



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

### For Single-Candidate Committees

1. Date: 1/24/2026 2.a. Candidate or Committee Name: Kimberly Calcote
- 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 8/4/2026
4. Campaign Address: 419 Childe Harolds Ln  
City: Brentwood State: TN Zip Code: 37027 Phone: \_\_\_\_\_
5. Candidate Home Address: 419 Childe Harolds Lane  
City: Brentwood State: TN Zip Code: 37027 Phone: 6155616079  
Candidate Email Address: kimberlylcalcote@gmail.com
6. Office Sought: (include district number, if applicable) Wmson Cty School Board-Dist 06
7. Name of Political Treasurer (may be candidate): James Brian Calcote  
Political Treasurer Email Address: brian.calcote@gmail.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: 10/1/2025 End Date: 1/15/2026
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

E75F-4A19-A60277AC Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

#### 12. Summary:

|                                                         |               |
|---------------------------------------------------------|---------------|
| a. Balance On Hand Last Report .....                    | \$ \$0.00     |
| b. Total Receipts This Period .....                     | \$ \$1,750.00 |
| c. Total Disbursements This Period .....                | \$ \$50.00    |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... | \$ \$1,700.00 |
| e. Total Loans Outstanding .....                        | \$ \$1,000.00 |
| f. Total Obligations Outstanding .....                  | \$ \$0.00     |

## SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Kimberly Calcote

14. Reporting Period: Start Date: 10/1/2025 End Date: 1/15/2026

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) ..... \$ \$750.00
- c. Loans Received This Reporting Period..... \$ \$1,000.00
- 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.) ..... \$ \$1,750.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$50.00  
(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.)..... \$ \$50.00

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Kimberly Calcote
2. Reporting Period: Start Date: 10/1/2025 End Date: 1/15/2026
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: Bruce Middle Name: \_\_\_\_\_ Last Name: McNeilage

Address: 2118 Willowmet Ln City: Brentwood State: TN Zip Code: 37027

Occupation: CEO Employer: Kinloch Partners

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 1/4/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Robin Middle Name: \_\_\_\_\_ Last Name: Baldree

Address: 6300 Arno Rd City: Franklin State: TN Zip Code: 37064

Occupation: Realtor and Owner Employer: Marcoma Realty

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 1/13/2026 Aggregate This Election: \$ \$500.00

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: \$ \_\_\_\_\_

Total Contributions: \$ \$750.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Kimberly Calcote
2. Reporting Period: Start Date: 10/1/2025 End Date: 1/15/2026
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: TN GOP **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 95 Whitebridge Rd City: Nashville State: TN Zip Code: 37205  
Purpose of Expenditure: Candidate Filing Fee  
Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 12/29/2025

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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \$ \$50.00

(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: Kimberly Calcote
2. Reporting Period: Start Date: 10/1/2025 End Date: 1/15/2026
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: Kimberly Middle Name: Leleux Last Name: Calcote

Address: 419 Childe Harolds Ln City: Brentwood State: TN Zip Code: 37027

Outstanding Loan Balance (Beginning) ..... \$ \$1,000.00

Loans Received ..... \$ \$1,000.00

Loan Payments ..... \$ \$0.00

Outstanding Loan (End)..... \$ \$1,000.00

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

Date of Loan: 12/19/2025

**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) ..... \$ \$1,000.00

Loans Received ..... \$ \$1,000.00

Loan Payments ..... \$ \$0.00

Outstanding Loan (End)..... \$ \$1,000.00

