

CAMPAIGN FINANCIAL DISCLOSURE STATEM ENTIRE

For State and Local Candidates For Single-Candidate Committees

KM-mail
FEB 5 2024
Wilson County Election

1. Date: 1/31/2024 2.a. Candidate or Committee Name: DERRICK HAMMOND
2.b. If Committee, Name of Candidate:
4. Campaign Address: P.O. Box 981
City: MT JULIET State: IN 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: DERRICK+ WILSONCO ASSESSOR @ GMAIL. COM
6. Office Sought: (include district number, if applicable) #SSESSOR at PROPERTY
7 Name of Political Treasurer (may be candidate): JOHN CODY
Political Treasurer Email Address: TREASURER. DERRICK 4 WILSON @ GMAIL. COM
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
Mid-Year Supplemental Year-End Supplemental
9. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
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.
Nemih T. Hammer 1/31/2024 Shelly CPA 1/31/24
Candidate Signature Date Political Treasurer Signature Date
818 mela 1-31. 2024 Denik (- Hamme 1/31/2024
Witness Signature Date Witness Signature Date
12. Summary:
a. Balance On Hand Last Report \$\$
b. Total Receipts This Period\$
c. Total Disbursements This Period\$
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)
e. Total Loans Outstanding
f. Total Obligations Outstanding \$\$ 567