



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees



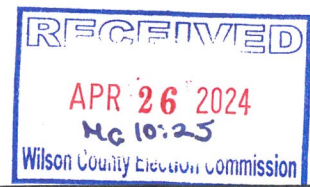
1. Date: 4/25/2024 2.a. Candidate or Committee Name: DERRICK HAMMOND FOR ASSESSOR
- 2.b. If Committee, Name of Candidate: DERRICK HAMMOND FOR ASSESSOR 3. Election Date: 8/1/2024
4. Campaign Address: P.O. Box 981
- City: MT JULIET State: TN Zip Code: 37121 Phone: _____
5. Candidate Home Address: 504 WOODLAND CT
- City: MT JULIET State: TN Zip Code: 37122 Phone: 615-732-9815
- Candidate Email Address: DERRICK4WILSONCOASSESSOR@GMAIL.COM
6. Office Sought: (include district number, if applicable) WILSON COUNTY ASSESSOR OF PROPERTY
7. Name of Political Treasurer (may be candidate): JOHN CODY CPA
- Political Treasurer Email Address: TREASURER.DERRICK4WILSON@GMAIL.COM
8. Category or Report: (check one)
- ☒ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
- ☐ Mid-Year Supplemental ☐ Year-End Supplemental
9. Reporting Period: Start Date: 2-25-24 End Date: 3-31-24
10. Detailed Disclosure: (Check one)
- ☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
- ☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

<u>Derrick T. Hammond</u>	<u>4/25/2024</u>	<u>John Cody, CPA</u>	<u>4/25/2024</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Kenneth Hammond</u>	<u>4/25/2024</u>	<u>Derrick T. Hammond</u>	<u>4/25/2024</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>75.00</u>
b. Total Receipts This Period	\$ <u>3,380.00</u>
c. Total Disbursements This Period	\$ <u>2,034.10</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>1,420.90</u>
e. Total Loans Outstanding	\$ <u>1,326.62</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: DERRICK HAMMOND For ASSESSOR

14. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 680
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 2,700
- c. Loans Received This Reporting Period \$ ~~1,700~~
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 3,380.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 2,034.10
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ —
- c. Total Obligation Payments Made This Period \$ —
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 2,034.10

17. In-Kind Contributions:

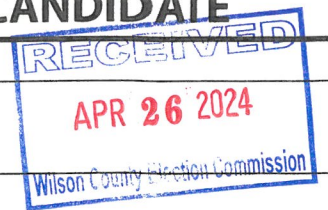
- a. Unitemized In-Kind Contributions Received This Period \$ —
- b. Itemized In-Kind Contributions Received This Period \$ —
- c. Total In-Kind Contributions Received This Period \$ —

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ —

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: DERRICK HAMMOND
2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: AIMEE Middle Name: _____ Last Name: LESTER
Address: 102 NEWBY ST City: LEBANON State: TN Zip Code: 37087
Occupation: CABINET MAKER Employer: AIMEE LESTER
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 2/29/24 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: MANDY Middle Name: _____ Last Name: FLOYD
Address: 5931 POST ROAD City: NASHVILLE State: TN Zip Code: 37205
Occupation: DIRECTOR OF PR Employer: EQUAL CHANCE FOR EDUCATION
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 3/19/24 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: JOHN Middle Name: _____ Last Name: CODY
Address: 3080 OXFORD DR City: MT JULIET State: TN Zip Code: 37122
Occupation: CONSULTANT Employer: IBM
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 3/26/24 Aggregate This Election: \$ 250

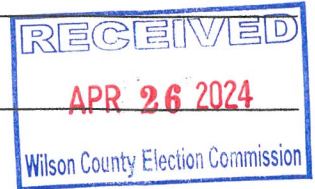
Business or Organization Name: _____ OR
First Name: AIMEE Middle Name: _____ Last Name: LESTER
Address: 102 NEWBY ST City: LEBANON State: TN Zip Code: 37087
Occupation: CABINET MAKER Employer: AIMEE LESTER
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 3/26 Aggregate This Election: \$ 250

Total Contributions: \$ 1,000

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: DERRICK HAMMOND
2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,000



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: VENESSA Middle Name: _____ Last Name: HALL
Address: 3625 MITCHELL RD City: LEBANON State: TN Zip Code: 37087
Occupation: RETIRED Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 3/26/24 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: JEFFERY Middle Name: _____ Last Name: BINNS
Address: 2003 KIMBERLY DR City: MT JULIET State: TN Zip Code: 37122
Occupation: RETIRED Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 3/26/24 Aggregate This Election: \$ 500

Business or Organization Name: _____ OR
First Name: DERRICK Middle Name: _____ Last Name: HAMMOND
Address: 564 WOODLAND CT City: MT JULIET State: TN Zip Code: 37122
Occupation: CONSULTANT Employer: ALTUS GROUP
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000 Date of Contribution: 3/25/24 Aggregate This Election: \$ 1,000

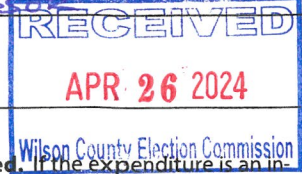
Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ ~~1,000~~ 2,700 2024

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: DERRICK HAMMOND FOR ASSES
2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0



COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: GoDADDY.COM OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAMPAIGN WEBSITE FEE
Amount of Expenditure: \$ 22.16 Date of Expenditure: \$ 3/4/24

Business or Organization Name: GoDADDY.COM OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAMPAIGN WEBSITE FEE
Amount of Expenditure: \$ 18.65 Date of Expenditure: \$ 3/4/24

Business or Organization Name: VMOVIEO.COM OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: VIDEO APP FOR WEBSITE AND FACEBOOK
Amount of Expenditure: \$ 92.19 Date of Expenditure: \$ 3/7/24

Business or Organization Name: MAIN STREET MEDIA OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 216 HARTMAN City: LEBANON State: TN Zip Code: 37087
Purpose of Expenditure: NEWSPAPER ADD FOR CAMPAIGN FUNDRAISER
Amount of Expenditure: \$ 280.00 Date of Expenditure: \$ 3/15/24

Business or Organization Name: MAKE STICKERS.COM OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAMPAIGN STICKERS
Amount of Expenditure: \$ 98.92 Date of Expenditure: \$ 3/18/2024

Total Expenditures: \$ 511.92

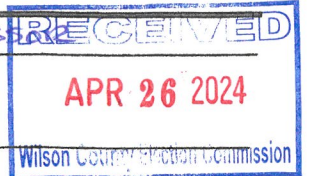
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: DERRICK HAMMOND FOR ASSESSOR

2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24

3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 511.92



COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: CANVA OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: CAMPAIGN SUBSCRIPTION FOR DESIGNING PALM CARDS

Amount of Expenditure: \$ 14.99 Date of Expenditure: \$ 3/21/24

Business or Organization Name: AMAZON OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: DRINK TICKETS FOR CAMPAIGN KICKOFF

Amount of Expenditure: \$ 7.19 Date of Expenditure: \$ 3/24/24

Business or Organization Name: CP BETWEEN THE LAKES OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 4136 N MT JULIET RD City: MT JULIET State: TN Zip Code: 37122

Purpose of Expenditure: CAMPAIGN KICKOFF (FOOD, DRINKS, ROOM)

Amount of Expenditure: \$ 1,500 Date of Expenditure: \$ 3/28/24

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 2,034.10

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)