# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CAR	NDIDATE OR C	OMMITTEE		1	Ì
7-1-18	1 She	llie	Vouna '	Tucker	<u>/</u>	
2.b. IF COMMITTEE, NAME OF CANDIDAT	=	•		3. ELECTION DATE	2	
				0 210	<u> </u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone	2 22 2
217 Connie Dr	Henderson	wille	TN	<u> 3</u> 7075	612-83	8.0022
4.b. CANDIDATE'S HOME ADDRESS (if diffi Street or Rural Route	erent than 4.a.) City		State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number County Commission Dis		_	of POLITICAL	TREASURER (may be	e candidate)	
7. CATEGORY OR REPORT (Check one)			\			<b>-</b>
FIRST SECOND THIS		PRE-	PRE-	L_J MID-YEAR SUPPLEMENTAL	L YEAR . SUPPLE	LI R-END MENTAL
QUARTER QUARTER QUAR 8.a. BEGINNING DATE OF REPORTING PERIO		PRIMARY 8.b. ENDING	GENERAL DATE OF REPO	ORTING PERIOD	. 0011 EE	
4-22-18			18		-11	
9. (Check one)	•				_	
a. This campaign is exempt from d tures total \$1,000 or less for this	etailed disclosure becaus	e contributions	(including in-k	ind) received total 1,	000 or less A	ND expends
tures total \$1,000 or less for this	reporting period. (Comp	seuro bocqueo	contributions (	' including in-kind) rece	JUL 09 ived total mo	2018   4:130p, re than \$1,000
b. This campaign is required to file and/or expenditures total more t	a detailed financial discit han \$1,000 for this report	ting period.	COMMIDATIONS (	SUN	MNER C	CYTANO
				FLECT	TON CO	MMISSION
I/we do solemnly swear or affirm that accurate accounting of campaign cont						
accurate accounting of campaign cont Financial Disclosure Act. Additionally, begefit of the candidate or for any oth	thus ewear or affirm that	no cambalun		MAC OCCII CVACIIOAC IO	r the persona	al financial
benefit of the candidate of tor any offi	7/ (10)	_	10	) alles	. ,	7//19
Mulle Inch	= 1/6/18	_	The second was	of political treasurer		date
signature of candidate	date		aignature	or possion a cocción		
11. WITHESS SIGNATURE	~ ~		$\overline{}$		<del>-</del>	
Vara Tura	$\sim 7/6/1$	8	Rvee	y / ne	·	7/6/18
signature of witness	date	-	sigr	nature of witness	_	date
Signature of withess		<del></del>		<del></del>		
12. SUMMARY				1162	15	ļ
a. BALANCE ON HAND LAST REPO	RT	***************************************		\$ 1102.	<u></u>	
b. TOTAL RECEIPTS THIS PERIOD	***************************************		••••	s <u>650 -</u>		ĺ
a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PE	DIOD.			, 956.8	<u> 37</u>	
c. TOTAL DISBURSEMENTS THIS PE	KIOD	***************************************			3	55.88
d. BALANCE ON HAND (12.a. plus	12.b. minus 12.c.)				\$	00 -
e. TOTAL LOANS OUTSTANDING					\$ <u>(o</u>	
f. TOTAL OBLIGATIONS OUTSTAND	ING			***************************************	\$ ——	
i e						



#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
15. TANKE OF CAME DATE OF	FROM: 4 22 18 TO: 6 30 18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	21-
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	\$_250
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>650</u>
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.)	\$ <u>650</u>
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)
Refreshments- Heet + Greet \$ 43.	<i>ماما</i>
Refreshments for Election Day Vol. \$ 41.	<u>32</u>
Balloons- Election DAy \$ 20.	<u>76</u>
Dinner-Campaign Celebration \$ 59.	21
Postage \$ 49.	<u>29</u>
\$	
\$	
\$	<del></del> .
\$	
	. 71.4 24
Total of Expenditures (\$100 or less each payee)	692.63
b. Itemized Expenditures (Over \$100 each payee this period)	956 87
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	956.87
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 100.0
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.)\$
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 ite	em 12.f.)\$



## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

. NAME OF CANDIDATE OR COMMITTEE	. ,		2. REPORT COVER	T=0 (
Shellie Young Tu	cker	···	FROM: 4 22 18	Amount 30 18
TOTAL ITEMIZED CAMPAIGN CONTRIB	SUTIONS FRO	M PRECEDING PA	GE (enter \$0 if first itemized page)	
. COMPLETE THE APPROPRIATE ITEMS FOR	R EACH ITEMIZ	ED CONTRIBUTION	contributions totaling more than \$100 from any contributo	()
irst Name	Middle Name		Contribution Received For:	Amount of Contribution
ast Name/Organization Name			Primary Election General Election	250
Ewas				
Address 155 Cumberland	1 Dr		Runoff (Local Elections Only)	
City	I State	Zip Code	Date of Contribution	Aggregate This Election
Hendersonille_	TN	37075	حاليال	
Occupation			4/24/18	
Employer	<u> </u>		1	
				A contribution
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		<del>-</del>	☐ Primary Election ☐ General Election	
Fast iden ici (A) Agriera evin i idenia				
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
			<del>_</del>	
Occupation				
Employer	<u> </u>		7	
				Amount of Contribution
First Name	Middle Nar	me	Contribution Received For:	Amount of Commodition
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
		l	<del>-</del>	
Occupation			ļ	
Employer			<b>「</b>	
			Contribution Received For:	Amount of Contribution
First Name	Middle Na	arne	_	,
Last Name/Organization Name			Primary Election General Election	
	_	<u> </u>	Runoff (Local Elections Only)	
Address		<u> </u>		Aggregate This Election
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
			_	
			1	1
Employer				
	<del> </del>			
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additions     (If this is the last page of contributions, this amon	al pages of this form	n are used.)		

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

					2. REPORT COVER	RING THE PERIOD			
1. NAME OF CANDIDATE OR C	OMMITTEE				FROM:	TO:			
	_ <del></del>		DECERNIC 5: 05 /	enter CO William Harriand For	۵)	Amount			
B. TOTAL ITEMIZED IN-KIND CO	ONTRIBUTION	S FROM F	RECEDING PAGE (	TION in kind contributions totaling	i more than \$100 from any co	tributor during the period)			
I. COMPLETE THE APPROPRIATE	HEMS FOR EAC					Value of In-Kind Contribution			
First Name		Middle Nam	e	In-Kind Contribution Receive	ed For: General Election	Agine of RE-LYHIN COHMINGROUP			
Last Name/Organization Name				Runoff (Local Elections Only)					
Address	<u> </u>			Date of In-Kind Contribution Aggregate this Election					
City	State Zip Code		Description of In-Kind Contribution	n					
Occupation	Employer								
				1 10 4 0 10 10 10 10 10 10 10 10 10 10 10 10 1	and East	Value of In-Kind Contribution			
First Name	<u>-</u>	Middle Nan	ne .	In-Kind Contribution Receiv	red For: General Election	Agins of Itstatio comminger			
Last Name/Organization Name				Runoff (Local Electi	ons Only)				
Address			/	Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	<u>.                                      </u>							
						114.1			
First Name	Name Middle Name			In-Kind Contribution Received Primary Election	ved For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Elect	ions Only)				
Address		/		Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	<u> </u>		]					
	/			In-Kind Contribution Recei	had Far	Value of In-Kind Contributio			
First Name	/	Middle Na	me	Primary Election	General Election	Value of arrival contribute			
Last Name/Organization Name	/			Runoff (Local Elec	tions Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribut	lion				
Occupation	Employer	<u> </u>		7					
					to the second	Value of In-Kind Contribution			
First Name ./		Middle Na	me	In-Kind Contribution Rec	eived For:  General Election	Asine of IU-VIVO Courupting			
Last Name/Organization Name				Runoff (Local Elec	tions Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	ity State Zip Code			Description of In-Kind Contribut	tion				
Occupation	Employer			7					
5. TOTAL ITEMIZED IN-KIND	CONTRIBUTION	ONS							
(Carry forward to item 3. of next pa (If this is the last page of in-kind co-	oe if additional page	s of this form	are used.) shown in item 225. of summ	ary.)					
SS-1128 (Rev. 2/06)			····		Page of	RDA 1159			

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		- I		2. REPORT COVER				
5 hellie Young	TO: 6-30-18							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU			E (enter \$0 if first itemized pa	ge)	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ZED EXPENDITURE (e	xpenditures totaling more than \$100	to any payee during the per	od)			
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Office Support Sy	stem	 S	Campaign	Campaign Materials				
Address Boy 544	<u></u>				 			
City Madison	State	Zip Code 3711 (4						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address		· -	-1					
City	State	Zip Code						
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u> </u>				}			
Address	<u>., </u>							
City	State	Zip Code						
First Name	ne	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name								
Address								
City	State	Zip Code	_					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name					Į			
Address								
City	State	Zip Code						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Address								
			_	ļ				
City	State	Zip Code						
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional pag	es of this form	n are used.)			692.63			
(Carry forward to item 3, of next page in auditorial page (If this is the last page of expenditures, this amount m	ust be shown	in item 19b, of summary.)		. <u>.</u>	412.00			

#### ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDAT	E OR COMMITTEE									IG THE PERIOD
3. COMPLETE THE APPROPRIATE TEMS FOR EACH ITEMIZED LOAN							FRO	M: フフ・19	ו פ	10: 6:30:18
2 COMPLETE THE ADD	We YOUR	END EACH I	CLI TEMIZ	EDIOAN "	nans totaling n	one than \$100 fo	om any source d	uring the per	i C	6,20,4
			I CIVIIZ	LO LOAIT (I	odna totaling i			_		
Complete the Following for t				Outstanding L	nan Ralance	Loans	Los	an	Outsta	nding Loan Balance
First Name	rst Name Middle Name			(Beginning C				Payments		End of Period)
Last Name/Organization Name	<u></u>			1					İ	
<u> </u>				Loan Receive	od For		<del></del>	Date of Loa	n	
Address				Primary		☐ General E	lection			
City	State	Zip Code		]	Local Elections	Only\				
	1 int All Contr	ar Cun	antom (			ice is needed	nlease attach :	a nane)		
Ph. (3)	LIST All End	Middle Name		Ot ADOVE COM	First Name	ice is riceded	picada diddiri	a page,	Middle N	lame
First Name		MICCIO MATR	•						<u> </u>	
Last Name/Organization Name	<u>-</u>				Last Name/Or	ganization Name	1			
Address					Address			-		
		-1	T= -						State	Zip Code
City		State	Zip C	code	City		_		Julie	2.9 0000
Amount Guaranteed Outstanding	g	_	ı		Amount Guar	anteed Outstandi	ing			
First Name		Middle Nam	e		First Name		<u></u>		Middle 1	Vame
Last Name/Organization Name				Last Name/Organization Name						
Address		· · · ·			Address					
City		State	Zip (	Code	City		<u>_</u>		State	Zip Code
Amount Guaranteed Outstandin	99				Amount Guar	anteed Outstand	ing	•		
First Name	<u>.</u>	Middle Nam	ne		First Name				Middle	Name
Last Name/Organization Name	<del></del>				Last Name/C	rganization Nam	e			
Address					Address		·			
City		State	Zip (	Code	City			-	State	Zip Code
Amount Guaranteed Outstandin	ng				Amount Gua	anteed Outstand	ling		<b>!</b>	<u> </u>
First Name		Middle Nan	ne	·	First Name				Middle	Name
Last Name/Organization Name	· · ·	<u> </u>			Last Name/0	Organization Nam	16			<del></del>
Address					Address	<del></del>				
City	<u> </u>	State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstandi	ng				Amount Gua	ranteed Outstand	ing			
4. Totals for all Loans (co	mplete on last page	of itemized lo	oans)			Loan Balance	Loans Received		oan ments	Outstanding Loan Baland (End of Period)
(Total loan payments should :	(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.)					g of Period)	Received	ray —		(000
(Total outstanding loan balance	e should also be shown in	item 12.e. on from	nt page.)			V.				WUU.

#### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
1. NAME OF CARDINATE CAR COMMISSION	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 Nan	n <del>ê</del>			 	
Last Name/Business Name				:		1
Address						
City	State	Zip Code			<u> </u>	
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>	<del></del>		ľ		
Address						
City	State	Zip Code			<u> </u>	
Description of Obligation						
First Name	Middle Na	ıme	X			
Last Name/Business Name	<u> </u>		<del>/</del>			
Address						ļ
City	State	Zip Odde		<u> </u>	<u> </u>	
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name	<del>/</del>		-			
Address						
City	State	Zip Code			ļ	
Description of Obligation	1				•	
				<del></del>	<del></del>	
First Name	Middle N	lame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation				<u> </u>		
4. TOTALS	oolumn m	uet alen he ehnun				
(Total from Outstanding Balance - (End of Period in item 23b. on summary page.)	, column m	COL CIDO DE SHOWII				