CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 2/2/2026 2.a. Candidate or Committee Name: Bill Sofield

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: P.O. Box 31761

City: Knoxville State: TN Zip Code: 37930 Phone: _____

5. Candidate Home Address: 2328 Mount Olive Rd

City: Knoxville State: TN Zip Code: 37920 Phone: _____

Candidate Email Address: bsofield@comcast.net

6. Office Sought: (include district number, if applicable) School Board, District 9

7. Name of Political Treasurer (may be candidate): Chrissey Stephens Stephens

Political Treasurer Email Address: clstephenstn@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: 8/15/2025 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	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

4D68-49A0-896E-49D9
02/02/26 - 7:41 PM

12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $7,805.11
c.	Total Disbursements This Period	$ $1,932.37
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $5,872.74
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Bill Sofield

14. Reporting Period: Start Date: 8/15/2025 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) ..... $ $7,805.11

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.) ..... $ $7,805.11

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $1,932.37
(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.)..... $ $1,932.37

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: Bill Sofield

2. Reporting Period: Start Date: 8/15/2025 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: Michael Middle Name: _____ Last Name: Bittel

Address: 309 Governors Ln City: Farragut State: TN Zip Code: 37934

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $500.00 Date of Contribution: 8/25/2025 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Tom Middle Name: _____ Last Name: Pack

Address: 7148 Government Farm Rd City: Knoxville State: TN Zip Code: 37920

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $200.00 Date of Contribution: 9/3/2025 Aggregate This Election: $ $200.00

Business or Organization Name: _____ **OR**

First Name: Martin Middle Name: _____ Last Name: Ammons

Address: 3111 Saratoga Dr City: Knoxville State: TN Zip Code: 37920

Occupation: Tarp Manufacturer Employer: Trailer Specialist of Knoxville

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

Amount of Contribution: $ $250.00 Date of Contribution: 9/3/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Douglas Middle Name: _____ Last Name: Harris

Address: 1212 Great Oaks Way City: Knoxville State: TN Zip Code: 37909

Occupation: Business Owner Employer: HRG

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

Amount of Contribution: $ $1,500.0 Date of Contribution: 9/14/2025 Aggregate This Election: $ $1,500.0

Total Contributions: $ $2,450.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Bill Sofield

2. Reporting Period: Start Date: 8/15/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $2,450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Carla Middle Name: _____ Last Name: Harris

Address: 1212 Great Oaks Way City: Knoxville State: TN Zip Code: 37909

Occupation: Homemaker Employer: Self

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

Amount of Contribution: $ $1,500.0 Date of Contribution: 9/14/2025 Aggregate This Election: $ $1,500.0

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Mollenhour

Address: 11124 Kingston Pike Ste 119-311 City: Knoxville State: TN Zip Code: 37934

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $500.00 Date of Contribution: 10/22/2025 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Brown

Address: PO Box 10193 City: Knoxville State: TN Zip Code: 37939

Occupation: Business Owner Employer: Brown Brown & West Property Management

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

Amount of Contribution: $ $750.00 Date of Contribution: 10/31/2025 Aggregate This Election: $ $750.00

Business or Organization Name: _____ **OR**

First Name: Monica Middle Name: _____ Last Name: Irvine

Address: 862 Hansmore Place City: Knoxville State: TN Zip Code: 37919

Occupation: Teacher Employer: Monica Madewell Irvine

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

Amount of Contribution: $ $52.40 Date of Contribution: 11/18/2025 Aggregate This Election: $ $52.40

Total Contributions: $ $5,252.40

(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: Bill Sofield

2. Reporting Period: Start Date: 8/15/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $5,252.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Carolyn Middle Name: _____ Last Name: Sofield

Address: 1214 Spearpoint Dr City: Hendersonville State: TN Zip Code: 37075

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $500.00 Date of Contribution: 11/20/2025 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Jack Middle Name: C Last Name: Sofield

Address: 1214 Spearpoint Dr City: Hendersonville State: TN Zip Code: 37075

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $500.00 Date of Contribution: 11/20/2025 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Justin Middle Name: _____ Last Name: Hirst

Address: 2433 E 5th Ave City: Knoxville State: TN Zip Code: 37917

Occupation: Product Support Employer: Smiths Detection

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

Amount of Contribution: $ $1,041.9 Date of Contribution: 11/20/2025 Aggregate This Election: $ $1,041.9

Business or Organization Name: _____ **OR**

First Name: Peter Middle Name: _____ Last Name: Claussen

Address: 2329 Quiet Side Ln City: Knoxville State: TN Zip Code: 37920

Occupation: Railroad Administrator Employer: Gulf & Ohio Railways

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

Amount of Contribution: $ $260.73 Date of Contribution: 12/9/2025 Aggregate This Election: $ $260.73

Total Contributions: $ $7,555.11

(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: Bill Sofield

2. Reporting Period: Start Date: 8/15/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $7,555.11

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Knox Liberty Organization **OR**

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

Address: PO Box 31761 City: Knoxville State: TN Zip Code: 37930

Occupation: N/A Employer: N/A

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

Amount of Contribution: $ $100.00 Date of Contribution: 12/9/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Melody Middle Name: _____ Last Name: Watts

Address: 717 Broome Rd City: Knoxville State: TN Zip Code: 37909

Occupation: Event Technician Employer: Pellissippi State Community College

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

Amount of Contribution: $ $50.00 Date of Contribution: 12/17/2025 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Angela Middle Name: _____ Last Name: Russell

Address: 12212 Mossy Point Way City: Knoxville State: TN Zip Code: 37922

Occupation: County Commissioner Employer: Knox County

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

Amount of Contribution: $ $100.00 Date of Contribution: 1/11/2026 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: $ _____

Total Contributions: $ $7,805.11

(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: Bill Sofield

2. Reporting Period: Start Date: 8/15/2025 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: _____ **OR**

First Name: Chrissey Middle Name: _____ Last Name: Stephens

Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $300.00 Date of Expenditure: $ 9/16/2025

Business or Organization Name: Harland Clarke **OR**

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

Address: PO Box 30987 City: Salt Lake City State: UT Zip Code: 84130

Purpose of Expenditure: Office Supplies

Amount of Expenditure: $ $37.80 Date of Expenditure: $ 9/24/2025

Business or Organization Name: Wind Consulting **OR**

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

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Campaign Consultant

Amount of Expenditure: $ $1,000.00 Date of Expenditure: $ 11/10/2025

Business or Organization Name: iPROMOTEu **OR**

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

Address: Dept 2419 PO Box 122419 City: Dallas State: TX Zip Code: 75312

Purpose of Expenditure: Printing

Amount of Expenditure: $ $514.86 Date of Expenditure: $ 1/2/2026

Business or Organization Name: Andedot/Fundraising Site **OR**

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

Address: 5555 Hilton Ave Ste 106 City: Baton Rouge State: LA Zip Code: 70808

Purpose of Expenditure: Bank Fees

Amount of Expenditure: $ $79.71 Date of Expenditure: $ 1/15/2026

Total Expenditures: $ $1,932.37

(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.)