  
Phone: 423-333-2208 Email: tjcrimgirl@gmail.com

## 4. Disclosure of Payor

Name/Entity: Lowell Russell, state Representative  
Mailing Address: 104 Corntassel Shores  
City: Vonore State: TN Zip Code: 37885  
Phone: 423-836-4302 Email: lowellrussell@yahoo.com

## 5. Contract and Compensation:

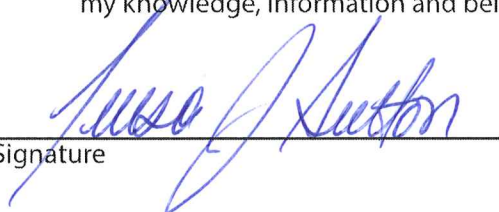
Date of Contract: 12/8/23 Amount of Fee: \$ 650.00  
Date(s) Services Rendered: 12/9/23  
Description of Services: Organizing volunteers and driving with Rep. Russell at several parades in his district

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

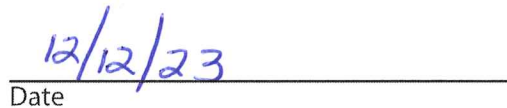
**7. By my signature below, I attest to the following:**

- 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

A handwritten signature in blue ink, appearing to read "Susan J. Sutton", written over a horizontal line.

Date

A handwritten date "12/12/23" in blue ink, written over a horizontal line.



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1. Name of Filer Teresa J. Sutton

## 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: Early Year End Supplemental

Name: Teresa J. Sutton Position/ or Title: Legislative Assistant

Mailing Address: 595 Albion Circle

City: Gallatin State: TN Zip Code: 37885

Phone: 423-333-2208 Email: tjcrimegirl@gmail.com

## 4. Disclosure of Payor

Name/Entity: Lowell Russell, State Representative

Mailing Address: 104 Courtassel Shores

City: Vonore State: TN Zip Code: 37885

Phone: 423-836-4302 Email: lowellrussell@yahoo.com

## 5. Contract and Compensation:

Date of Contract: 12/8/23 Amount of Fee: \$1650.00

Date(s) Services Rendered: 12/9/23

Description of Services: Organizing volunteers and driving with Rep. Russell at several parades in his district.

## 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.

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\_\_\_\_\_  
\_\_\_\_\_

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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.

*Lowell Russell*

Signature

*12/12/23*

Date