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

1. Date: 7/10/2026 2.a. Candidate or Committee Name: Bill Sofield

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

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

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: 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
Witness Signature	Date	Witness Signature	Date

ACF6-477E-B045-F7DF
07/10/26 - 3:54 PM

12. Summary:

a.	Balance On Hand Last Report	$ $1,948.96
b.	Total Receipts This Period	$ $13,006.68
c.	Total Disbursements This Period	$ $5,701.66
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $9,253.98
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: 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) ..... $ $13,006.68

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.) ..... $ $13,006.68

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $5,701.66
(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.) ..... $ $5,701.66

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: 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: Anne Middle Name: _____ Last Name: Colquitt

Address: 3921 Glenfield Dr City: Knoxville State: TN Zip Code: 37919

Occupation: Business Owner Employer: Self Employed

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

Amount of Contribution: $$1,900.0 Date of Contribution: 5/11/2026 Aggregate This Election: $ $1,900.0

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Colquitt

Address: 3921 Glenfield Dr City: Knoxville State: TN Zip Code: 37919

Occupation: Business Owner Employer: Self Employed

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

Amount of Contribution: $$1,900.0 Date of Contribution: 5/11/2026 Aggregate This Election: $ $1,900.0

Business or Organization Name: _____ **OR**

First Name: Jason Middle Name: _____ Last Name: Zachary

Address: 11329 Gates Mill Dr City: Knoxville State: TN Zip Code: 37934

Occupation: State Rep Employer: Tennessee

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

Amount of Contribution: $$350.00 Date of Contribution: 5/15/2026 Aggregate This Election: $ $350.00

Business or Organization Name: _____ **OR**

First Name: Kyle Middle Name: _____ Last Name: Nahrebne

Address: 7827 McMillan Rd City: Knoxville State: TN Zip Code: 37914

Occupation: Retired Employer: Retired

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

Amount of Contribution: $$52.40 Date of Contribution: 5/15/2026 Aggregate This Election: $ $52.40

Total Contributions: $ $4,202.40

(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: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $4,202.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Zach Middle Name: _____ Last Name: Wishart

Address: 8840 Keenberg Ln City: Knoxville State: TN Zip Code: 37931

Occupation: Principal Employer: River's Edge Christian Academy

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

Amount of Contribution: $ $260.73 Date of Contribution: 5/20/2026 Aggregate This Election: $ $260.73

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Graham

Address: PO Box 12489 City: Knoxville State: TN Zip Code: 37912

Occupation: Business Ower Employer: Tiger GP

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

Amount of Contribution: $ $500.00 Date of Contribution: 5/29/2026 Aggregate This Election: $ $500.00

Business or Organization Name: Knox County Republican Party **OR**

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

Address: PO Box 50153 City: Knoxville State: TN Zip Code: 37950

Occupation: N/A Employer: N/A

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

Amount of Contribution: $ $500.00 Date of Contribution: 5/29/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Martin Middle Name: _____ Last Name: Daniel

Address: 206 Whithorn Ln City: Knoxville State: TN Zip Code: 37909

Occupation: Owner Employer: Volunteer Outdoor Advertising LLC

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

Amount of Contribution: $ $250.00 Date of Contribution: 6/5/2026 Aggregate This Election: $ $250.00

Total Contributions: $ $5,713.13

(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: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $5,713.13

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: $$1,000.0 Date of Contribution: 6/8/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: Dana Middle Name: _____ Last Name: Hofseth

Address: 911 Heathgate Rd City: Knoxville State: TN Zip Code: 37922

Occupation: Retired Employer: Retired

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

Amount of Contribution: $$1,900.0 Date of Contribution: 6/9/2026 Aggregate This Election: $ $1,900.0

Business or Organization Name: _____ **OR**

First Name: Doug 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: $$1,750.0 Date of Contribution: 6/15/2026 Aggregate This Election: $ $1,750.0

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: $$1,750.0 Date of Contribution: 6/15/2026 Aggregate This Election: $ $1,750.0

Total Contributions: $ $12,113.13

(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: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $12,113.13

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Parker Middle Name: _____ Last Name: Bartholomew

Address: 5406 Summitridge Ln City: Knoxville State: TN Zip Code: 37921

Occupation: Restaurant Employer: Self

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

Amount of Contribution: $ $521.15 Date of Contribution: 6/13/2026 Aggregate This Election: $ $521.15

Business or Organization Name: _____ **OR**

First Name: Kyle Middle Name: _____ Last Name: Nahrebne

Address: 7827 McMillan Rd City: Knoxville State: TN Zip Code: 37914

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $52.40 Date of Contribution: 6/25/2026 Aggregate This Election: $ $104.80

Business or Organization Name: _____ **OR**

First Name: Ray Middle Name: _____ Last Name: Hill

Address: 600 Lookout Ct 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: $ $50.00 Date of Contribution: 6/29/2026 Aggregate This Election: $ $550.00

Business or Organization Name: _____ **OR**

First Name: Kandace Middle Name: _____ Last Name: Fettes-Moran

Address: 2705 Smallwood Dr City: Knoxville State: TN Zip Code: 37920

Occupation: Parks & Rec Employer: City of Knoxville

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

Amount of Contribution: $ $20.00 Date of Contribution: 6/29/2026 Aggregate This Election: $ $20.00

Total Contributions: $ $12,756.68

(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: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $12,756.68

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______ **OR**
First Name: Joe Middle Name: ______ Last Name: Hultquist
Address: 2240 Fisher Pl 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: $ $250.00 Date of Contribution: 6/29/2026 Aggregate This Election: $ $250.00

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: $ $13,006.68
(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: 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: 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: $ $95.00 Date of Expenditure: $ 4/28/2026

Business or Organization Name: _____ **OR**

First Name: Caleb Middle Name: _____ Last Name: Grinstead

Address: 323 Greystone Rd City: Marion State: VA Zip Code: 24354

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $15.49 Date of Expenditure: $ 5/1/2026

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Sweeney Jr

Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $32.12 Date of Expenditure: $ 5/1/2026

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: $ $8.24 Date of Expenditure: $ 5/1/2026

Business or Organization Name: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: $ $0.44 Date of Expenditure: $ 5/1/2026

Total Expenditures: $ $151.29

(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: Bill Sofield

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) $ $151.29

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: Hart Graphics **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: $ $316.83 Date of Expenditure: $ 5/4/2026

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

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

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $45.00 Date of Expenditure: $ 5/5/2026

Business or Organization Name: _____ **OR**

First Name: Nathon Middle Name: _____ Last Name: Ballinger

Address: 2916 Brabson Dr City: Knoxville State: TN Zip Code: 37918

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $346.88 Date of Expenditure: $ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Elijah Middle Name: _____ Last Name: Boatwright

Address: 221 E Blount Ave Apt 609 City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $187.76 Date of Expenditure: $ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Caleb Middle Name: _____ Last Name: Choma

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $73.01 Date of Expenditure: $ 5/15/2026

Total Expenditures: $ $1,120.77

(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: Bill Sofield

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) $ $1,120.77

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: David Middle Name: _____ Last Name: Jaster

Address: 18101 Lincoln Rd City: New Lothrop State: MI Zip Code: 48460

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $73.56 Date of Expenditure: $ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Patty Middle Name: Jean Last Name: King

Address: 7604 Breckenridge Ln City: Knoxville State: TN Zip Code: 37938

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $98.30 Date of Expenditure: $ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Bunker Middle Name: _____ Last Name: Seyfert

Address: 2658 Scottish Pike City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $70.41 Date of Expenditure: $ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Monty Middle Name: _____ Last Name: Venable

Address: 2307 W Beaver Creek Dr City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $59.52 Date of Expenditure: $ 5/15/2026

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: $ $135.73 Date of Expenditure: $ 5/15/2026

Total Expenditures: $ $1,558.29

(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: Bill Sofield

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) $ $1,558.29

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: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: $ $9.00 Date of Expenditure: $ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Sweeney Jr

Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $54.50 Date of Expenditure: $ 6/1/2026

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: $ $12.79 Date of Expenditure: $ 6/1/2026

Business or Organization Name: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: $ $0.69 Date of Expenditure: $ 6/1/2026

Business or Organization Name: iPROMOTEu **OR**

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

Address: PO Box 719161 City: Chicago State: IL Zip Code: 60677

Purpose of Expenditure: Printing

Amount of Expenditure: $ $2,809.74 Date of Expenditure: $ 6/4/2026

Total Expenditures: $ $4,445.01

(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: Bill Sofield

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) $ $4,445.01

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: Hart Graphics **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: $ $364.13 Date of Expenditure: $ 6/16/2026

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Sweeney Jr

Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $21.70 Date of Expenditure: $ 6/17/2026

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: $ $5.49 Date of Expenditure: $ 6/17/2026

Business or Organization Name: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: $ $0.45 Date of Expenditure: $ 6/17/2026

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

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

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $90.00 Date of Expenditure: $ 6/24/2026

Total Expenditures: $ $4,926.78

(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: Bill Sofield

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) $ $4,926.78

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: Cherilyn Middle Name: _____ Last Name: Wiatr

Address: 5965 Babelay Rd City: Knoxville State: TN Zip Code: 37924

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $15.00 Date of Expenditure: $ 6/26/2026

Business or Organization Name: i360 **OR**

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

Address: 2300 Clarendon Blvd Ste 800 City: Arlington State: VA Zip Code: 22201

Purpose of Expenditure: Technology

Amount of Expenditure: $ $480.00 Date of Expenditure: $ 6/29/2026

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

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

Address: 3723 Greenville Ave Ste 41002 City: Dallas State: TX Zip Code: 75206

Purpose of Expenditure: Bank Fees

Amount of Expenditure: $ $279.88 Date of Expenditure: $ 6/30/2026

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: $ _____

Total Expenditures: $ $5,701.66

(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.)