CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4-23-2022	2.a. NAME OF CANDIDA	^		1
	Brent Djer	Tor Com	missioner	
2.b. IF COMMITTEE, NAME OF CANDIDATE	•		3. ELECTION DATE	
Brent N. Dyen Sr.			5-3-202	2
4.a. CAMPAIGN ADDRESS AND PHONE			· · · · · · · · · · · · · · · · · · ·	
Street or Rural Route	City O	State	Zip Code	Phone
252 S. Ray Rd.	Vortland	てん	37148	615 440
4.b. CANDIDATE'S HOME ADDRESS (if differer	nt than 4.a.)			
Street or Rural Route	City	State	Zip Code	Phone
(Same)				
5. OFFICE SOUGHT (include district number,	if applicable) 6.	NAME OF BOUTION	L TREASURER (may be	o agadidata)
			• •	e candidate)
County Commissioner - District	HT K	eith Doug	les	
7. CATEGORY OR REPORT (Check one)				_
FIRST SECOND THIRD	FOURTH PRI	- PRE-	☐ MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER			SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD		ENDING DATE OF REF	PORTING PERIOD	OUT I MARTILITY (FILE
4-1-2022		4-23-2		
		1-25-2	Vy J	
9. (Check one)				
 b. This campaign is required to file a deand/or expenditures total more than 		ecause contributions	(including in-kind) recei	veg lotal more than \$1,000
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate 11. WITNESS SIGNATURE	information contained in this ions and expenditures requi e swear or affirm that no cam	campaign financial of the tobe reported by the federal interrupts.	the candidate committe have been expended for	e by the Campaign
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate 11. WITNESS SIGNATURE signature of witness	information contained in this ions and expenditures requi e swear or affirm that no cam	campaign financial of red to be reported by a region contributions he do by the federal interressignature	the candidate committed ave been expended for all revenue code.	e by the Campaign the personal financial
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate 11. WITNESS SIGNATURE signature of witness 12. SUMMARY	information contained in this ions and expenditures requires swear or affirm that no car on political purpose as defined date	campaign financial of red to be reported by a region contributions he do by the federal interressignature	the candidate committee have been expended for hal revenue code. The of political treasurer and the committee of political treasurer and the committee of political treasurer.	e by the Campaign the personal financial
10. I/we do soiemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate 11. WITNESS SIGNATURE signature of witness	information contained in this ions and expenditures requires swear or affirm that no car expolitical purpose as defined date	s campaign financial of red to be reported by inpaign contributions he do by the federal interresting signature.	the candidate committee have been expended for hal revenue code. The of political treasurer and the committee of political treasurer and the committee of political treasurer.	e by the Campaign the personal financial
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate 11. WITNESS SIGNATURE 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD	information contained in this ions and expenditures requires swear or affirm that no car on political purpose as defined date. 4.33.33 date FILE	campaign financial of red to be reported by spaign contributions he do by the federal interresting signature.	the candidate committee have been expended for hal revenue code. The of political treasurer and the committee of political treasurer and the committee of political treasurer.	e by the Campaign the personal financial
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate 11. WITNESS SIGNATURE signature of witness 12. SUMMARY a. BALANCE ON HAND LAST REPORT	information contained in this ions and expenditures requires swear or affirm that no car on political purpose as defined date. 4.33.33 date FILE	campaign financial of red to be reported by spaign contributions he do by the federal interresting signature.	the candidate committee have been expended for hal revenue code. The of political treasurer and the committee of political treasurer and the committee of political treasurer.	the personal financial #25-22 date #23-23 date #250-2
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate 11. WITNESS SIGNATURE 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD	information contained in this ions and expenditures requires swear or affirm that no car on political purpose as defined date. 4.33.33 date FILE	campaign financial of red to be reported by inpaign contributions he down the federal interrest signature signature.	the candidate committee have been expended for hal revenue code. The of political treasurer and the committee of political treasurer and the committee of political treasurer.	e by the Campaign the personal financial
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate 11. WITNESS SIGNATURE 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD	information contained in this ions and expenditures requires swear or affirm that no car on political purpose as defined date. 4.33.33 date FILE AM APR 2 6 minus 12.c.) SUMNER C	campaign financial of red to be reported by inpaign contributions he do by the federal interresting signature signature. PM 2022 OUNTY	the candidate committee have been expended for hal revenue code. The of political treasurer and the committee of political treasurer and the committee of political treasurer.	the personal financial #25-22 date #23-23 date #250-2



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 REPORT COV	ERING THE PERIOD
Brent Dee to Commissioner	FROM: 4/1/22	TO: 4/23/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	_	
a. Uniternized Contributions (\$100 or less from each source this period)	\$	
b. Itemized Contributions (over \$100 from each source this period)	\$ 25000	<u>-</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		s 250°
16. LOANS RECEIVED THIS REPORTING PERIOD	***************************************	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD		
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		s 250°
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postage	, gasoline)
\$		
1 (N) (S) \$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
Total of Expenditures (\$100 or less each payee)	\$	
b. Itemized Expenditures (Over \$100 each payee this period)	\$	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$
20. LOAN REPAYMENTS MADE THIS PERIOD		\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.	b.)	\$
23. OBLIGATIONS	1~	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$\$	- 8
TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	em 12.f.)	s

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	=	2		NG THE PERIOD
Brent Dyer for C	omnissiones		FROM: 4/1/22	TO: 4/33/22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FROM PRECEDING PAG	E (enter \$0 if first itemized p	age)	\$25000
4. COMPLETE THE APPROPRIATE ITEMS FOR EA				
1 1	fiddle Name	Contribution Received For	<u> </u>	Amount of Contribution
Last Name/Organization Name	70,	Primary Election	General Election	1250=
Address office 555 Horanile Ple.	Orivate residence	Runoff (Local Election	ns Only)	
Galleta TV 37066	·····			A asks This Ed. C
city Nashville	State Zip Code 37210	Date of Contribution		Aggregate This Election
Occupation Physician (MD Employer Survey Regional Med	s)	4-10-201	7	
Employer Sure Regional Med	eral Center			:
	Y	Contribution Received	or'	Amount of Contribution
First Name	Middle Name			Autour of Contributor
Last Name/Organization Name		Primary Election	General Election	
Address		Runoff (Local Election	ns Only)	
City	State Zip Code	Date of Contribution		Aggregate This Election
Occupation		†		
Employer	<u> </u>	-		
First Name	Middle Name	Contribution Received	For:	Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	
		Runoff (Local Electi	0-14	
Address				
			ons Only)	
City	State Zip Gode	Date of Contribution	ens Only)	Aggregate This Election
Occupation	State Zip-Gode		ons Only)	Aggregate This Election
	State Zip-Gode		ons Only)	Aggregate This Election
Occupation		Date of Contribution		
Occupation	State Zip Code Middle Name	Date of Contribution Contribution Received For	or.	Aggregate This Election Amount of Contribution
Occupation Employer		Date of Contribution Contribution Received For		
Occupation Employer First Name		Date of Contribution Contribution Received For	or: □ General Election	
Occupation Employer First Name Last Name/Organization Name		Date of Contribution Contribution Received For Primary Election	or: □ General Election	
Occupation Employer First Name Last Name/Organization Name Address	Middle Name	Date of Contribution Contribution Received For Primary Election Runoff (Local Election	or: □ General Election	Amount of Contribution
Occupation Employer First Name Last Name/Organization Name Address City	Middle Name	Date of Contribution Contribution Received For Primary Election Runoff (Local Election	or: □ General Election	Amount of Contribution
Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Name State Zip Code as of this form are used.)	Date of Contribution Contribution Received For Primary Election Runoff (Local Election	or: □ General Election	Amount of Contribution

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE O	R COMMITTEE		2 REPORT GOVE FROM: 4/1/2	ERING THE PERIOD /
/	•			Amount
			GE (enter \$0 if first itemized page) RIBUTION (in-kind contributions totaling more than \$100 from any	y contributor during the nerice!
				Value of In-Kind Contribution
First Name	Middle Na	me	In-Kind Contribution Received For: Primary Election General Election	value of in-King Contribution
Last Name/Organization Name			Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	· · · · · · · · · · · · · · · · · · ·
Occupation	Employer	<u>, I </u>		
	. <u> </u>			
First Name	Middle Na	ame	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections Only)	0
Address			Date of in-Kind Contribution	Aggregate this Election
	lou-	7in Codo	Description of In-Kind Contribution	
City	State	Zip Code	Description of the Mile Contribution	
Occupation	Employer			
First Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			Primary Election General Election	
-	· · · · · · · · · · · · · · · · · · ·	<u>,, "</u>	Runoff (Local Elections Only)	Agency to this Thestine
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
	and die 14		Primary Election General Election	/ X
Last Name/Organization Name			Runoff (Local Elections Only)	
Address		_	Date of In-Kind Contribution	Aggregate this Election
City	State	Zíp Code	Description of In-Kind Contribution	
Occupation	Employer	.		
First Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			Primary Election General Election	X
Address			Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election
		77.0		riggiogate and Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
5. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS			
(Carry forward to item 3, of next pa (If this is the last page of in-kind co	ge if additional pages of this for		nmary.)	
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMM				ORT COVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXP 4. COMPLETE THE APPROPRIATE ITEM	ENDITURES FRO		<u> </u>	Amount
First Name	Middle Na		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	<u> </u>	··		
Address				
City	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	<u> </u>	-		\mathcal{X}
Address		,		
City	State	Zip Code		
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		1 4
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				$\setminus X$
City	State	Zip Code		
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zìp Code		1 4
First Name	Middle Na	amė	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
TOTAL ITEMIZED EXPENDITU (Carry forward to item 3. of next page if add (If this is the last page of expenditures, this	itional pages of this form	n are used.) in item 19b. of summa)	у,)	0

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE	Ver to	~ (on	vissione	2			FROM:	בכאו	_	TO: 4	23/22
. COMPLETE THE APPR	,					ore than \$100 fr	om any s	ource durir		od)	7	00 10
complete the Following for the	Source of the Loan											
irst Name	Middle Na	me	(Outstanding Loan (Beginning of Pe		Loans Received	E	Loan Paymen	ts			Loan Balance Period)
ast Name/Organization Name												
ddress				Loan Received F	or:			Da	ate of Loar	1		
Dity	State	Zip Code		☐ Primary Ele		General E	Election					
	List Ali Endo	orsers or Guar	rantors for	r Above Loan (I			nlease a	ttach a p	age)			
irst Name	EBC/W ENG	Middle Nam			irst Name		p-10-10-1		-3-7	Middle (Name	
ast Name/Organization Name				La	st Name/Or	ganization Name	е					
Address	 			Ac	Idress							
			Marketon Company of the Company of t	No. of Proceedings of the Process of								
City		State	Zip Coo	de Ci	ity					State		Zip Code
rmount Guaranteed Outstanding				Ar	nount Guara	anteed Outstand	ing					
First Name		Middle Nan	me	Fi	rst Name					Middle	Name	
ast Name/Organization Name				LE	ast Name/O	ganization Nam	e					
Address				A	ddress							•
City		State	Zip Co	ode (City					State		Zip Code
Amount Guaranteed Outstanding		· · · · · · · · · · · · · · · · · · ·		Aı	mount Guar	anteed Outstand	ling			•		
First Name		Middle Nar	те	F	irst Name		·		!	Middle	e Name	
Last Name/Organization Name				La	ast Name/O	rganization Nam	16	•		<u>. 1</u>		
Address				A	ddress	The second second second						
City		State	Zip Co	ode C	iity					State		Zip Code
Arnount Guaranteed Outstanding		<u> </u>	!	A	mount Guar	anteed Outstand	ding			1		
First Name	· · · · · · · · · · · · · · · · · · ·	Middle Na	me	F	irst Name		" -			Middle	Name	
Last Name/Organization Name					ast Name/O	rganization Nam	1e					
Address		·		A	ddress							
City		State	— Zip C o	ode C	City					State		Zip Code
Amount Guaranteed Outstanding			1	A	mount Guar	anteed Outstand	ding					<u> </u>
4. Totals for all Loans (com (Total loans received should also				C		Loan Balance of Period)	Loa	ins eived	Loa Paym		Outs	tanding Loan Balance (End of Period)
(Total loan payments should also				ļ-		,			,		\vdash	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OF COMMIT	TEE C = C = 2	canol -	2. REPORT/CDV		RIOD/
3. COMPLETE THE APPROPRIATE ITS OBLIGATION (obligations totaling mo	EMS FOR EACH ITEMIZED	Outstanding Balance	FROM: 4/1/2 Debt Incurred	Payments	Outstanding Balance
OBLIGATION (obligations totaling mo person/vendor at the end of the repor	re than \$100 owed to any ting period)	(Beginning of Period)	This Period	This Period	(End of Period)
First Name	Middle Name				
ast Name/Business Name	<u> </u>	<u> </u>			
ddress					
City	State Zip Gode				
Description of Obligation		1		<u> </u>	
First Name	Middle Name				
ast Name/Business Name	1	_			
ddress					
City	State Zip Gode				
Description of Obligation			1	<u> </u>	
First Name	Middle Name	1		 	
ast Name/Business Name					
ddress		_			
City	State Zip Code				
Description of Obligation					
	1		1	T	
First Name	Middle Name				,
Last Name/Business Name					
Address			,		
City	Slate Zip Code		<u>.</u> .		
Description of Obligation		· =			
First Name	Middle Name				
ast Name/Business Name					
Address					
City	Stafe Zip Code				
Description of Obligation					
4. TOTALS (Total from Outstanding Balance - (End of P	eriod) column must also be shown	-			-0
in item 23b. on summary page.)	chooy bolumin must also be snown				
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