



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7/8/25 2.a. Candidate or Committee Name: Shellie Young Tucker
2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____
4. Campaign Address: 217 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: Shellie.Tucker.SCSB@gmail.com
6. Office Sought: (include district number, if applicable) SCSB - District 2
7. Name of Political Treasurer (may be candidate): Brian Stewart
Political Treasurer Email Address: BStewart@realtracs.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: 1/16/25 End Date: 6/30/25

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.

Shellie Young Tucker 7/8/25
Candidate Signature Date
Mala Jagam 7/8/25
Witness Signature Date

[Signature] 7-8-2025
Political Treasurer Signature Date
[Signature] 7/8/2025
Witness Signature Date

12. Summary:

FILED
a. Balance On Hand Last Report AM PM 2,844.15
b. Total Receipts This Period 374.00
c. Total Disbursements This Period 0.8.2025 2,470.15
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) SUMNER COUNTY 2,342.15
e. Total Loans Outstanding ELECTION COMMISSION
f. Total Obligations Outstanding

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Shellie Young Tucker SCSB - District 2

14. Reporting Period: Start Date: 1/16/25 End Date: 6/30/25

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ - 0 -
(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) \$ - 0 -
- c. Loans Received This Reporting Period \$ - 0 -
- d. Interest Received This Reporting Period \$ - 0 -
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ - 0 -

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 374
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ - 0 -
- c. Total Obligation Payments Made This Period \$ -
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 374

17. In-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.) \$ -

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Shellie Young Tucker - SCSB
2. Reporting Period: Start Date: Jan 16, 2025 End Date: June 30, 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: Hendersonville HS Dugout Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Sponsorship - Baseball Team
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 1/25/25

Business or Organization Name: Grace Place Ministry, Inc OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 1771 City: Hendersonville State: TN Zip Code: 37077
Purpose of Expenditure: Donation to Building Fund - for housing mothers + children
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 4/3/25

Business or Organization Name: Riley Gaines - Leadership Institute OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1101 N. Highland St City: Arlington VA State: VA Zip Code: 22201
Purpose of Expenditure: Donation to Decision/Choices Event
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 5/2/2025

Business or Organization Name: Vol State Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Bank Service Charges
Amount of Expenditure: \$ 24.00 Date of Expenditure: \$ Dec 2024 - June 2025

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: \$ 374.00

(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.)