CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF C	CANDIDATE OR COMMITTEE
7-23-18 She	
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route City	State Zip Code Phone 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	dersonville TN 37075 615-838-0072
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
SAME	The second secon
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)
7. CATEGORY OR REPORT (Check one)	Paul Decker
FIRST SECOND THIRD FOURTH	PRE- MID-YEAR YEAR-END
QUARTER QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL 8.b. ENDING DATE OF REPORTING PERIOD
8.a. BEGINNING DATE OF REPORTING FERIOD	7-23-18
9. (Check one)	-
a. This campaign is exempt from detailed disclosure becau	use contributions (including in-kind) received total \$1,000 or less AND expendi-
tures total \$1,000 or less for this reporting period. (Corr	
 This campaign is required to file a detailed financial disc and/or expenditures total more than \$1,000 for this report 	closure because contributions (including in-kind) received total more than \$1,000 orting period.
	ed in this campaign financial disclosure report is true and that this report is an res required to be reported by the candidate committee by the Campaign
Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose a	at by valudating contribitions trave beethey begined for the because in minutes.
henefit of the candidate of for any other monpolitical purpose a	die Walter Thelp
Olulli fond with 12	Signature of political treasurer date
signature of candidate date	angular of political beasures date
11. WINESS SIGNATURE	
1.00 1444 7/35	1/18 KAUTTUUM 7/25/
cigneture of witness date	signature of witness date
signature of witness date	
12. SUMMARY	2/6 00
a. BALANCE ON HAND LAST REPORT	: 455.00
TOTAL DESCRIPTION DEPLOD	D-Mss
b. TOTAL RECEIPTS THIS PERIOD	2018 \$ 55.88
c. TOTAL DISBURSEMENTS THIS PERIOD	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.e.)	
- ECTION CC)WWII2212
e. TOTAL LOANS OUTSTANDING ELE	- 0 -
f. TOTAL OBLIGATIONS OUTSTANDING	· • • • • • • • • • • • • • • • • • • •
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SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Shellie Young Tucker	FROM: 6-30-18 TO: 7-23-18
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	\$ <u>-0 -</u>
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)
ASAP - Printing - Cards \$ 42.	<u>(e)</u>
\$	 -
\$	
\$	
\$	
\$	
\$	
\$	
\$	·
	. 42.61
Total of Expenditures (\$100 or less each payee)	: 213.27
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 855.XR
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	003.44
22.IN-KIND CONTRIBUTIONS	•
a. Unitermized 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.	.D.)
23.OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	5
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	em 12.f.)



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER			
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 6.30.18	TO: 7.23.18					
		Amount					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	OM PRECEDING	PAGE (enter \$0 if first itemized p	age)	<u> </u>		
4. COMPLETE THE APPROPRIATE ITEMS FOR E			N (contributions totaling more than \$	100 from any contributor	Amount of Contribution		
First Name	Middle Nam	16	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Cast Name of Sampason Hamo							
Address		-	Runoff (Local Elections Only)				
Oli.	State	Zip Code	Date of Contribution	Date of Contribution			
City	Cate						
Occupation							
-			_				
Employer							
First Name	Middle Nar	me .	Contribution Received For	. /	Amount of Contribution		
First Name	(WILLIAMS INST	110					
Last Name/Organization Name			Primary Election	General Election	1		
		· ·	Runoff (Local Electio	ns Onle			
Address			T 170HOH (EDDA Electio				
City	Slate	Zip Code	Date of Contribution		Aggregate This Election		
	<u> </u>	<u> </u>	\dashv				
Occupation							
Employer		<u></u>	7				
·							
First Name	Middle Nar	ne	Contribution Received Fo	r.	Amount of Contribution		
			Primary Election	General Election			
Tast Name/Organization Name							
Address	<u> </u>		Runoff (Local Election	ons Only)			
			Date of Contribution	 	Aggregate This Election		
City	State	Zip Code	Date of Countingary		,,gg,,2g=12		
Occupation							
·							
	/		- 				
Employer		<u> </u>					
	Liddle No		Contribution Received Foc		Amount of Contribution		
Employer First Name	Middle Na	me	Contribution Received For:		Amount of Contribution		
	Middle Na	me		☐ General Election	Amount of Contribution		
First Name Last Name/Organization Name	Middle Na	me	Primary Election	General Election	Amount of Contribution		
First Name	Middle Na	mė		General Election			
First Name Last Name/Organization Name	Middle Na	zip Code	Primary Election	General Election	Amount of Contribution Aggregate This Election		
First Name Last Name/Organization Name Address City			☐ Primary Election 【	General Election			
First Name Last Name/Organization Name Address			☐ Primary Election 【	General Election			
First Name Last Name/Organization Name Address City			☐ Primary Election 【	General Election			
First Name Last Name/Organization Name Address City Occupation			☐ Primary Election 【	General Election			
First Name Last Name/Organization Name Address City Occupation Employer 5. TOTAL ITEMIZED CONTRIBUTIONS	State	Zip Code	☐ Primary Election 【	General Election			
First Name Last Name/Organization Name Address City Occupation Employer	State State	Zip Code	Primary Election Runoff (Local Election Date of Contribution	General Election			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE			2. REPORT COVERING THE PERIC			
- Thelli	e youre	FROM:6.30.18	TO: 7.23.18 Amount				
			E (enter \$0 if first itemized page		Antount		
3. TOTAL ITEMIZED IN-KIND CO 4. COMPLETE THE APPROPRIATE	JN I RIBUTIONS FRO	AIZED INLKIND CONTR	IRUTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)		
4. COMPLETE THE APPROPRIATE			In-Kind Contribution Receive		Value of In-Kind Contribution		
First Name Middle Name				General Election			
Last Name/Organization Name	_		Runoff (Local Election	ons Only)	· ·		
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of in-Kind Contribution	n			
Occupation	Employer						
					111		
First Name	Middle	Name	In-Kind Contribution Receiv	red For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			☐ Runoff (Local Election	ons Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of the Kind Contribution	חס			
Occupation	Employer		_ /				
•					•		
First Name	Middle	Name	In-Kind Contribution Received Primary Election	ved For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Electi	_	1		
Address			Date of in-Kind Contribution		Aggregate this Election		
City	State	ZZ Code	Description of In-Kind Contribution	ол			
Occupation	Employer	<u> </u>	- 				
,	/	/					
First Name	Middle	e Name		h-Kind Contribution Received For: Value of in-Kind Co			
Last Name/Organization Name			Primary Election General Election Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution				
Address	/	7.0-4-	Description of In-Kind Contribut	ion			
City	State	Zip Code	Sescripton of III-Anna Contribut	~"			
Occupation	Employer		1				
FirstName		Name	In-Kind Contribution Rece		Value of In-Kind Contribution		
Last Name/Organization Name			Primary Election	General Election			
Lastivame/organization waite			Runoff (Local Elect	tions Only)	Aggregate this Election		
Address			Date of In-Kind Contribution		riggi egote una cicononi		
City	State	Zip Code	Description of In-Kind Contributi	ion			
Occupation	Employer	<u> </u>					
	OONTDIDITIONS						
5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next pa	e if additional names of this	form are used.)					
(If this is the last page of in-kind co	ntributions, this amount mus	be shown in item 22b. of su		Description 1 -4 1	RDA 1159		
SS-1128 (Rev. 2/06)			1	Page of	_ KDA 1139		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	-			2. REPORT COVER	ING THE PERIOD	
Shellie Young	3 1	ucker		FROM: 6.30.18	TO: 7. 23.18	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITUI	,		(enter \$0 if first itemized pa	ge)	1	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	CH ITEMIZ	ED EXPENDITURE (ex	penditures lotaling more than \$100	to any payee during the per	iod)	
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Round	Home Bound Meals			Donation -Close Campaign account		
Address 381 W. Main S				-close campaign		
city Hville	State	37075				
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address					•	
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>	<u></u>]			
Address						
City	State	Zip Code				
First Name	18	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name	<u> </u>		1			
Address	 *					
City	State	Zip Code		· 		
First Name	Middle Nar	rve	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	<u> </u>					
Address	·					
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	-					
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES	af this face	a grayend)			213.27	
(Carry forward to item 3. of next page if additional pag (If this is the last page of expenditures, this amount m	es of this form Ust be shown	in item 19b. of summary.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE									THE PERIOD
Shellie Young Tucker				2-		FRO	DM: ・30・18	8	7.93.18
3. COMPLETE THE APPROPRIATE TEMS FO	REACH ITE	r -Mize	ED LOAN (Io	ans totaling m	ore than \$100 from				
Complete the Following for the Source of the Loan Sint Name Middle Name			Outstanding Lo		Loans	_	oan		ling Loan Balance nd of Period)
Filst Marie 2	una		(Beginning of	Period)	Received	. `	ments	. /ല	
Last Name/Organization Name			60	0.		0	∞ .		- 0-
Address			Loan Receive	For:	_		Date of Loar	6-18	\$ 100
State Zin Corie			Primary	3.20.18					
"Hville In I	3707	5	_	ocal Elections					
List All Endors		tors fo	or Above Loar	_	ice is needed p	lease attach	a page)	l Middle Na	me
First Name	Middle Name			First Name					
Last Name/Organization Name				Last Name/01	ganization Name				
Address				Address					
	Stale	Zip C	nde	City		. .		State	Zip Code
City	01010				. 10 () #			<u> </u>	
Amount Guaranteed Outstanding				Amount Guar	anteed Outstandin	19			es Section 1
First Name	Middle Name		<u> </u>	First Name Middle Name				агие	
	<u> </u>			Last Name/Organization Name					
Last Name/Organization Name				Last Name/C		<u> </u>			
Address				Address					
City	State	Zip C	Code	City State Zip Code				Zip Code	
	<u> </u>	<u> </u>		Amount Gua	ranteed Outstandi	ing	· 		
Amount Guaranteed Outstanding								Middle	Nome
First Name	Middle Name	•		First Name				Mildule	TALLE .
Last Name/Organization Name	<u>' — — — — — — — — — — — — — — — — — — —</u>			Last Name/0	Organization Nam	е			
Address			<u> </u>	Address					
Address	-	1		Ciby				State	Zip Code
City	State	Zip (Code	City					
Amount Guaranteed Outstanding			·	Amount Gua	aranteed Outstand	ling			
	Middle Name	e		First Name				Middle	Name
First Name	,		.,	l act klama	Organization Nan				
Last Name/Organization Name				Last Naties	oldenwerken Hall				
Address				Address	_				
City	State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Gu	aranteed Outstan	ding			
	FM 1 11			Outstandia	g Loan Balance	Loans	1 1	can	Outstanding Loan Balance
Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)				(Beginn	ing of Period)	Receive	d Pa	yments	(End of Period)
Total loans received should also be shown in item 20. or Total outstanding loan balance should also be shown in it	n summary page	8.J)	<u>(</u>	∞ , $^{\circ\circ}$		(0)	<u></u>	0-

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
NAME OF CANDIDATE OR COMMITTEE	FROM: 6.30.	FROM: 6-30-18 TO: 7-23.					
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more the person/vendor at the end of the reporting	FOR EACH an \$100 ow	ITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balanc (End of Period)	
Irst Name	Middle Na	пе				7	
ast Name/Business Name							
ddress							
City	Stale	Zip Code					
Description of Obligation							
First Name	Middle Na	me					
ast Name/Business Name	!			1		!	
Address							
City	State	Zip Code	7 /	<u> </u>	<u> </u>		
Description of Obligation	!						
First Name	Middle N	ame					
.ast Name/Business Name							
Address							
City	State	Zin Code					
Description of Obligation		7				المديرية عبري	
First Name	Middle N	lame					
Last Name/Business Name	/-						
Address	/						
City	State	Zip Code			<u></u>		
Description of Obligation		<u> </u>					
First Name	Middle	Name					
Last Name/Business Name	l						
Address					}		
City	State	Zip Code	-				
Description of Obligation					_ 		
4. TOTALS						· ·	
4. TOTALS (Total from Outstanding Balance - (End of Pe	riod) column r	nust also be show	/n				