





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
Brent Dyer for Commissioner				FROM: 1-16-22	TO: 4-4-22 <del>3-31-22</del>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Gravis & Rhonda		Middle Name Elaine/Com		Contribution Received For:	
Last Name/Organization Name Birdwell				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 2702 Hwy 76				<input type="checkbox"/> Runoff (Local Elections Only)	
City Portland	State TN	Zip Code 37148		Date of Contribution 2-5-22	Amount of Contribution \$1,600 <sup>00</sup>
Occupation retired				Aggregate This Election	
Employer retired from self employment				/	
First Name John		Middle Name M.		Contribution Received For:	
Last Name/Organization Name Poss				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 396 Brazier Ln.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Gallatin	State TN	Zip Code 37066		Date of Contribution 3-12-22	Amount of Contribution \$500 <sup>00</sup>
Occupation Battalion Chief - Paramedic				Aggregate This Election	
Employer Sumner County EMS				/	
First Name Brent		Middle Name N.		Contribution Received For:	
Last Name/Organization Name Dyer				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 252 S. Ray Rd.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Portland	State TN	Zip Code 37148		Date of Contribution 3-3-22	Amount of Contribution \$1000 <sup>00</sup>
Occupation Paramedic Training Officer				Aggregate This Election	
Employer Sumner County EMS				/	
First Name Brent		Middle Name N.		Contribution Received For:	
Last Name/Organization Name Dyer				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 252 S. Ray Rd.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Portland	State TN	Zip Code 37148		Date of Contribution	Amount of Contribution \$500 <sup>00</sup>
Occupation Paramedic Training Officer				Aggregate This Election	
Employer Sumner County EMS				/	
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$3,600 <sup>00</sup>

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Brent Dyer for Commissioner</i>				2. REPORT COVERING THE PERIOD FROM: <i>1-16-22</i> TO: <i>3-31-22</i>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS							
(Carry forward to Item 3. of next page if additional pages of this form are used.)							
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					<i>0</i>		

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Brant Dyer for Commissioner</i>				2. REPORT COVERING THE PERIOD	
				FROM: <i>1-16-02</i>	TO: <i>3-31-02</i>
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <i>Vistaprint.com</i>		order of signs, door hangers, pushcards, business cards, pens		\$1,240. <sup>03</sup>	
Address <i>170 Data Dr.</i>		Date <i>2-16-02</i>			
City <i>Waltham</i>	State <i>MA</i>	Zip Code <i>02451</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <i>Barnes.com</i>		Large signs		285. <sup>16</sup>	
Address <i>14 Central Avenue</i>		Date <i>3-25-02</i>			
City <i>Kensington</i>	State <i>MN</i>	Zip Code <i>56343</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <i>Vistaprint.com</i>		order of signs x100 yard signs		\$554. <sup>44</sup>	
Address <i>170 Data Drive</i>		Date <i>3-19-02</i>			
City <i>Waltham</i>	State <i>MA</i>	Zip Code <i>02451</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <i>Mr. Signman</i>		Large signs		\$387. <sup>84</sup>	
Address <i>129 Commerce Drive</i>		Date <i>4-1-02</i>			
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <i>Vistaprint.com</i>		mailout postcards		\$452. <sup>96</sup>	
Address <i>170 Data Drive</i>		Date <i>4-3-02</i>			
City <i>Waltham</i>	State <i>MA</i>	Zip Code <i>02451</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <i>Sign Outfitters</i>		Sign holders x100		\$123. <sup>41</sup>	
Address <i>4176 6<sup>th</sup> St.</i>		Date <i>3-19-02</i>			
City <i>Wyanadott</i>	State <i>MI</i>	Zip Code <i>48192</i>			
5. TOTAL ITEMIZED EXPENDITURES				\$3,043. <sup>84</sup>	
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Brent Dyer for Commissioner</i>				2. REPORT COVERING THE PERIOD FROM: <i>1-16-02</i> TO: <i>3-31-02</i>					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				Address				Date of Loan	
City		State	Zip Code		Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)				
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
				<i>0</i>		<i>0</i>	<i>0</i>	<i>0</i>	



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Brent A. Dyer for Commissioner</i>				FROM: <i>1-16-22</i>		TO: <i>3-31-22</i>	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS				<del>0</del>	<del>0</del>	<del>0</del>	<del>0</del>
<small>(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)</small>							