CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/5/2026 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: 37930 Phone: 8656907430

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: 7/28/2026 End Date: 9/30/2026

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

-910D-4C79-96B0-6F96
10/05/26 - 4:32 PM

12. Summary:

a.	Balance On Hand Last Report	$ $6,295.50
b.	Total Receipts This Period	$ $2,640.22
c.	Total Disbursements This Period	$ $8,935.72
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $0.00
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: 7/28/2026 End Date: 9/30/2026

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) ..... $ $2,640.22

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.) ..... $ $2,640.22

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $8,935.72
(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.) ..... $ $8,935.72

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: 7/28/2026 End Date: 9/30/2026

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: Andy Middle Name: _____ Last Name: Fox

Address: 2356 Winners Dr City: Knoxville State: TN Zip Code: 37920

Occupation: Lawyer Employer: Self

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

Amount of Contribution: $ $260.73 Date of Contribution: 8/5/2026 Aggregate This Election: $ $260.73

Business or Organization Name: Knox Liberty Organization PAC **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: $ $2,000.0 Date of Contribution: 8/27/2026 Aggregate This Election: $ $2,000.0

Business or Organization Name: Knox Liberty Organization PAC **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: $ $379.49 Date of Contribution: 9/25/2026 Aggregate This Election: $ $379.49

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: $ $2,640.22

(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: 7/28/2026 End Date: 9/30/2026

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: 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: $ $1,261.88 Date of Expenditure: $ 7/30/2026

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: $ $50.00 Date of Expenditure: $ 7/30/2026

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: $ $261.70 Date of Expenditure: $ 7/30/2026

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: $ $153.55 Date of Expenditure: $ 7/30/2026

Business or Organization Name: _____ **OR**

First Name: Jacob Middle Name: M Last Name: Kirby

Address: 5066 MacArthur Ave City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $66.94 Date of Expenditure: $ 7/30/2026

Total Expenditures: $ $1,794.07

(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: 7/28/2026 End Date: 9/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,794.07

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: $ $180.51 Date of Expenditure: $ 7/30/2026

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: $ $128.30 Date of Expenditure: $ 7/30/2026

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: $ $4.87 Date of Expenditure: $ 7/30/2026

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: $ $52.29 Date of Expenditure: $ 8/12/2026

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: $ $1,984.83 Date of Expenditure: $ 8/12/2026

Total Expenditures: $ $4,144.87

(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: 7/28/2026 End Date: 9/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $4,144.87

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: $ $552.08 Date of Expenditure: $ 8/12/2026

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: $ $218.38 Date of Expenditure: $ 8/12/2026

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: $ $639.31 Date of Expenditure: $ 8/12/2026

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: $ $14.65 Date of Expenditure: $ 8/12/2026

Business or Organization Name: _____ **OR**

First Name: Lizzy Middle Name: _____ Last Name: McDaniel

Address: 2901 Cross Valley Rd City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $52.50 Date of Expenditure: $ 8/13/2026

Total Expenditures: $ $5,621.79

(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: 7/28/2026 End Date: 9/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $5,621.79

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: 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: Technology

Amount of Expenditure: $ $256.32 Date of Expenditure: $ 8/13/2026

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: $ $2,454.85 Date of Expenditure: $ 8/24/2026

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: $ $118.58 Date of Expenditure: $ 8/27/2026

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: $ $29.43 Date of Expenditure: $ 8/27/2026

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: $ $1.48 Date of Expenditure: $ 8/27/2026

Total Expenditures: $ $8,482.45

(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: 7/28/2026 End Date: 9/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $8,482.45

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: 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: Technology

Amount of Expenditure: $ $307.12 Date of Expenditure: $ 9/25/2026

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: Consulting

Amount of Expenditure: $ $85.42 Date of Expenditure: $ 9/25/2026

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: $ $50.00 Date of Expenditure: $ 9/25/2026

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: $ $10.73 Date of Expenditure: $ 9/30/2026

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: $ _____

Total Expenditures: $ $8,935.72

(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.)