# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

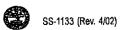
For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	PORT 2.a. NAME OF CANDIDATE OR COMMITTEE							
4-1-2032	Shellie Young Tucker							
2.b. IF COMMITTEE, NAME OF CANDIDATE		<del>-/</del>		3. ELECTION DA	ATE			
				MAY 3, 2				
4.a. CAMPAIGN ADDRESS AND PHONE			<del> </del>	1 / 1/1/ 5/ -				
Street or Rural Route	City	. 4	State	Zip Code	Phone			
217 Connie Dr	Hender	sonulle	TN	37075	615.838.0022			
4.b. CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)							
Olieet of Kurai Koute	City		State	Zip Code	Phone			
5. OFFICE SOUGHT (include district number in		T -						
	applicable)	-		TREASURER (may	be candidate)			
7. CATEGORY OR REPORT (Check one)		1 tau	1 Deck	er)				
7. CATEGORY OR REPORT (Check one)			<u> </u>	<del></del>				
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END			
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	SUPPLEMENT RTING PERIOD	AL SUPPLEMENTAL			
<b>,</b>		_			,			
9. (Check one)	· · · · · · · · · · · · · · · · · · ·	///	aran 5	1,2022				
,								
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	d disclosure because	se contributions	(including in-ki	nd) received total \$	1,000 or less AND expendi-			
			•					
b. This campaign is required to file a de	tailed financial discl	osure because o	ontributions (ir	cluding in-kind) red	eived total more than \$1,000			
and/or expenditures total more than \$	1,000 for this repor	ting period.						
				·				
<ol> <li>I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution</li> </ol>	iformation contained	d in this campaig	n financial dis	closure report is tru	ue and that this report is an			
Financial Disclosure Act. Additionally, I/we	swear or affirm that	no campaion co	ntributions hav	e heen evnended t	ttee by the Campaign for the personal financial			
benefit of the candidate or for any other nor	political purpose as	defined by the	ederal internal	revenue code.	or the percentary in a page			
15/ 11 1 C		~ (°	10.1	///	11/1/2			
Julia tr Juca	4-1-2022		M C10	all _	<u> 4///802D</u>			
signature of candidate	date		siğnature o	f political treasurer	date			
44 MITNESS SIGNATURE		····-		<del></del>				
11. WITNESS SIGNATURE	,		/		- ,			
Robert Tucker	4/1-2	417	KA AT	- Just	1/2/22/2			
signature of witness	177-w2	1	4000	· inco	4/1/2000			
55.1000 OF WILLOS	uate		signat	ure of witness	d <b>áte</b>			
12. SUMMARY				<del></del>				
	F-1	150						
a. BALANCE ON HAND LAST REPORT	1-1	LED		\$	_			
		Pi		1/2/2	,			
b. TOTAL RECEIPTS THIS PERIOD	APR.	08 2022		\$ -7,200	_			
c. TOTAL DISBURSEMENTS THIS PERIOD				. 386.	21			
	SUMNE	R COUNTY		Ų <del>~~~~</del>				
d. BALANCE ON HAND (12.a. plus 12.b. m	Inus 15. ECTION	COMMISSION	****************		3813.79			
e. TOTAL LOANS OUTSTANDING	*************************	***************			3,5∞.∞			
					Ψ			
f. TOTAL OBLIGATIONS OUTSTANDING					-			
			************************	*********************	•			



### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR, COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Shellie Young Tucker	FROM: Jan 2022 TO: 3-31-2022
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	s <u>250.9</u>
b. !temized Contributions (over \$100 from each source this period)	\$ <u>450.</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>7</u> 00-
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 3500, T
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>4200.</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage, gasoline)
Printing/Production \$ 286	
Graphic Design \$ 100	0.00
\$	
\$	
<u></u> \$	<del>,</del>
<u> </u>	
\$	<del></del>
\$	
<u> </u>	
Total of Expenditures (\$100 or less each payee)	\$ 386.21
b. Itemized Expenditures (Over \$100 each payee this period)	\$
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>386. <sup>21</sup></u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>386.21</u>
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 LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD				
					FF Z	FROM: TO: 3/31/2022				
3. COMPLETE THE APPROPRIATE TEMS FOR EACH ITEM ZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan .										
First Name Middle Name				oan Balance f Period)	Loans Receive		Loan yments			Loan Balance (Period)
Last Name/Organization Name				_	\$35c	20		\$3500		
Address Loan Receive							T Bee of Lea			
217 Connie Dr	ie Dr Meriman									
City Hille TN	Zip Code 3フンフ	<b>\</b>	Runoff (Local Elections Only)				2	-28	-26	502
List All Endors	•					i please attac	l h a page)			<del></del>
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State Zip Code			City State Zip Code					Zip Code	
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding			Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name							
Address			Address							
City State Zip Code			ode	City State Zip Code					Zlp Code	
Amount Guaranteed Outstanding				Amount Guara	enteed Outstan	ding				
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address			<del> </del>	Address	.,.		· · · · · · · · · · · · · · · · · · ·			
City	State	Zip C	ode	City State Zip (				Zip Code		
Amount Guaranteed Outstanding				Amount Guara	inteed Outstan	ding		<del></del>		
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name							
Address				Address						
City	State	Zip C	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding				Arnount Guara	ınleed Outstan	ding				
4. Totals for all Loans (complete on last page of itemized loans)  [Total loans received should also be shown in item 15. 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 L (Beginning		Loans Received	Los Payn	in nents		landing Loan Salance (End of Period)	

## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	E /	(	2	REPORT COVERING	TO: 3 31 2022			
Shellie Yang	Amount							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT			E (enter \$0 if first itemized page)  ontributions totaling more than \$100 from any contributor)					
	AUTI I EMIZE Middle Name	D CONTRIBUTION (C	Contribution Received For	Amount of Contribution				
Betty				General Election	,			
Last Name/Organization Name		Prinary Election	\$ 200					
Address 108 Ridge C+S		Runoff (Local Election						
City 11	State Zip Code			Date of Contribution				
Generalin -	37075	3-2-27						
Occupation								
Employer								
First Name	Middle Name	·	Contribution Received I	or:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election	40.5			
Dennen				\$250				
Address 135 Savanac	TrI		Runoff (Local Election					
Chy Hendersonville	State Zip Code TN 37075		Date of Contribution	Aggregate This Election				
Occupation 2	1.1		3-15-	22				
Employer		_		1				
()			<u></u>					
First Name	Middle Name		Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
			Runoff (Local Electi					
Address					The File Co.			
City	State	Zip Code	Date of Contribution	Aggregate This Election				
Occupation								
Employer			[		1			
I		<u> </u>						
First Name	Middle Nam	e	Contribution Received F	or:	Amount of Contribution			
	Middle Nam	е	Contribution Received For Primary Election		Amount of Contribution			
First Name  Last Name/Organization Name	Middle Nam	е		General Election	Amount of Contribution			
First Name  Last Name/Organization Name  Address			Primary Election	General Election				
First Name  Last Name/Organization Name	Middle Nam	e Zip Code	Primary Election	General Election	Amount of Contribution  Aggregate This 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  Employer			Primary Election	General Election	Aggregate This Election			
First Name  Last Name/Organization Name  Address  City  Occupation	State State	Zip Code	Primary Election	General Election				

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE  Shellie Young Lucke				2. REPORT COVER	TO: 3/31/2022			
	<del></del>	Amount						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name Kelly	Middle Nam		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			$\odot$ ( $\circ$	6				
McKinley - Kelly McKinley Branding  Address			Push Cara Desig	<b>3</b> 1 ·	\$100			
	State	7in Code	Desig	M				
city Hendersonville	77	Zip Code 37075	Ú					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name  Mr. Sign Man  Address  129 Connerce D			Car Mag	nets	\$ 142.03			
Herdersmulle	State TN	Zip Code 37075						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name  Address  Address  Illo Imperial Dr  City State Zip Code			Printing	Push	* /44. 1 <u>8</u>			
Hendersonville	State   Zip Code   7N   37075			CO 0-3				
First Name	Middle Nam	nė	Purpose of Expenditure		Amount of Expenditure			
t.ast Name/Business Name	,							
Address								
City	State	Zip Code			-			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address			]					
City	State	Zip Code						
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Lest Name/Business Name								
Address								
City	State	Zip Code						
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional page (if this is the last page of expenditures, this amount mu.)	es of this form	are used.)			\$ 386.21			