

## 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:			4	
Form Completed By:	Individu	ual Receiving Fee	☐ Individual/Entity Pa	aying Fee
New Disclosure Form:	Yes	□No		
Form Period: 1	st Quarter	☐ 2nd Quarter	🔀 3rd Quarter	4th Quarter
	of any person	or other entity through		87 (2022), the filer must disclose I to or from the person making the
2. Disclosure of Individ				
Name: Tim	Rudd	Position/ or 7	Title: Stones	River STRATESIES
Mailing Address: 2		0		
			Zip Code: 37 (	
Phone: 61597:	5-1896	L Email: RUD	DI Great	tracs.com
3. Disclosure of Individ	ual/Entity Pa	ying Fee:	1 .	
Name/Entity:	sprase	OF Dan	in white	
Mailing Address:	522 1	Ziverview	Dr	
City: MU-SE	ceshore	State:	Zip Code: 37/7	29
Phone: 615-901	1-1665	Email:	15 QVOTED	maj. Com
Name of Person Subm	nitting Form fo	r Entity:	300	
4. Contract and Compe			,	
Date of Contract:	9-15-22	Amount of F	ee: \$3,000 oc	10
Date(s) Services Rend	ered: <u>9</u> -	5-22 - 1	1-8-22	
Description of Service	es: Ger	repar (Con	mooden Se	over Print &
-1 1	_	colvies	1 )	
5. By my signature bel	ow, I attest to	the following:		
			and 126, submitting a ct me to the penalties	Disclosure of Consulting Services of perjury.
	ion contained ge, information		onsulting Services forr	n is true and correct to the best of
Signature	los		9-18-25 te	2-



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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 Rudd Position/or Title: (Iba Stores River Strakgier)					
Mailing Address: 2904 Islington Or.					
City: Mwfreyboro State: TN Zip Code: 37128					
Phone: 615-975-1892 Email: RUDDT@ real tracs.com					
3. Disclosure of Individual/Entity Paying Fee:					
Name/Entity: Friends of Dawn White					
Mailing Address: 1522 Riverview Dr.					
City: Mufreesboro State: 7N Zip Code: 37129					
Phone: 615-900-1665 Email: dam @ vokedam.com					
Name of Person Submitting Form for Entity: White					
4. Contract and Compensation:					
Date of Contract: 4/15/2022 Amount of Fee: \$3,000.00					
Date(s) Services Rendered: 9/15/2002 - 11/8/2002					
Description of Services: Geral campain consulting / print and mail					
des in services					
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 form which contains false information may subject me to the penalties of perjury.</li> </ul>					
The information contained in this Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.					
Signature 9/18/2022  Date					