



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/10/2026 2.a. Candidate or Committee Name: Jeff McKinney
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 2326 Chase Ln
City: Murfreesboro State: TN Zip Code: 37130 Phone: _____
5. Candidate Home Address: 2326 Chase Ln
City: Murfreesboro State: TN Zip Code: 37130 Phone: _____
Candidate Email Address: jeffmckinney2929@gmail.com
6. Office Sought: (include district number, if applicable) Circuit Court Clerk
7. Name of Political Treasurer (may be candidate): Rachel Brabender
Political Treasurer Email Address: rachelbrabender@yahoo.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: 4/26/2026 End Date: 6/30/2026
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.

Candidate Signature

Date

D3DD-4F4D-9BC9-84D
07/10/26 - 11:01 AM

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|-----------------------|
| a. Balance On Hand Last Report | \$ <u>\$981.24</u> |
| b. Total Receipts This Period | \$ <u>\$2,018.76</u> |
| c. Total Disbursements This Period | \$ <u>\$3,000.00</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$0.00</u> |
| e. Total Loans Outstanding | \$ <u>\$34,418.76</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jeff McKinney

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ \$100.00
- c. Loans Received This Reporting Period..... \$ \$1,918.76
- 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.) \$ \$2,018.76

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$3,000.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- 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.)..... \$ \$3,000.00

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$3,109.89
- c. Total In-Kind Contributions Received This Period \$ \$3,109.89

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jeff McKinney
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Melton

Address: 910 Westside Ct City: Murfreesboro State: TN Zip Code: 37130

Occupation: Retired Employer: N/A

Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

Amount of Contribution: \$ \$100.00 Date of Contribution: 5/8/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **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: \$ _____

Business or Organization Name: _____ **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: \$ _____

Business or Organization Name: _____ **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: \$ _____

Total Contributions: \$ \$100.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jeff McKinney
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: Holston Home Care **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 925 S Church St Suite C300 City: Murfreesboro State: TN Zip Code: 37130

Occupation: Senior Care Employer: Self

In-Kind Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \$640.00 In-Kind Contribution Date: 5/5/2026 Aggregate This Election: \$ \$3,800.00

Description of In-Kind Contribution: Watch Partv

Business or Organization Name: _____ **OR**

First Name: Rachel Middle Name: _____ Last Name: Brabender

Address: 4647 Herschel Hudson Rd City: Lascassas State: TN Zip Code: 37085

Occupation: Self Employer: Self

In-Kind Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \$1,900 In-Kind Contribution Date: 5/5/2026 Aggregate This Election: \$ \$1,900.00

Description of In-Kind Contribution: Watch Partv

Business or Organization Name: _____ **OR**

First Name: Brittany Middle Name: _____ Last Name: McCrary

Address: 4647 Herschel Hudson Rd City: Lascassas State: TN Zip Code: 37085

Occupation: N/A Employer: N/A

In-Kind Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \$569.89 In-Kind Contribution Date: 5/5/2026 Aggregate This Election: \$ \$569.89

Description of In-Kind Contribution: Watch Partv

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ \$3,109.89

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Jeff McKinney
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: _____ **OR**
First Name: Carrie Middle Name: _____ Last Name: Corbin
Address: N/A City: N/A State: TN Zip Code: 37130
Purpose of Expenditure: Campaign Cookies
Amount of Expenditure: \$ \$140.00 Date of Expenditure: \$ 4/27/2026

Business or Organization Name: _____ **OR**
First Name: Kaeleigh Middle Name: _____ Last Name: Kelley
Address: N/A City: N/A State: TN Zip Code: 37130
Purpose of Expenditure: Logo Cake
Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 4/27/2026

Business or Organization Name: _____ **OR**
First Name: Malea Middle Name: _____ Last Name: Shelton
Address: 302 W Main St City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Watch Party Decorations
Amount of Expenditure: \$ \$350.00 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: Griffin Strategies **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 235 City: Starkville State: MS Zip Code: 39760
Purpose of Expenditure: Win Bonus
Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 5/10/2026

Business or Organization Name: Happy's Sports Lounge **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 302 W Main St City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Watch Party
Amount of Expenditure: \$ \$860.00 Date of Expenditure: \$ 5/5/2026

Total Expenditures: \$ \$3,000.00

(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.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Jeff McKinney
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Jeff Middle Name: _____ Last Name: McKinney

Address: 2623 Chase Ln City: Murfreesboro State: TN Zip Code: 37130

Outstanding Loan Balance (Beginning) \$ \$32,500.00

Loans Received \$ \$1,918.76

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$34,418.76

Loan Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: 5/10/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$32,500.00

Loans Received \$ \$1,918.76

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$34,418.76