# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

rui	Single-vall		747		
1. DATE OF REPORT	2.a. NAMEOFCA	NDIDATE OR	COMMITTEE	- 1-1	
7-29-10	Mic	chael	HAM	3. ELECTION DATE	
2.b. IF COMMITTEE, NAME OF CANDIDATE				i	
				8-5-	10
4.a. CAMPAIGN ADDRESS AND PHONE	City		State	Zip Code	Phone
Street or Rural Route	moxville	_	TN:	37923	865-470-8599
633 Ferrivood Pd. 4.b. CANDIDATE'S HOME ADDRESS (if differen		·			
Street or Rural Route	City		State	Zip Code	Phone
GAME					
5. OFFICE SOUGHT (include district number, i	f applicable)			TREASURER (may be	e candidate)
Mux lo. Commission scot #	10	Viv	ica HA	mmoNd	
7. CATEGORY OR REPORT (Check one)	<b>-</b> -1	<u> </u>	⊠	П	
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END SUPPLEMENTAL
OLIARTER QUARTER QUARTER	QUARTER	PRIMARY 8 b FNDIN	GENERAL 3 DATE OF REP	SUPPLEMENTAL ORTING PERIOD	SUPPLIMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		Q.D. 2112#1		26-10	
7-1-10					
9. (Check one)		,	- /ilaadi l !	and received total \$1	000 or less AND expendi-
a. This campaign is exempt from detaile tures total \$1,000 or less for this rep	ed disclosure becaus	se contribution plete items 12	s (including in-r d., 12e. and 121	(ing) received total \$1,	000 01 1000 7 1122 05 125 125
					ived total more than \$1,000
b. 🂢 This campaign is required to file a de and/or expenditures total more than	etailed financial discl \$1 000 for this repor	osure because tina period.	contributions (	indiding it-kitd) recei	yed total more alan 4 1,4
and/or experiditures total more trials	41,000 101 2110 109 1				
10. I/we do sodemnly swear or affirm that the	ufo-metion contains	d in this camp	ainn financial d	lisclosure report is true	e and that this report is an
accurate accounting of campaign contribute Financial Disclosura Act. Additionally, I/we benefit of the capdidate or for any other no	S CIVEAL OL SILLIN ILISI	no campaium	COMPRESSION	CAC DOOLL ON barren	i tile persona mianota
benefit of the candidate of for any other no	sipositical pulpose de	demied by d		//	, / /
Michael Honnord	7-29-10	9 1	Horice	a Hannox	d 7/29/10
Signature of candidate	date	7	signature	of political treasurer	′ date
				<u></u>	
11. WITNESS SIGNATURE				$\wedge$	
1 7 8	<b>~</b> ~ ~ ~ .		THE	≥VI	7.29.10
354	7.29.10	-		nature of witness	date
signature of witness	date		sigi	lattile of Majood	
a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD		-		. 06.22 8	4
a. BALANCE ON HAND LAST REPORT				\$ -74-2.	_
				\$ 100.	-
b. TOTAL RECEIPTS THIS PERIOD	***************************************	***************************************	,,	12 47	
TOTAL DISPLIPSEMENTS THIS PERIOT	)		******************	\$ <u>• • • • • • • • • • • • • • • • • • •</u>	<del></del>
J. 1011 Ed. 2011					. 8475.37
d. BALANCE ON HAND (12.a. plus 12.b.	. minus 12.c.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
1					^
e. TOTAL LOANS OUTSTANDING					- Ψ
					<u> </u>
f. TOTAL OBLIGATIONS OUTSTANDING					ψ



## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	ERING THE PERIOD
Mille Hammond	FROM: 7-1-10	TO: 7-26-10
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	_
b. Itemized Contributions (over \$100 from each source this period)		
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.)		\$
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage,	gasoline)
\$		
		Acceptance
\$	hitror—	***************************************
\$		Constitution of the Consti
\$		Line service s
\$		
\$	·	
\$		
Total of Expenditures (\$100 or less each payee)	\$	_
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1248.	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ [248.47
20. LOAN REPAYMENTS MADE THIS PERIOD		\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 1248.47
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.	0.)	\$
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	n 12.f.)	\$0 -



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

1. NAME OF CANDIDATE OR COMMITTEE				RING THE PERIOD	
Milk HAMMOND				FROM: 7-1-10	TO: 7-26-10
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	TIONS FRO	OM PRECEDING PAC	GE (enter \$0 if first itemized p	age)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E					)
First Name	Middle Nam	的。 1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	Contribution Received For:		Amount of Contribution
Last Name/Organization Name  Rib U.C. TOWST PAC			Primary Election	General Election	100.00
Address P.O. Box 1430	<i></i>		Runoff (Local Election	s Only)	, , ,
City Mrxville	State 7~	Zip Code 3790 /	Date of Contribution	Aggregate This Election	
Occupation			7-21-	-/0	
Employer					
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u> </u>	· I · · · · · · · · · · · · · · · · · ·			
Employer	<del>/</del>		name de la companya d		
First Name	Viiddle Name	9	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u>. I</u>		Primary Election		
Address		<u> </u>	Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		.1			
Employer		<u> </u>			
First Name	Disable Mess		Contribution Received For:		Amount of Contribution
First Name	Middle Name				PHIOGRA OF CONTRIDUCTOR
Last Name/Organization Name				General Election	
Address			Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					7/00.00

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD
mille Ham.	mond			FROM: 7-/-10	10: 7-26-10 Amount
3. TOTAL ITEMIZED CAMPAIGN EXPENDITE	IDEC EDO	M DDECEDING DAG	2F (enter \$0 if first itemized no		Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E					iod)
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>		1	to wa	*
Concast Spoth	ght		TU Adver	ansing.	653.65
Address 116 Agnes Pd					
L Cify	State	Zip Code 37919	1		
proxville	TW				
First Name	Middle Nar	ne	Purpose of Expenditure	0	Amount of Expenditure
Last Name/Business Name		····	MASCOTS	tok	tr.
Character Impre.	\$\$/DN \$	<u> </u>		- JUly 4/15	212.00
Address P.O. BOX 51791	- State of the second	i de la companion de la compan	DAI	eade	
Morville	State	37950	7		
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure
				an for	
Last Name/Business Name  MARBLE SIAB CREAT	neau		Lee Cher	الماره ا	<i>i</i>
Address 4849 KINSSTON D			Toe Cres	WELT THE	114.75
City	State	Zip Code	breit	-	
proxville	TN	37919			
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1	<u>,,,,</u>	CAMPA'SW	1	7
Victory Store. Com			CAMPA'SN Signs		268.07
5200 SW 3075 St.	rect		21/2015		
DAVENPORT, IOWA	State	Zip Code			
		52802			A
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	Ð	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			-		
City	State	Zip Code	<b>-</b>		
	ingles i popularita				
5. TOTAL ITEMIZED EXPENDITURES	af this for—	rn unod )			1248.47
(Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	the shown in	item 19b. of summary.)			1610.

Page \_\_\_\_\_ of \_\_\_\_

RDA 1159

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

1. NAME OF CANDIDATE OR COMMITTEE		1		2. REPORT COVERING THE PERIOD				
mille HAM	mode	1_		FROM: 7-1		7-26-10		
COMPLETE THE APPROPRIATE ITEMS     OBLIGATION (obligations totaling more that person/vendor at the end of the reporting person).	ions totaling more than \$100 owed to any			Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Narne		resigned services and a sense of research evision.					
Last Name/Business Name		······································						
Address								
City	State	Zip Code						
Beautiphin of Obligation								
First Name	Middle Na	me						
Last Name/Business Name			-					
Address			1					
City	State	Zip Code						
Description of Obligation	·				<u> </u>			
First Name	Middle Name					:		
Last Name/Business Name			-					
Address		<del></del>						
City	State	Zip Code						
Description of Obligation	Salana e mar vez , najvenovezaja e	a	A Section of the Control of the Cont			the processing the control of the co		
First Name	Middle Nan	18						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation	<u> </u>		<u> </u>					
First Name	Middle Nam	ė			eti eriberite gizibi ya disessa di ezira Tili eti igi eta ilimike e			
Last Name/Business Name								
Address								
City	State	Zip Code		į				
Description of Obligation	·	<u></u>		1				
4. TOTALS					ant to a transfer of the trans	^		
(Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)	aiso de snown				-0-			

SS-1127 (Rev. 4/02)

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

1. NAME OF CANDIDATE	OR COMMITTEE			· · · · · · · · · · · · · · · · · · ·			<u> </u>	2.	REPORT	COVE	RING	THE PERIOD
Mil	le HA	m mo:	44						OM. 7-1-1	Δ	TO.	7-26-10
3. COMPLETE THE APPR				ZED LOAN	(loans totaling)	nore than \$1	00 from an				<u> </u>	-0-
Complete the Following for th	April de Killerskjere toek jalektisk	Augustinian sanga	Person ver alle	Skidge Skide dyddig flyg		erianes successivi	e theory body to	ete tiga astro	sajens graveti kir sam	iliyetiye.		
First Name	Middle Na				Loan Balance	Loan			.oan	Out		g Loan Balance
Last Name/Organization Name	<u> </u>		· .	(Beginning	or Period)	Recei	vea	į Paj	yments	l . 	(Ena	of Period)
Address				Loan Receiv					Date of Loa	n		
City	State Zip Code				ary Election General Election							
ts de waterds en manager de disk de	liet All Ende	2. X		Barana mananananananananananananananananana	(Local Elections		or mane		Side and the second			ger man algan graph segment of the s
First Name	LIST All EINE	Middle Nam		or Above Loa	in (If more spa	ice is need	eo piease	attach	a page)	Middle	e Name	
hand blance (Oceania - How blance										THE COL	· · · · · · · · · · · · · · · · · · ·	
Last Name/Organization Name					Last Name/Or	ganization Na	ame					
Address					Address							
City		State	Zip Cc	ode	City					State		Zip Code
Amount Guaranteed Outstanding			-1	•	Amount Guara	nteed Outsta	nding					
First Name		Middle Nam	Э		First Name Middle Name							
Last Name/Organization Name				·	Last Name/Org	anization Na	me	•	. •	·		
Address					Address							
City	····	State	Zip Co	ide	City					State		Zip Code
Amount Guaranteed Outstanding		-	<del></del>		Amount Guarar	iteed Outstai	nding					
First Name	ele sussimente la completa la	Middle Name	o samo escribi O		First Name			SERVED BY	9036 NH 000 000 NH	Middle	e Name	
Last Name/Organization Name				•	Last Name/Org	anization Na	me			<u>.                                    </u>		
Address				1	Address		<del>1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>					
City		State	Zip Co	de	City					State		Zip Code
Amount Guaranteed Outstanding		1	<u> </u>		Amount Guaran	teed Outstar	nding				1	
First Name	(1) No. 2	Middle Name	7		First Name					Middle	Name	
Last Name/Organization Name		<u>i</u>			Last Name/Org	anization Nar	me					
Address					Address.						•	
City		State	Zip Cod	ie	City					State		Zip Code
Amount Guaranteed Outstanding		<u> </u>	<u> </u>		Ámount Guaran	teed Outstan	ding				1	
4. Totals for all Loans (compl	ete on last page of	itemized loa	ns)	Się aktopracę arreptiet <del>, mie</del>	Outstanding Loa		Loar		Loan			anding Loan Balance
(Total loans received should also b (Total loan payments should also b (Total outstanding loan balance should also be)	e shown in item 20. on t	summary page.)			(Beginning of	reriod)	Recei	ved	Paymer - O -	nis	(	End of Period)



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

1. NAME OF CANDIDATE C	R COMMITTEE				2. REPORT COVE	RING THE PERIOD			
Mike	HAMI	nowd			FROM: 7-1-10	TO: 7-26-10			
3. TOTAL ITEMIZED IN-KINI	O CONTRIBUTIO	NS FROM	I PRECEDING PAC	SE (enter \$0 if first itemized page	∍)	Amount — O —			
4. COMPLETE THE APPROPRI	ATE ITEMS FOR E	ACH ITEMI	ZED IN-KIND CONTI	RIBUTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)			
First Name		Middle Na	ame		In-Kind Contribution Received For:  Primary Election  General Election				
Last Name/Organization Name				i	Runoff (Local Elections Only)  Date of In-Kind Contribution				
Address									
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name	irst Name Middle Name			In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name				<u> </u>	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
Address		······································	<del></del>	Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name	st Name Middle Name				in-Kind Contribution Received For:  Primary Election General Election				
Last Name/Organization Name		<del> </del>		Runoff (Local Election					
Address	, +.			Date of In-Kind Contribution		Aggregate this Election			
Ois. Oity	-	Ctable	Zip Code	Description of in Kind Contribution					
Occupation	Employer								
First Name		Middle Nar	me	In-Kind Contribution Received	Value of In-Kind Contribution				
castivanei Organization (Varne		-		Runoff (Local Election	General Election S Only)	- j			
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Z̄p Code	Description of In-Kind Contribution	,				
Occupation	Employer	···							
irst Name		Middle Nam	e	In-Kind Contribution Received		Value of In-Kind Contributio			
ast Name/Organization Name				Runoff (Local Elections					
Address				Date of In-Kind Contribution		Aggregate this Election			
ity		State -	· Zip Code	Description of In-Kind Contribution		<u> </u>			
occupation	Employer	<u> </u>							
5. TOTAL ITEMIZED IN-KINE (Carry forward to item 3. of next pa (If this is the last page of in-kind co	ge if additional pages	of this form ar				-0-			
SS-1128 (Rev. 2/06)	ormanist are such	ia musi de Silo	AND IN REIN ZZD. OF STATE		of	RDA 1159			