CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

			· · · · · · · · · · · · · · · · · · ·			
1. DATE OF REPORT	2.a. NAME OF CAN	,				
4-24-30 32	Shellie	e Your	29 Tu	cker		
2.b. IF COMMITTEE, NAME OF CANDIDATE		ı	\mathcal{O}	3. ELECTION D		
				MAY	3,2022	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone	
217 Connie Dr	Henderso	minile		•	615.838.002	,-,
4.b. CANDIDATE'S HOME ADDRESS (if differen				51015	613. 8 38.002	
Street or Rural Route	City		State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number, i	* * *			TREASURER (ma	y be candidate)	
Co Commussion #	19	+a	ul De	ecker		
7. CATEGORY OR REPORT (Check one)		m	П	 1		
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR		
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		PRIMARY B.b. ENDING	GENERAL, DATE OF REPO	SUPPLEMEN ORTING PERIOD	TAL SUPPLEMENTAL	
April 1, 2022		,()		2022		
9. (Check one)	<u>t</u>	* 1	oril 24	, oull	_ series	
a. This campaign is exempt from detaile	ad disalatura basaysa	oostributions.	(inaludina in la	العملا ومونيوط فمغيا	64 600 I AND	
tures total \$1,000 or less for this repo	orting period. (Comple	te items 12d.	(including in-k) 12e. and 12f.)	\$ 1,000 or less AND expe	enai-
b. This campaign is required to file a de	tailed financial disclosi	ure hecause (contributions (i	neluding in kind) re	eceived total more than \$	1 000
and/or expenditures total more than	\$1,000 for this reporting	g period.	il Elitorio di Dolla (i	nordaling in-kind) re	conved total more than p	11,000
						
10. I/we do solemnly swear or affirm that the i	nformation contained in	n this campai	gn financial di	sclosure report is t	rue and that this report i	is an
accurate accounting of campaign contributi Financial Disclosure Act. Additionally, I/we	ons and expenditures re- swear or affirm that no	required to be campaign o	reported by the ontributions ha	ne candidate comn ve been expended	nittee by the Campaign I for the personal financia	1
benefit of the candidate or for any other no	npolitical purpose as de	efined by the	federal interna	l revenue code.	•	
5/11/1	` . .	_	.)0.		11/2 -1	
signature of candidate	4 24 2022	- <u> </u>	af	de la	4/25	2027
signature of candidate	uate		sign e ture	or political treasure	or / orate	
11. WAITNESS SIGNATURE						
000	.11 11	<i>~</i>				/ _ / .
Lot C. Will	<u>4/34/7</u>	1200	Kel	2 1.	1 hour 4/2	> 5/2 0-3
signature of witness	/date		signa	ature of witness	date	
						
12. SUMMARY	FI	LED	PM	C 10 1 m	בי ביל בי	
a. BALANCE ON HAND LAST REPORT	AM	***************************************		. s 3,8/3	<u>. 7</u> 9	
	APR:	26 2022		-0-	_	
b. TOTAL RECEIPTS THIS PERIOD				\$		
c. TOTAL DISBURSEMENTS THIS PERIOD	SUMN	ER COUNT	Y SION	1.026	40 (Personal	Credit Card
	ELECTIO	IER COUNTS	•	ψ - 		
d. BALANCE ON HAND (12.a. plus 12.b. ı					\$ <u>3,813.79</u>	
	- 10				il /-! :	
e. TOTAL LOANS OUTSTANDINGto	myself				\$ 4,526.4E	2.
e. TOTAL LOANS OUTSTANDING				·····	464 1	_
 f. TOTAL OBLIGATIONS OUTSTANDING 					\$ <u>~ 5 26 . 4</u>	0



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ERING THE PERIOD
Shellie Young Tucker CC#19	FROM: 4-1-22	TO: 4-24-22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	_
b. Itemized Contributions (over \$100 from each source this period)	\$0-	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$
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.)		\$
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)
\$	·· · · · · ·	
\$		
<u> </u>		
\$		
<u> </u>		
\$		
•		
		
\$		
\$ <u></u>		
Total of Expenditures (\$100 or less each payee)	\$	_
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,026.4	·D
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 1026.40
20. LOAN REPAYMENTS MADE THIS PERIOD	***************************************	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	····	\$ 1026,40
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.k	o.)	\$
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	,\$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 1,026.4c	<u> </u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	n 12 .f.)	\$ 1,026.40



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	
Shellie Young Tu	cke	v	C#19	FROM: 4-1-22	TO: 4-24-2022
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FRO	M PRECEDING PAGE	(enter \$0 if first itemized pa	ge)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ZED EXPENDITURE (ex	openditures totaling more than \$100	to any payee during the per	iod)
First Name	Middle Nam	ne .	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			Mailer#1]	Design	\$192.50
Kelly L Mc Kin Ley Branding + Communication			MAIler #2	Dasim	\$ 105.00
Address	_		MANIER	DESIGN	15,00
City Hendersonville	State	Zip Code 37075			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	İ		mailer#1-	Print/MAi)	\$ 345, 95
Fox Printing			<u>.</u>		
931 Old Lebanon Dirt &	21		Mariler #2 - F	Print/MAil	¥382.95
City	State	Zip Code	1		
Hermitage	N	37076			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	·		1		
			4		
Address					
City	State	Zip Code			
			7		A
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code	-		-
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1				
Address	·				
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	•				
Address			_		
City	State	Zip Code			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page	s of this form	are used)			\$ 1,026.40
(If this is the last page of expenditures, this amount mu				 	1,120,10

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE									NG THE PERIOD
Shallie V.		<i>ا</i> لمامال	<i>د</i>		Cc #	±19	FF	ROM:	, ,	TO:
3. COMPLETE THE APPROPRIAT	γυση E (TE M S F	OR EACH IT	EMIZ	ED LOAN (1	oans totaling r	nore than \$100	from any source	e during the pe	riod)	4-34-907
										
Complete the Following for the Source of First Name	Middle Nam	ne		Outstanding L	oan Balance	Loans	· 1	Loan	Outst	anding Loan Balance
Shellie	You	na		(Beginning o		Received MAI'le		yments		(End of Period)
Last Name/Organization Name	l.	ر.		¥3,5°	∞	1,026	.40		4,5	526,40
Address	~ .			Loan Receive		I <u>-</u>		Date of Loa	an ,	
217 Connie	State	Zip Code		Primary	Election	☐ General	Election			
Hille	Thi	370	75	☐ Runoff (Local Elections	Only)		April	7+,	April 21
Ĺ	ist All Endoi	sers or Guara	intors f	or Above Loa	n (If more spa	ace is needed	i please attac	h a page)		
First Name		Middle Name	1		First Name				Middle	Name
Last Name/Organization Name		<u> </u>			Last Name/O	ganization Nan	пе		<u>.l</u>	
Address	•	· · · ·			Address	** *** *** ***				
City		State	Zip C	Code	City		·	· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Amount Guaranteed Outstanding		- 	1		Amount Guar	anteed Outstan	ding			<u> </u>
First Name		Middle Name	;		First Name				Middle	Name
Last Name/Organization Name		. l			Last Name/Organization Name					
Address			•		Address					
City		State	Zip (Code	City				State	Zip Code
Amount Guaranteed Outstanding	-				Amount Guar	anteed Outstan	ding			
First Name		Middle Name	9	<u>.</u>	First Name				Middle	e Name
Last Name/Organization Name	., .				Last Name/C	rganization Nat	me			- Lite And Andrews Published
Address					Address					, ,
City		State	Zip (Code	City		······		State	Zip Code
Amount Guaranteed Outstanding			•		Amount Gua	anteed Outstan	nding		- 1	
First Name		Middle Nami	8		First Name				Middle	Name
Last Name/Organization Name					Last Name/C	rganization Na	me			
Address					Address					
City		State	Zip (Code	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Gua	anteed Outstar	nding			
Totals for all Loans (complete on (Total loans received should also be shown	in item 16. or	summary page	.)			Loan Balance g of Period)	Loans Received		oan ments	Outstanding Loan Balance (End of Period)
(Total loan payments should also be shown (Total outstanding loan balance should also					3,50	∞	1026.4	0 -		4,526,40



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE C	OR COMMITTEE		20.4.0	REPORT COVERII	NG THE PERIOD
Shellie Yo	ung luck	er	CC#19	FROM: 4-1-22	TO: 4-24-2027
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS FROM	PRECEDING PAC	GE (enter \$0 if first itemized page	a)	Amount
4. COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEM	ZED IN-KIND CONTI	RIBUTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)
First Name	/Jiddle Na	me	In-Kind Contribution Received:		Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Electio		
Address			Date of In-Kind Contribution	,,	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	l	
Occupation	Employer				
First Name	Middle Na	nme .	In-Kind Contribution Recei		Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Election		
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
First Name	Middle N	ame	in-Kind Contribution Recei		Value of In-Kind Contribution
Last Name/Organization Name	<u>. </u>		Lanoff (Local Election		
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contributio	n	
Occupation	Employer				
First Name	Middle N	ame	In-Kind Contribution Recei		Value of In-Kind Contribution
Last Name/Organization Name	· · · · · · · · · · · · · · · · · · ·		Runoff (Local Election		
Address			Date of In-Kind Contribution	· · · · · · · · · · · · · · · · · · ·	Aggregate this Election
City	Stat	Zip Code	Description of In-Kind Contribution	n	
Occupation	Employer				
First Name	Middle N	ame	In-Kind Contribution Rec		Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Election		
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contributio	n	
Occupation	Employer			·	·
5. TOTAL ITEMIZED IN-KINI (Carry forward to item 3. of next po	age if additional pages of this for				
(If this is the last page of in-kind or	entributions, this amount must be	shown in Item 22b. of su		age of I	RDA 1159
ASS. OO. LIED (IZA: ELOO)			Г	49V UI	_ NDA 1139

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME_OF CANDIDATE OR,COMN	2. REPORT COVERING THE PERIOD					
Shellie Young Tucker				FROM: 4-1-3		4-24-2023
 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 Na	eme				
Last Name/Business Name	<u>l</u>					
Address						
City	State	Zip Code				
Description of Obligation		<u>l</u>		<u> </u>		<u> </u>
First Name	Middle N	ame				
Last Name/Business Name				A SHAPPER SHAP		
Address				ALL PROPERTY OF THE PARTY OF TH		
City	State	Zip Code				
Description of Obligation		<u> </u>		<u> </u>		
First Name	Middle N	ame]		
Last Name/Business Name						
Address						
City	State	Zip Code				:
Description of Obligation				<u> </u>	<u> </u>	
First Name	Madie N	ame			Ī	
Last Name/Business Name					,	
Address			_			
City	State	Zip Code				
Description of Obligation				<u> </u>	<u> </u>	
	1			1	 	-
First Name	Middle N	атте				
Last Name/Business Lame						
Address						
City	State	Zip Code				
Description of Obligation						
TOTALS (Total from Outstanding Balance - (End of the Control of the Cont	f Period) column mi	ust also be shown				
in item 23b. on summary page.)						

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF	R COMMITTEE		2	REPORT COVER	ING THE PERIOD			
Shellie 1	Jours, TU	cker		FROM: 4-1-22	TO: 4-24-2022			
3. TOTAL ITEMIZED CAMPAIG	1 ()		PAGE (enter \$0 if first itemized t	page)	Amount			
4. COMPLETE THE APPROPRIATE					or)			
First Name	Middle Name		Contribution Received For		Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Last Name Organization Name								
Address	-		Runoff (Local Electio	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregat This Election			
Occupation		· · · · · · · · · · · · · · · · · · ·						
Employer								
First Name	Middle Nar	ne	Contribution Received	For:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Electi	ns Only)				
	(2)-/-	Zin Code	Date of Contribution	· · · · · · · · · · · · · · · · · · ·	Aggregate This Election			
City	State	Zip Code			riggiogate trib Election			
Occupation								
Employer		<u></u>						
					1 0 0 0			
First Name	Middle Nar	me	Contribution Received	For:	Amount of Contribution			
Last Name/Organization Name	I		Primary Election	General Election				
Address			Runoff (Local Elect	ions Only)				
City	State	In Code	Date of Contribution		Aggregate This Election			
		/						
Occupation								
Employer								
First Name	fiddle Na	me	Contribution Received F	or:	Amount of Contribution			
Last Name/Organization Name		·	Primary Election	General Election				
Last Matticroryanization Mattic								
Address			Runoff (Local Elec	tions Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation		<u> </u>						
Employer								
		 						
5. TOTAL ITEMIZED CONTE		are upped \						
(Carry forward to item 3, of next p (If this is the last page of contribut	age if additional pages of this form tions, this amount must be shown	rare used.) In item 15b. of summar	ry.)					
l		•						