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

1. Date: 4/28/2026 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

Political Treasurer Email Address: cstephens@pinkstafflaw.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: 4/1/2026 End Date: 4/25/2026

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
		C5B5-421D-A46B-EDAF 04/28/26 - 3:23 PM	
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $7,205.43
b.	Total Receipts This Period	$ $1,842.92
c.	Total Disbursements This Period	$ $7,649.39
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $1,398.96
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: 4/1/2026 End Date: 4/25/2026

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) ..... $ $1,842.92

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.) ..... $ $1,842.92

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $7,649.39
(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.)..... $ $7,649.39

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: 4/1/2026 End Date: 4/25/2026

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: 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: 4/4/2026 Aggregate This Election: $ $260.73

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Freels

Address: 404 Ensley Dr City: Knoxville State: TN Zip Code: 37920

Occupation: Maintenance Employer: Korc

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

Amount of Contribution: $ $104.48 Date of Contribution: 4/7/2026 Aggregate This Election: $ $104.48

Business or Organization Name: _____ **OR**

First Name: Christopher Middle Name: _____ Last Name: Bennett

Address: 918 Radnor Road City: Maryville State: TN Zip Code: 37804

Occupation: IT Specialist Employer: Equivant

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

Amount of Contribution: $ $21.15 Date of Contribution: 4/22/2026 Aggregate This Election: $ $21.15

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Sofield

Address: 6401 Nighteingale Ln Apt 127 City: Knoxville State: TN Zip Code: 37909

Occupation: Plumber Employer: Self

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

Amount of Contribution: $ $156.56 Date of Contribution: 4/25/2026 Aggregate This Election: $ $156.56

Total Contributions: $ $542.92

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $542.92

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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 Mfg Employer: Trailer Specialists of Knoxville

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 4/24/2026 Aggregate This Election: $ $1,250.0

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: $ $300.00 Date of Contribution: 4/24/2026 Aggregate This Election: $ $300.00

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: $ $1,842.92

(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: 4/1/2026 End Date: 4/25/2026

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: 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: $ $1,500.00 Date of Expenditure: $ 4/2/2026

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: $ $256.74 Date of Expenditure: $ 4/2/2026

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: $ $159.05 Date of Expenditure: $ 4/6/2026

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: $ $138.62 Date of Expenditure: $ 4/6/2026

Business or Organization Name: _____ **OR**

First Name: Samuel Middle Name: _____ Last Name: Smith

Address: 419 Dixie Meadows Dr City: Lenoir City State: TN Zip Code: 37772

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $131.20 Date of Expenditure: $ 4/6/2026

Total Expenditures: $ $2,185.61

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2,185.61

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: 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: $ $180.57 Date of Expenditure: $ 4/6/2026

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: $ $57.26 Date of Expenditure: $ 4/6/2026

Business or Organization Name: _____ **OR**

First Name: Peter Middle Name: _____ Last Name: Wild

Address: 1043 Richland Rd City: Blaine State: TN Zip Code: 37990

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $78.02 Date of Expenditure: $ 4/6/2026

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: $ $132.76 Date of Expenditure: $ 4/6/2026

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: $ $7.15 Date of Expenditure: $ 4/6/2026

Total Expenditures: $ $2,641.37

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Bill Sofield

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2,641.37

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: 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: $ 4/7/2026

Business or Organization Name: Burns Mailing & Printing **OR**

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

Address: 6131 Industrial Heights Dr NW City: Knoxville State: TN Zip Code: 37909

Purpose of Expenditure: Postage

Amount of Expenditure: $ $242.77 Date of Expenditure: $ 4/8/2026

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: $ $314.09 Date of Expenditure: $ 4/8/2026

Business or Organization Name: Burns Mailing & Printing **OR**

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

Address: 6131 Industrial Heights Dr NW City: Knoxville State: TN Zip Code: 37909

Purpose of Expenditure: Postage

Amount of Expenditure: $ $91.78 Date of Expenditure: $ 4/8/2026

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: $ $196.65 Date of Expenditure: $ 4/8/2026

Total Expenditures: $ $3,576.66

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Bill Sofield

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,576.66

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: 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: $ 4/9/2026

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: $ $121.00 Date of Expenditure: $ 4/12/2026

Business or Organization Name: Victory Text **OR**

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

Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Texting Services

Amount of Expenditure: $ $384.48 Date of Expenditure: $ 4/15/2026

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: Technology

Amount of Expenditure: $ $1,729.65 Date of Expenditure: $ 4/19/2026

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: $ $151.00 Date of Expenditure: $ 4/21/2026

Total Expenditures: $ $6,442.79

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $6,442.79

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: 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: $ $187.76 Date of Expenditure: $ 4/21/2026

Business or Organization Name: _____ **OR**

First Name: Thomas Middle Name: Michael Last Name: Hebert

Address: 1137 Davidson Walk City: Spring Hill State: TN Zip Code: 37174

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $70.61 Date of Expenditure: $ 4/21/2026

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: $ $71.72 Date of Expenditure: $ 4/21/2026

Business or Organization Name: _____ **OR**

First Name: Josh Middle Name: _____ Last Name: McKee

Address: 559 Quaker Rd City: Macedon State: NY Zip Code: 14502

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $241.01 Date of Expenditure: $ 4/21/2026

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: $ $104.97 Date of Expenditure: $ 4/21/2026

Total Expenditures: $ $7,118.86

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $7,118.86

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: Samuel Middle Name: _____ Last Name: Smith

Address: 419 Dixie Meadows Dr City: Lenoir City State: TN Zip Code: 37772

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $44.82 Date of Expenditure: $ 4/21/2026

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: $ $138.57 Date of Expenditure: $ 4/21/2026

Business or Organization Name: _____ **OR**

First Name: Peter Middle Name: _____ Last Name: Wild

Address: 1043 Richland Rd City: Blaine State: TN Zip Code: 37990

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $86.49 Date of Expenditure: $ 4/21/2026

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: $ $183.77 Date of Expenditure: $ 4/21/2026

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: $ $8.96 Date of Expenditure: $ 4/21/2026

Total Expenditures: $ $7,581.47

(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: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $7,581.47

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: 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: $ 4/22/2026

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: $ $22.92 Date of Expenditure: $ 4/25/2026

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: $ $7,649.39

(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.)