# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

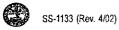
For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE O	DR COMMITTEE		
1/19/22	DILLON	LAMBER	TH	
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	13/22
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 570 APLIN BR RD	COTTON TOWN	State 7N	Zip Code 37048	Phone (d.5 108-Sidez
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	nt than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	1	E OF POLITICAL	TREASURER (may be	
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD  QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD		PRE- GENERAL JING DATE OF REPO	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7/1/21	o.p. ENL	1/15/2		
9. (Check one)  a.	orting period. (Complete items etailed financial disclosure becat	12d., 12e. and 12f.)		
I/we do solemnly swear or affirm that the in accurate accounting of campaign contributing Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not the candidate or for any other not the candidate.	ons and expenditures required to swear or affirm that no campaign political purpose as defined by	to be reported by the	e candidate committee /e been expended for t	by the Campaign
signature of candidate	1-19-22 date	signature	political treasurer	/-/1-22 date
11. WITNESS SIGNATURE		<u> </u>	$\cap$	
Musual Value of witness	1/19/2022 date	BN4444 signar	ture of witness	1-19-22 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			.\$ <u>N/A</u>	
b. TOTAL RECEIPTS THIS PERIOD			.\$ 2,250	
c. TOTAL DISBURSEMENTS THIS PERIOD			.\$	
d. BALANCE ON HAND (12.a. plus 12.b. r	minus 12.c.)			1250-
e. TOTAL LOANS OUTSTANDING				
f. TOTAL OBLIGATIONS OUTSTANDING				



### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. [	REPORT COVE	RING THE PERIOD
DILLON TAMBERTH	FROI	V: 7/1/21	TO: 1/15/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		_	
a. Unitemized Contributions (\$100 or less from each source this period)	\$	250-	_
b. Itemized Contributions (over \$100 from each source this period)	\$	2000-	_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)			\$
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.)			\$ 2250-
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., pri	nting, postage,	gasoline)
\$			
\$			
\$			
	<del></del> -		
<u> </u>			
*			
<u> </u>			
\$	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	~~~		
Total of Expenditures (\$100 or less each payee)	\$	Ø	
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)	\$		<del></del>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	o.)		\$
23. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	<u> </u>	<del>_</del>
b. Itemized Obligations Outstanding (Over \$100 each)	\$		_
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iten	n 12.f.)	·	\$



### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE		2	REPORT COVERI	NG THE PERIOD			
DICLON LAMB	e k th		FROM: 7/1/21	TO: 1/15/22			
			77	Amount			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI		<del></del>					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
13 rent	diddle Name	Contribution Received For		Amount of Contribution			
Last Name/Organization Name  As Ivan KS		Primary Election	General Election	500-			
Address 2057 Hwy 52E		Runoff (Local Election	ns Only)				
	Sigle 7N Zip Code 37 148	Date of Contribution		Aggregate This Election			
Occupation Contractor		12/02/00		500			
F		12/30/21		500			
Self							
First Name	Middle Name	Contribution Received F	or:	Amount of Contribution			
Last Name/Organization Name	J	Primary Election	General Election	500-			
Whiteer Address Po Box 453	<del> </del>	Runoff (Local Electio	ns Only)	500			
City 2-16.1	State Zip Code 37/48	Date of Contribution	<del>,, , , , , , , , , , , , , , , , , , ,</del>	Aggregate This Election			
Occupation 72.1.	37/18	12/2/2					
Employer Retired  Entryloger Retired		12/3/21		500-			
Ketived							
First Name	Middle Name	Contribution Received F	or:	Amount of Contribution			
Last Name/Organization/Name		Primary Election	General Election	4.00-			
Address		Runoff (Local Electio	ns Only)	100			
Address 215 Lamberth Pd			na only)				
Cotton town	State Zip Code 37048	Date of Contribution	_	Aggregate This Election			
Occupation Retired		1/5/22		1.00-			
Employer Retived		1-10-					
	Middle Name	Contribution Received For		Amount of Contribution			
Steven + Kelly	Aucold (Agilia		_	MINUSHIC DI CONTROUTION			
Last Name/Organization Name		Primary Election	General Election	Lan-			
Address 159 W Harper To	Runoff (Local Election	ns Only)	700				
City Portland	State 7 Zip Code 7/48	Date of Contribution		Aggregate This Election			
Occupation		1/10/	_	500-			
Employer		1/13/2	2				
	<del></del>	<del></del>		<del>                                     </del>			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages)				1700-			
(If this is the last page of contributions, this amount must	pe snewn in item 15b. of summary.)						

### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					RING THE PERIOD
DILLON LA	FROM:7/1/21	TO: V15/22			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT					Amount 700-
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED CONTRIBUTION		100 from any contributor	)
First Name Robert	Middle Nam	ne	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name Pospisil Jr			Primary Election	300-	
Address 178 Ever Mace	Idress 178 Ever Mace				
City Herdersonville	State	Zip Code 37 075	Date of Contribution	Aggregate This Election	
Occupation Potred		1/13/22		2 1777-	
City Hendersonville  Occupation Retired  Employer Retired			113/62		300-
First Name	Middle Nar	ne	Contribution Received For	; ;	Amount of Contribution
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		<u></u>	†		
Employer	<del>-</del> .		-		
First Name	Middle Nam	e	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name		·	Primary Election	General Election	
Address					
Address			Runoff (Local Election	ns Only)	
Address	State	Zip Code	Runoff (Local Election	ns Only)	Aggregate This Election
	State	Zip Code		is Only)	Aggregate This Election
City	State	Zip Code		is Only)	Aggregate This Election
City	State  Middle Nam			is Only)	Aggregate This Election  Amount of Contribution
City  Occupation  Employer	<u> </u>		Date of Contribution  Contribution Received For:	S Only)  General Election	
City  Occupation  Employer  First Name	<u> </u>		Date of Contribution  Contribution Received For:	General Election	
City  Occupation  Employer  First Name  Last Name/Organization Name	<u> </u>		Date of Contribution  Contribution Received For:	General Election	
City  Occupation  Employer  First Name  Last Name/Organization Name  Address	Middle Nam	ie .	Date of Contribution  Contribution Received For:  Primary Election	General Election	Amount of Contribution
City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	Middle Nam	ie .	Date of Contribution  Contribution Received For:  Primary Election	General Election	Amount of Contribution

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE		2. REPORT COVERING THE PERIOD				
					FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CON	ITDIRI (TIA)	IG EDOM	PRECEDING DAGE	Contar \$0 if first itemized peak	2)	Amount	
COMPLETE THE APPROPRIATE IT						antributor during the period\	
	EMOT ON E		•	1		1	
First Name		Middle Nar	ne	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name		1		1 _			
Address		<del> </del>		Runoff (Local Election	ns Only)		
Address	1.			Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		<del> </del>	
Occupation	Employer	1	1	$\dashv$			
\\	11		$\parallel \setminus$				
First Name	<del>' \                                   </del>	Middle Nar	nd \	In-Kind Contribution Receive	d For	Value of In-Kind Contribution	
	$\leftarrow$	Wildele Ha		_	General Election	Value of In-Info Contribution	
Last Name/Organization Name			11	Runoff (Local Election	ns Only)		
Address	•	<del></del>	-11	Date of In-Kind Contribution	ns only)	Aggregate this Election	
		J • • • • • • • • • • • • • • • • • • •	V			7.99.09518 1110 E16518017	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Occupation Employer						
First Name	irst Name Middle Name				d For:	Value of In-Kind Contribution	
Lock Name (America) and America				Primary Election	General Election		
Last Name/Organization Name				Runoff (Local Election	ns Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
	<b>-</b>	0.0.0	2.5 0000	Description of in-Aird Contribution			
Occupation	Employer						
						<u> </u>	
First Name		Middle Nan	пе	In-Kind Contribution Receive		Value of In-Kind Contribution	
Last Name/Organization Name		<u> </u>		Primary Election	General Election		
				Runoff (Local Election	ns Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		<u> </u>	
Occupation	Employer	<u> </u>	<u> </u>	_			
	,J-·						
First Name		Middle Nam		In-Kind Contribution Receive	od Con	Natura et la 16 de 20 de 12 de	
		WIDDLE NAM		Primary Election		Value of In-Kind Contribution	
Last Name/Organization Name			,	Runoff (Local Election	_		
Address				Date of In-Kind Contribution	is Offiy)	Aggregate this Election	
						Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer			7			
TOTAL ITEMIZED IN-KIND COM     Computerward to item 3 of pour agent in a							
(Carry forward to item 3, of next page if ac (If this is the last page of in-kind contributi	ons, this amour	of this form ar it must be sho	re used.) own in item 22b. of summa	ary.)			
SS-1128 (Rev. 2/06)			<del></del>	Pag	e of	RDA 1159	

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER		
			FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	IRES FROM PRECED	DING PAGE (enter \$0 if first itemized page)	age)	Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR E				iod)	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>				
Address					
City	State Zip Gode	<del></del>			
First Name	Middle Name	Purpose of Expenditure	· · · · · · · · · · · · · · · · · · ·	Amount of Expenditure	
Last Name/Business Name					
Address		X			
City	State Zip Cod				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<del>                                      </del>				
Address					
City	State Zip Code				
First Name	Middle Name	Purpose of Expenditure	<del></del>	Amount of Expenditure	
Last Name/Business Name					
Address	· · · · · · · · · · · · · · · · · · ·				
City	State Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<del></del>				
Address					
City	State Zip Code				
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional pages     (If this is the last page of expenditures, this amount mus	of this form are used.) t be shown in item 19b. of sui	mmary.)			

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### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE					2.	2. REPORT COVERING THE PERIOD						
									ROM:		TO:	
3. COMPLETE THE APPROPRIATE IT	EMS FO	R EACH IT	EMIZ	ED LO	AN (	oans totaling n	nore than \$10	0 from any source	e during the pe	riod)		
Complete the Following for the Source of the	Loan							•				
First Name Mid	idle Name					oan Balance of Period)	Loans Receive		Loan yments	Outs	tanding Lo (End of P	oan Balance Period)
Last Name/Organization Name												
Address		•		Loan R			☐ Genera	al Election	Date of Loa	an		
ity State Zip Code Primary					Local Elections		ar Elecatori			.,,		
ListAl	l Endorse	ers or Guara	ntors fo	or Above	Loai	n (If more spa	ace is neede	d please attac	n a page)			
First Name		Middle Name				First Name				Middle	Name	
Last Name/Organization Name				1	Λ	Last Name/Or	ganization Na	me			·	
Address						Address						-
City		State	Zip C	ode		ðų,				State	Zi	ip Code
Amount Guaranteed Outstanding	1			. 1		Amount Guara	inteed Outstai	nding				
First Name Middle Name						First Name Middle Name						
Last Name/Organization Name					1	Last Name/Organization Name						
Address						Address						
City		State	Zip\C	ode		City			Zi	ip Code		
Amount Guaranteed Outstanding						Amount Guara	inteed Outstar	nding				
First Name		Middle Name				First Name Middle Name					,	
Last Name/Organization Name						Last Name/Organization Name						
Address		*************				Address						
City		State	Zip Č	ode		City			<del> </del>	State	Ž	Zip Code
Amount Guaranteed Outstanding			<b></b>			Amount Guaranteed Outstanding						
First Name		Middle Name				First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name							
Address					Address							
City		State	Zip Co	ode		City		***************************************		State	Zi	ip Code
Amount Guaranteed Outstanding	Ļ		L			Amount Guara	nteed Outstar	nding		1		<del></del>
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 Li (Beginning		Loans Received	Los Paym			ding Loan Balance nd of Period)



### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
<ol> <li>COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person/vendor.)</li> </ol>	\$100 ow		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				
Last Name/Business Name			-			
Address			-			
City	State	Zip Code	1			
Description of Obligation	L	<u> </u>	1	}	<u> </u>	1
First Name	Middle Na	me				
Last Name/Business Name	l		1 ^			
Address			1 1/ \			
City	State	Zip Code	1    \			
Description of Obligation	<u>.</u>			<del>!</del>		<del>,                                    </del>
First Name	Middle Na	me				
Last Name/Business Name	ackslash					
Address	eg	1	1 1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>	<del></del>	1			
Address						
City	State	Zip Code	1			
Description of Obligation		<u> </u>	, , , , , , , , , , , , , ,	<u> </u>	<u> </u>	1
First Name	Middle Na	me				
Last Name/Business Name			-			
Address		<del></del>	1			
City	State	Zip Code				
Description of Obligation		<u> </u>	<u> </u>	<b>L</b>	L	.1
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn mus	at also be shown				

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