

#### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

### For State and Local Candidates For Single-Candidate Committees

1. Date: 45/20212.a. Candidate or Committee Name: Shellic Young Tucker for SCSB
2.b. If Committee, Name of Candidate: 3. Election Date:
4. Campaign Address: 317 Connie Dr
City: Hendersonville State: TN Zip Code: 37075 Phone: 615-838-0022
5. Candidate Home Address: SAME
City: State: Zip Code: Phone:
Candidate Email Address:
6. Office Sought: (include district number, if applicable) SC School Board District 2
7. Name of Political Treasurer (may be candidate): Brian Stewart  Political Treasurer Email Address: BS+Ewart@ realtracs.com
8. Category or Report: (check one)
☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental
9. Reporting Period: Start Date: 2/25/2034 End Date: 3/31/2024
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.  4/8/2024
Candidate Signature  Date  Political Treasurer Signature  Date  Political Treasurer Signature  Date  Political Treasurer Signature  Date  Political Treasurer Signature  Date
12. Summary: FILED PM
a. Balance On Hand Last Report
b. Total Receipts This Period
c. Total Disbursements This Period
d. Balance On Hand (12 a) \$100 2.b. minus 12.c.)
e. Total Loans Outstanding
f. Total Obligations Outstanding \$ \$
SS-1109 (Rev. 1/2023)

## **SUMMARY PAGE - CANDIDATE**

13. Nar	me of Candidate or Committee: Shellie Young Tucker for	or	SCSB		
14. Rep	porting Period: Start Date: $\frac{2/25/34}{}$ End Date: $\frac{3/36}{}$	/2	4		
15. Rec		/			
a.	Unitemized Contributions (\$100 or less from each source this period)	\$ uctions	for more information.)		
b.	Itemized Contributions (over \$100 from each source this period)	\$	1250		
c.	Loans Received This Reporting Period	\$	-		
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.)	\$	1250		
16. Disbursements:					
a.	Total Expenditures (other than loan payments)	\$	2418.87		
b.	Loan Repayments Made This Period	\$			
c.	Total Obligation Payments Made This Period	\$			
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)	\$	2418.87		
17. ln-ŀ	Kind Contributions:				
a.	Unitemized In-Kind Contributions Received This Period	\$			
b.	Itemized In-Kind Contributions Received This Period	\$			
c.	Total In-Kind Contributions Received This Period	\$			
18. Obligations:					
a.	Total Obligations Outstanding (must be shown in item 12.f.)	\$	-		

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## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: _	Shellie Young 7	ucker	
2. Reporting Period: Start Date: 2	1/25/24 End Date:	3/31/24	
3. Total campaign expenditures from			
COMPLETE THE APPROPRIATE ITEM kind contribution to a candidate, please ren candidate's name in the purpose of the exp	member to include the purpose of the	expenditures must be itemized. If the expendence expenditure (e.g., postage, printing, etc.) along	diture is an in- with the
Business or Organization Name:	Fox Printing ,	+ Mailing	OR
		Last Name:	
Address:	City:	State: Zin Code:	
Purpose of Expenditure: Post	and Printing + M	Ailing,	
Amount of Expenditure: \$ 781	Date of Expendi	iture: 3/1/2024	
Business or Organization Name:	Walmart		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Purpose of Expenditure: Snac	Ks + Drinks for	Volunteers - Election D	Ac
Amount of Expenditure: \$ 74.9	9 Date of Expendi	iture: 3/5/24	)
Business or Organization Name:	Direct Edge		OR
		Last Name:	
Address:	City:	State: Zin Code:	
Purpose of Expenditure:	H Messages - T	Primary	
Amount of Expenditure: \$ 558	. 74 Date of Expendi	ture: 3/18 2024	
Business or Organization Name:	Volunteer (	State Bank	OR
First Name:	Middle Name:	Last Name:	
Address:	Ciţy:	State: Zip Code:	v
Purpose of Expenditure:	ervice Change		
Amount of Expenditure: \$ 4,00	Date of Expendi	ture: 3 25	
Business or Organization Name:	White Oak Co	onsulting	OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Purpose of Expenditure: Graphi	ic Design - Mailers	s/Social Media / Sign	5
Amount of Expenditure: \$ 1,000	Date of Expendi	ture: 3/30/2004	
Total Expenditures: \$ 2418.8	37		
(Carry forward to the next page if ad amount must be shown in the sumn	Iditional pages of this form are	used. If this is the last page of expendit	tures, this

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# **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee I	Name: Shellie Young Tucker	_
	Date: 2/25/24 End Pate: 3/31	
	ons from preceding page (enter \$0 if first page)	
an annipuign continuu	ons from preceding page (enter 50 if first page)	\$
COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Na	me: Warranty Title	
First Name:	Middle Name:	OR Last Namo
Address: 120 Ande	Middle Name: Middle Name: City: Hendersonu	ille State: TN Zin Code: 37075
Occupation:	Employer:	TILE State. 12 Zip Code: 47075
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	250. © Date of Contribution: 3/7	Aggregate This Election: \$_250. •
-		
	me: TN REALTORS	OR OR
First Name:	eenth Ave S city: Nashuille	Last Name:
Address: 909 Ninet	eenth Ave S city: Nashuille	State: TN Zip Code: 37212
Occupation:	Employer:	
Contribution Received For:	☑ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution: 2/27	Aggregate This Election: \$ 1, 000
Business or Organization Nar	me:	020
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer:	state zip code
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Business or Organization Nan		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
10	5500	
Total Contributions: \$		And the second
amount must be shown in t	age if additional pages of this form are used. If the summary on first page.)	his is the last page of contributions, this