



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 2-3-26 2.a. Candidate or Committee Name: Mike Hammond
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 300 State St #503
- City: Knoxville State: TN Zip Code: 37902 Phone: 865-661-7107
5. Candidate Home Address: 7918 Cambridge Reserve
- City: Knoxville State: TN Zip Code: 37924 Phone: 865-661-7107
- Candidate Email Address: radiomike0@gmail.com
6. Office Sought: (include district number, if applicable) Knox County Criminal Court Clerk
7. Name of Political Treasurer (may be candidate): Leigh Ann Carlton
- Political Treasurer Email Address: lacyoung@mac.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 ☐ Runoff Election
9. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
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.

Candidate Signature

Date

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- a. Balance On Hand Last Report \$ 7,450.79
- b. Total Receipts This Period \$ 951.55
- c. Total Disbursements This Period \$ 7,445.15
- d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 957.19
- e. Total Loans Outstanding \$ 0
- f. Total Obligations Outstanding \$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Mike Hammond

14. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 1.55
(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) \$ 950.00
- c. Loans Received This Reporting Period..... \$ 0
- 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.) \$ 951.55

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 7,445.15
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 7,445.15

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mike Hammond
2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
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: Scott Middle Name: _____ Last Name: Griswold
Address: 400 Main St Room 125 City Coun City: Knoxville State: TN Zip Code: 37902
Occupation: Knox County Clerk and Master Employer: Knox County
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11-7/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: Richard Middle Name: _____ Last Name: Briggs
Address: 425 Rep. John Lewis Way N., Sui City: Nashville State: TN Zip Code: 37246
Occupation: State Senator Employer: State of Tennessee
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11-12-25 Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: Carl Middle Name: _____ Last Name: Tindell
Address: 7751 Norris Freeway City: Knoxville State: TN Zip Code: 37938
Occupation: unknown Employer: unknowns
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 8-11-25 Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: Glenn Middle Name: _____ Last Name: Jacobs
Address: 400 Main Street, Suite 615 City: Knoxville State: TN Zip Code: 37902
Occupation: Knox County Mayor Employer: Knox County
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 10-8-25 Aggregate This Election: \$ _____

950.00

Total Contributions: \$ _____

(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: Mike Hammond
2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
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: First Horizon Bank OR

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

Address: 900 S Gay St City: Knoxville State: TN Zip Code: 37928

Purpose of Expenditure: bank fee

Amount of Expenditure: \$ 15.00 Date of Expenditure: \$ 7-3-25

Business or Organization Name: First Horizon Bank OR

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

Address: 900 S Gay St City: Knoxville State: TN Zip Code: 37928

Purpose of Expenditure: bank fee

Amount of Expenditure: \$ 15.00 Date of Expenditure: \$ 8-4-25

Business or Organization Name: First Horizon Bank OR

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

Address: 900 S Gay St City: Knoxville State: TN Zip Code: 37928

Purpose of Expenditure: bank fee

Amount of Expenditure: \$ 15.00 Date of Expenditure: \$ 9-3-25

Business or Organization Name: Harland Clarke OR

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

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

Purpose of Expenditure: checks

Amount of Expenditure: \$ 46.76 Date of Expenditure: \$ 7-30-25

Business or Organization Name: _____ OR

First Name: Leigh Middle Name: Ann Last Name: Carlton

Address: 1312 Branton Blvd City: 1312 Branton Blvd State: TN Zip Code: 37922

Purpose of Expenditure: accounting

Amount of Expenditure: \$ 1000.00 Date of Expenditure: \$ 8-6-25

Total Expenditures: \$ 1,091.76

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Mike Hammond
2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,091.76

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: SlamDot **OR**

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

Address: 2099 Thunderhead Rd #106 City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: marketing

Amount of Expenditure: \$ 2,151.13 Date of Expenditure: \$ 8-15-25

Business or Organization Name: Canva **OR**

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

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

Purpose of Expenditure: marketing

Amount of Expenditure: \$ 165.00 Date of Expenditure: \$ 9-16-25

Business or Organization Name: Graphic Creations **OR**

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

Address: 213 E 4th Ave City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: marketing

Amount of Expenditure: \$ 215.77 Date of Expenditure: \$ 9-17-25

Business or Organization Name: Graphic Creations **OR**

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

Address: 213 E 4th Ave City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: marketing

Amount of Expenditure: \$ 215.77 Date of Expenditure: \$ 10-1-25

Business or Organization Name: Amazon **OR**

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

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

Purpose of Expenditure: supplies

Amount of Expenditure: \$ 29.81 Date of Expenditure: \$ 9-29-25

Total Expenditures: \$ 3,869.24

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Mike Hammond
2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3,869.24

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: USPS **OR**

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

Address: 1237 Weisgarber Rd City: Knoxville State: TN Zip Code: 37950

Purpose of Expenditure: postage

Amount of Expenditure: \$ 78.00 Date of Expenditure: \$ 10-1-25

Business or Organization Name: USPS **OR**

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

Address: 1237 Weisgarber Rd City: Knoxville State: TN Zip Code: 37950

Purpose of Expenditure: postage

Amount of Expenditure: \$ 62.40 Date of Expenditure: \$ 12-17-25

Business or Organization Name: Cumulus Media **OR**

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

Address: 780 Johnson Ferry Rd City: Atlanta State: GA Zip Code: 30342

Purpose of Expenditure: marketing

Amount of Expenditure: \$ 3,075.00 Date of Expenditure: \$ 10-1-25

Business or Organization Name: Shutterfly **OR**

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

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

Purpose of Expenditure: marketing

Amount of Expenditure: \$ 360.51 Date of Expenditure: \$ 12-12-25

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: \$ 7,445.15

(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.)