### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT  H-4-18		ANDIDATE OR (		1	
<u> </u>	Shellie	Young	- Iuc	Ker	
2.b. IF COMMITTEE, NAME OF CANDIDATE		, ,		3. ELECTION DA	· <del>-</del>
				5-1-	<u>18</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City			7: 0 1	-
	City		State	Zip Code	Phone
1	Henderso	nulle	TN	37075	615-838-0022
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	it than 4.a.) City		State	Zin Codo	Dhana
Substitution Notes	Ony		Glate	Zip Code	Phone
5 OFFICE COLICIES (See leaf a Practical and a					<del></del>
5. OFFICE SOUGHT (include district number, i				TREASURER (may	be candidate)
County Commission - Distri	1 d d	Yaul	Decke	به	
7. CATEGORY OR REPORT (Check one)		) <del>cd</del>	-		
FIRST SECOND THRD	L.J FOURTH	PRF-	∐ PRE-	∐ MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEMENTA	
8.a. BEGINNING DATE OF REPORTING PERIOD			DATE OF REPO	RTING PERIOD	
2-26-18		4-	4-18		4
9. (Check one)	·				<del></del>
a. [7] This compoint is exempt from details	d diaglagues becaus		fi = al di = - !- !-!	and and an artist of the state	000 t AND
<ul> <li>a.  This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> </ul>	rd disclosure becaus orting period. (Comp	e contributions lete items 12d.	(including in-kir . 12e. and 12f.)	id) received total \$1	,000 or less AND expendi-
1			•		
b. This campaign is required to file a def and/or expenditures total more than \$	tailed financial disclo	sure because (	contributions (in	cluding in-kind) rece	ived total more than \$1,000
and of expenditures total more than s		ing penda.			
40 16 de esternik versen er er et ett et					
<ol> <li>I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution</li> </ol>	normation contained ons and expenditures	l in this campai s required to be	gn financial dis- reported by the	closure report is true	and that this report is an
Financial Disclosure Act. Additionally, I/we	swear or affirm that I	no campaign co	on <b>tributi</b> ons hav	e <u>be</u> en expended fo	r the personal financial
benefit of the candidate or for any other non	polițical purpose as	defined by the	ederal internal	fevenue code	, ,
(3/ 11/1	()	.	1/1	LNA	ا سال ما الله
Milly June /ucl	<del>~_ 4/5/</del> 18	ל י≕	Jul (	ece -	
signature of candidate	date		signature o	f political treasurer	date
0					·
11. WITNESS SIGNATURE	,		,		·· <del>·</del>
ROSTO LUAMA	درا برار		0. 4	108	ء ا ا
March (crass)	4/5/18		Hacke	W. Weck	er 4/5/18
signature of witness	date		/ signati	ure of witness	date
	· ·				····
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				-0-	
a. BALANCE ON HAND LAST REPORT		***************************************	••••••	\$	
b. TOTAL RECEIPTS THIS PERIOD				. 1350	
A.M.	************************************	P.M.	***************************************	1 1 .6	_ ~ ~
c. TOTAL DISBURSEMENTS THIS PERIOD				s <u>1164</u>	<u>.</u> 55
				•	
d. BALANCE ON HAND (12.a. plys 124)	interior (see properties	<b>v</b>	**********************	******************************	s 185.45
	N COMMISS	NON			
e. TOTAL LOANS OUTSTANDING	IN COMMISS	NUN			, 600
f. TOTAL OBLIGATIONS OUTSTANDING					
O INCODEIGNI ONO CO 19 INNDING	*******************************		***************************************	***************************************	<b>-</b>

### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		<del></del>	<u>_</u>
Shellie Tucker	FROM: 2 26	COVERING	THE PERIO
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	34 240	1 (8   10:	4/4/18
a. Unitemized Contributions (\$100 or less from each source this period)	. 75	Ó	
b. Itemized Contributions (over \$100 from each source this period)			
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)			750
16. LOANS RECEIVED THIS REPORTING PERIOD			6m
17. INTEREST RECEIVED THIS REPORTING PERIOD			
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		· —	350
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	a printing nos	itane nasolii	no)
First Place Trophy-Name Tag & 14.		lago, gasom	110)
\$			
s	<del></del>		
	<del></del>		
	_		
•	<del></del>		
\$	_		
\$			j
Total of Expenditures (\$100 or less each payee)	s 14.	<u>15</u>	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,150	.40	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		s (,	164.55
20. LOAN REPAYMENTS MADE THIS PERIOD	*************************	\$	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)			164.55
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)			ŀ
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)			
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 item 1.			
SS-1133 (Rev. 4/02)		Page /	

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

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	DMMITTEE		2. REPORT C	OVERING THE PERIOD
		<del></del>	FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN	Amount			
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEMIZE	ED CONTRIBU	JTION (contributions totaling more than \$100 from any contributions)	ibutos)
First Name	Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Last Name/Organization Name			1
·	<u> </u>	_	Primary Election  General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		<del></del>		
Employer				,
First Name	Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				Amount of Contribution
		_	Primary Election General Election	
Address			Runoff (Local Plections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	—— <u>——</u>	<del></del>	<del>- </del> /	
mployer			/	
				ļ
irst Name	Middle Name		Contribution Received For:	Amount of Contribution
ast Name/Organization Name			<u></u>	Valorie of Collabilities
			Primary Election General Election	
address			Runoff (Local Elections Only)	
ity	State	ip Code	Date of Contribution	Aggregate This Election
ccupation			<del></del>	
mployer				1
				}
st Name	Middle Name		Contribution Received For:	Amount of Contribution
st Name/Organization Name	/			Amount of Considerion
/	<u></u>		Primary Election General Election	
Idress		······································	Runoff (Local Elections Only)	
y /	State Zip	Code	Date of Contribution	Aggregate This Election
cupation	<del></del>		-	
ployer			_	
TOTAL ITEMIZED CONTRIBUTIO				
(Carry forward to item 3. of next page if addit (If this is the last page of contributions, this ar	ional pages of this form are user	i.)		
	TO THE REAL PROPERTY OF THE PR	v. oi summary.)		

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

1. NAME OF CANDIDATE OR	COMMITTEE	<del></del>	<u> </u>	2 REPORT COV	ERING THE PERIOD			
				FROM:	TO:			
		, <u>, , , , , , , , , , , , , , , , , , </u>			Amount			
3. TOTAL ITEMIZED IN-KIND C								
4. COMPLETE THE APPROPRIATE	E ITEMS FOR EACH ITE	MIZED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)			
First Name	Middle i	Name	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	ns Only)				
Address			Date of In-Kind Contribution	···				
City	State	Zip Code	Description of In-Kind Contribution	<del></del>				
Occupation	Employer	·	┪					
First Name	Middle N	Varne	In-Kind Contribution Received	1 For	Value of In-Kind Contribution			
				General Election	value of III-King Contribution			
Last Name/Organization Name			Runoff (Local Election	s Only)				
Address	· <u>, , , , , , , , , , , , , , , , , , ,</u>		Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		- /					
First Name	Middle N	ame	In-Kind Contribution Received	For	Value of In-Kind Contribution			
				General Election	Table of in Table Continues			
Last Name/Organization Name			Runoff (Local Election:	s Only)				
Address	Address				Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	<del></del>				
Occupation	Employer		-					
First Name	Middle N	arpe	In-Kind Contribution Received	For:	Value of In-Kind Contribution			
Last Name/Organization Name	/	<u> </u>	Primary Election	General Election				
cast Name/Organization (Name			Runoff (Local Elections	s 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>	1					
,	X							
First Name	Middle Na	me	In-Kind Contribution Received	i For:	Value of In-Kind Contribution			
Last Name/Organization Name			l	General Election				
			Runoff (Local Elections	Only)				
Address			Date of In-Kind Contribution	····	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution		<u> </u>			
Occupation	Employer	<del></del>	-					
5. TOTAL ITEMIZED IN-KIND CO								
(Carry forward to item 3. of next page if (If this is the last page of in-kind contribution)			y.)					
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#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Shellie Young	TO: 4/4/18							
' -	Amount							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)								
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name Heather	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Mr. Sign Mon			yard Signs Stakes Magnets		271 01			
			Magnets		871.81			
108 Midtown Ct City Hendersonville	State	Zip Code 37075						
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure			
Bobby	Wildely 1 to				7 - 7 - 7 - 7 - 7 - 7 - 7			
Last Name/Business Namé Southern Promo	tions	5	T-shirts		220 -0			
Address 146B Volunteer		~			278.59			
City Hendersonville	State	Zip Code 37075						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	1							
Address								
City	State	Zip Code						
		Durana of Francish in		Amount of Francish to				
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	I.							
Address	<del></del> .							
City	State	Zip Code						
First Name Middle Name			Purpose of Expenditure	•	Amount of Expenditure			
Last Name/Business Name								
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	re used.)			1150.40				
(ir uss is the tast page of expenditures, this amount mus	CAS SHOWN IN	nem 130. or summary.)			<u></u>			

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

1. NAME OF CANDIDATE OR COMMITTEE  2. REPORT COVERING THE PERIOD  FROM: 70: 75/18 4/4/18										
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan										
First Name Middle Nam	oan Balance of Period)	Loans Receive		Loan ayments	Outs	tanding Loan Balance (End of Period)				
Last Name/Organization Name				·	<i>(</i> -α		·		(00-	
Tucker					400		1 5-6-41-		<del>~~</del>	
Address Loan Received					☐ Genera	Election	Date of Los	χQ .	- \$100	
Hendersonville Th	Zip Code						3/2	20	-\$500	
List All Endon			or Above Loas	n (If more spa	ice is neede	d please attac	th a page)			
First Name	Middle Name			First Name			<u>.</u>	Middle	Name	
Last Name/Organization Name				Last Name/Or	ganization Na	me		J		
Address				Address						
City	State	Zip Co	ode	City			-	State	Zip Code	
Amount Guaranteed Outstanding	· · · · · · · · · · · · · · · · · · ·	•		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	Zip Code	
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ading				
First Name	Middle Name	'		First Name				Middl	e Name	
Last Name/Organization Name				Last Name/On	ganization Na	me	_			
Address				Address						
City	State	Zip Co	ode	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ading				
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City State Zip Code City State Zip Code						Zip Code				
Amount Guaranteed Outstanding			_	Amount Guara	nteed Outstan	ding				
4. Totals for all Loans (complete on last page of	4. Totals for all Loans (complete on last page of itemized loans)			Outstanding L (Beginning		Loans Received	Los Payn		Outstanding Loan Balance (End of Period)	
(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.)					) —	600				

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

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED     OBLIGATION (obligations totaling more than \$100 owed to any     person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
Last Name/Business Name			7			
Address						
City	State	Zip Code			/	
Description of Obligation		<del></del>	1			
First Name	Middle Na	ame				
Last Name/Business Name	1			/		
Address						
City	State	Zip Code	1			
Description of Obligation	<u> </u>			·/		<u> </u>
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code	7			
Description of Obligation						
First Name	Middle Na	агпе				
Last Name/Business Name		/				
Address						
City	State	Zìp Code				
Description of Obligation		. 1		<u> </u>		
First Name	Middle Na	rne				
Last Name/Business Name	<u> </u>	•		-		
Address						
City	State	Zip Code	7	'		
Description of Obligation	•	_ <b>i</b>		<u></u>		/
4. TOTALS	ah ma	at also ha shows				
(Total from Outstanding Balance - (End of Period) of in item 23b, on summary page.)	JOIUMN MUS	SI AISO DE SNOWN				