CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

	3							
1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR C	OMMITTEE		\			
7-6-2022	She	llia V	جيلان ٥	Tucker				
2.b. IF COMMITTEE, NAME OF CANDIDATE		1	0	3. ELECTION DA	ATE			
			_	MAY	3, 2022			
4.a. CAMPAIGN ADDRESS AND PHONE				1 /179	51 2022			
Street or Rural Route	City		State	Zip Code	Phone			
217 Cannie Dr He	endersonu	1/0	TN	37075	615-838-0022			
4.b. CANDIDATE'S HOME ADDRESS (if differen		<u>' </u>		<u> </u>	0.00			
Street or Rural Route	City		State	Zip Code	Phone			
5. OFFICE SOUGHT (include district number, it	f applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)						
Co Commission #19		Paul Decker						
7. CATEGORY OR REPORT (Check one)		<u> </u>	<u></u>					
FIRST SECOND THE		PRE-						
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENT				
8.a. BEGINNING DATE OF REPORTING PERIOD				RTING PERIOD				
April 23, 2022		,	Lunp	30,00	97			
9. (Check one)			<u> </u>					
a. This campaign is exempt from detaile	d disclosure because	a contributions	tiaciudina in ki	nd) resolved total C	1 000 or loss AND surgeri			
tures total \$1,000 or less for this repo	erting period. (Comp	olete items 12d.	, 12e. and 12f.)) no) received (otal 3	1,000 or less AIVD expendi-			
This consider to consider the first design of	r Nadio di Borono di Franco di							
b. This campaign is required to file a de and/or expenditures total more than \$	talled financial disci \$1,000 for this repor	osure pecause ting period.	contributions (II	ncluding in-kind) rea	ceived total more than \$1,000			
10. I/we do solemnly swear or affirm that the in	oformation container	t in this campa	ian fionnain) dia	talacura rapart is tr	up and that this second is as			
accurate accounting of campaign contribution	ons and expenditure	s required to be	reported by th	ne candidate commi	ittee by the Campaign			
Financial Disclosure Act. Additionally, I/we	swear or affirm that	no campaign ç	entributions have	ve been expended	for the personal financial			
benefit of the candidate or for any other nor	ipolitical purpose as	defined by the	rederal interval	revenue code))			
Stiege Conting	7-11-202	,,	////r	h~//	7/11/20			
signature of candidate	date	-2	S goature o	of political treasurer	1/1/00 de			
	40.0		13(9),000,0	or political treasure.	\ date			
11. WITNESS SIGNATURE								
C 4		,	\sim .		~ / /			
Dusti Tonda	7-11-202	<u> </u>) +:	7/	1/11/2-			
signature of witness	date	Z <u>4</u>	einna	ture of witness				
				idic of withess	Vale			
12. SUMMARY								
Y control of the cont	F	ILED		2012	79			
a. BALANCE ON HAND LAST REPORT	AM		PM	s <u>06/0</u> .	<u>· /</u> /			
BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD	11.11	1 1 0000		650	ග			
b. TOTAL RECEIPTS THIS PERIOD	JUL	1 1 2022		s <u> </u>				
c. TOTAL DISBURSEMENTS THIS PERIOD .	CHIAN			. 4463	. 79			
	FI ECTIO	M COMMISSI	^ N					
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)			**************	s <u>-0-</u>			
	· · · · · · · · · · · · · · · · · · ·							
e. TOTAL LOANS OUTSTANDING	*************				, -0-			
f. TOTAL OBLIGATIONS OUTSTANDING					0 -			
				***************************************	9			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Shellie Young Tucker	FROM: 4-23-22 TO: 6-30-22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>650</u> .°°
b. Itemized Contributions (over \$100 from each source this period)	\$
c, TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	\$ <u>650.40</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.)	s <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 a printina postane gasoline)
a, Experiences (#100 or 1000 epoil paries and paries) (mast as inside E) ========	s.g., printing, postago, gasonila,
	
\$	
\$ \$	
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\$	
	
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\$	
s	
\$	
Total of Expenditures (\$100 or less each payee)	
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	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 4463.79
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.i	b.)\$ <u> </u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	s
b. Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	m 12.f.)\$

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Shellie Young 3. COMPLETE THE APPROPRIATE TEMS FOR	NCKE		ED LOAN (I	cans totaling n	ore than \$100 to	FRO 4-	OM: 23-20	22	TO:	HE PERIOD -30-2022
Complete the Following for the Source of the Loan										
First Name Shewe Young		Outstanding L (Beginning g	(Period)	Loans Received	1	Loan Payments		Outstanding Loan Balance (End of Period)		
Last Name/Organization Name	Ĺ		3,500		-			-0-		
Address 217 Connie Dr City State	Zip Code		Loan Receive Primary	ed For:	☐ General I	Election	Date of Load		· ~?	027_
Hendersonville IN	37075		l	Local Elections						200
List All Endors		ntors fo	or Above Loai		ice is needed	please attach	a page)			
First Name Sholling	Middle Mana	214	2)	First Name				Middle N	Vame	
Last Name/Organization Name	- (2-2-		7	Last Name/Or	ganization Nam	ne				
Address 217 Connie D				Address						
City Hendersonville	State	Zip Co	ode 7075	City				State		Zip Code
Amount Guaranteed Outstanding Personal Funds to of		<u> </u>		Amount Guara	inteed Outstand	ding		l		
First Name Middle Name			0	First Name				Middle Name		
Last Name/Organization Name	!		······································	Last Name/O	ganization Nari	ne		'		
Address				Address						
City	State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guar	anteed Outstan	ding				
First Name	Middle Name			First Name				Middle	Name	
Last Name/Organization Name				Last Name/O	rganization Nan	ne		• .		
Address				Address						
City	State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Cutstanding		.1		Amount Guar	anteed Oulstan	ding				
First Name	Middle Name	ı		First Name				Middle	Name	
Last Name/Organization Name	<u>I</u>			Last Name/O	rganizatlon Nar	ne ·		.1		
Address				Address				···		
City	State	Zip C	Code	City	<u> </u>			State		Zip Code
Amount Guaranteed Outstanding	· !			Amount Guar	anteed Outstan	ding		. •		
Totals for all Loans (complete on last page of (Total loans received should also be shown in item 15. on (Total loan payments should also be shown in item 20. on	summary page. summary page.)		(Beg)nning	Loan Balance of Period)	Loans Received	Los Payn	nents		tanding Loan Salance (End of Period)
(Total outstanding loan balance should also be shown in iter				3,5	<u>ص</u>		3.5	∞		-0-



ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT (FROM:	COVERING	THE PERIOD):	
	ncker			4-23-20	 _	6-30-2022	
COMPLETE THE APPROPRIATE TEMS FO	R EACH ITEM	IIZED LOAN (Id	oans totaling more than \$100 from a	any source during the pe	riod)		
omplete the Following for the Source of the Loan irst Name Middle Name		Outstanding Lo		Loan Payments		ding Loan Balance and of Period)	
Shelie / Youn six Name/Organization Name	1,026		0,202			cards for A	MAi le
217 Connie D	Zip Code	Loan Receive	d For:	on Apri	11,2	1022 -	
Hendersonville State List All Endors	37075		Local Elections Only) n (If more space is needed plea	ase attach a page)	Hpri	1 24, 2022	
irst Name Shellie	Mariana Sel	f)	First Name		Middle Na	me	
ast Name/Organization Name			Last Name/Organization Name				
Address			Address				
City Hendersonville	State Z	ip Code 3 70 75	City		State	Zip Code	
Ampunt Guaranteed Outstanding R Personal Credit Card C	ised for	- Maile	Amount Guaranteed Outstanding				
First Name	Middle Name		First Name		Middle Name		
ast Name/Organization Name		<u>-</u>	Last Name/Organization Name			ŀ	
Address		· · · · · · · · · · · · · · · · · · ·	Address				
City	State 2	Cip Code	City		Stale	Zip Code	
Amount Guaranteed Outstanding	·		Amount Guaranteed Outstanding				
First Name	Middle Name		First Name	Middle	Name		
.ast Name/Organization Name		<u> </u>	Last Name/Organization Name				
Address		7	Address				
City	State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding				
First Name	Middle Name		First Name	Middle Name			
Last Name/Organization Name	1		Last Name/Organization Name				
Address			Address				
City	Stale	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding	1		Amount Guaranteed Outstanding	3			
4. Totals for all Loans (complete on last page of iternized loans) (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.)			Outstanding Loan Balance (Beginning of Period)	1	Loan ayments	Outstanding Loan Balance (End of Period)	
			1,026.40	9		آسف ا	

SS-1132 (Rev. 4/02)

* Personal Account Self-funded