CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/1/2026 2.a. Candidate or Committee Name: Kimberly Calcote

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

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 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: 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	Political Treasurer Signature	Date
		A515-4C87-BD83-DB9A 07/01/26 - 9:22 PM	
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $3,588.31
b.	Total Receipts This Period	$ $2,498.06
c.	Total Disbursements This Period	$ $1,297.36
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $4,789.01
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: 4/26/2026 End Date: 6/30/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ $374.57
(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) ..... $ $2,123.49

c. Loans Received This Reporting Period ..... $

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.) ..... $ $2,498.06

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $1,297.36
(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.) ..... $ $1,297.36

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $

b. Itemized In-Kind Contributions Received This Period ..... $ $134.00

c. Total In-Kind Contributions Received This Period ..... $ $134.00

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: 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: Mary Middle Name: Kate Last Name: Brown

Address: 4316 Bella Mina Ln City: Franklin State: TN Zip Code: 37064

Occupation: SAHM Employer: Self

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

Amount of Contribution: $ $240.15 Date of Contribution: 5/21/2026 Aggregate This Election: $ $240.15

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: O'Neil

Address: 1417 Red Oak Dr. City: Brentwood State: TN Zip Code: 37027

Occupation: Retired Employer: Self

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

Amount of Contribution: $ $133.34 Date of Contribution: 5/22/2026 Aggregate This Election: $ $133.34

Business or Organization Name: _____ **OR**

First Name: Jay Middle Name: _____ Last Name: Galbreath

Address: 1791 Northumberland City: Brentwood State: TN Zip Code: 37027

Occupation: CFO Employer: Navarre Corporation

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

Amount of Contribution: $ $500.00 Date of Contribution: 5/31/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Rogers Middle Name: _____ Last Name: Anderson

Address: 708 Dorris Ct City: Franklin State: TN Zip Code: 37069

Occupation: County Mayor Employer: Williamson County

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

Amount of Contribution: $ $250.00 Date of Contribution: 6/29/2026 Aggregate This Election: $ $250.00

Total Contributions: $ $1,123.49

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Kimberly Calcote
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) $ $1,123.49

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Williamson County Republican Party **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 130 Seaboard Ln, A9 City: Franklin State: TN Zip Code: 37067
Occupation: County Party Employer: Williamson County
Contribution Received For: Primary Election ■ General Election Runoff (Local Elections Only)
Amount of Contribution: $ $1,000.0 Date of Contribution: 6/29/2026 Aggregate This Election: $ $1,000.0

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: $ $2,123.49
(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: Kimberly Calcote

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: ______ **OR**

First Name: Nelson Middle Name: ______ Last Name: Andrews

Address: 1 Cadillac Dr City: Brentwood State: TN Zip Code: 37027

Occupation: President Employer: Andrews Cadillac

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

In-Kind Contribution Value: $ $134.00 In-Kind Contribution Date: 5/6/2026 Aggregate This Election: $ $634.00

Description of In-Kind Contribution: Campaign Kickoff Location

---

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: ______

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: ______

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: $ $134.00

(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: Kimberly Calcote

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: Ecanvasser **OR**

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

Address: online City: Cork State: N/A Zip Code: 00000

Purpose of Expenditure: Walking App

Amount of Expenditure: $ $99.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: AMI/615 Graphics **OR**

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

Address: 7104 Crossroads Blvd City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: Flyers

Amount of Expenditure: $ $104.48 Date of Expenditure: $ 5/6/2026

Business or Organization Name: Sams **OR**

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

Address: 3070 Mallory Ln City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: food for kickoff event

Amount of Expenditure: $ $44.22 Date of Expenditure: $ 5/6/2026

Business or Organization Name: Ecanvasser **OR**

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

Address: Cork Ireland City: Cork State: N/A Zip Code: 00000

Purpose of Expenditure: Walking App

Amount of Expenditure: $ $99.00 Date of Expenditure: $ 5/27/2026

Business or Organization Name: Ecanvasser **OR**

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

Address: Cork Ireland Online App City: Cork State: N/A Zip Code: 00000

Purpose of Expenditure: Walking App

Amount of Expenditure: $ $99.00 Date of Expenditure: $ 6/27/2026

Total Expenditures: $ $445.70

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Kimberly Calcote

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) $ $445.70

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: Battle Ground Strategies **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: PO Box 680805 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Campaign Manager

Amount of Expenditure: $ $500.00 Date of Expenditure: $ 6/3/2026

Business or Organization Name: Republican Women of Williamson County **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: 625 Bakers Bridge Rd, Ste 123-23 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Event Attendance

Amount of Expenditure: $ $351.66 Date of Expenditure: $ 6/10/2026

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: $ $1,297.36

(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: 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: Kimberly Middle Name: Kimberly Last Name: Calcote

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

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

Loans Received .... $ $0.00

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 .... $ $0.00

Loan Payments .... $ $0.00

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