CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

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Wilson County Elections
12:11

1. Date: 07/01/2026 2.a. Candidate or Committee Name: Pamela Siefert

2.b. If Committee, Name of Candidate: ~~2nd~~ N/A 3. Election Date: 2026

4. Campaign Address: ~~2042~~ Hedgelawn Dr.

City: Lebanon State: TN Zip Code: 37090 Phone: 615-477-1666

5. Candidate Home Address: 2042 Hedgelawn Dr.

City: Lebanon State: TN Zip Code: 37090 Phone: 615-477-1666

Candidate Email Address: Pam@PamforWilsonCountyZone6.com

6. Office Sought: (include district number, if applicable) Wilson County School Board Zone 6

7. Name of Political Treasurer (may be candidate): Jessica Jackson

Political Treasurer Email Address: jessicaleajackson93@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: 04-26-2026 End Date: 06-30-2026

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
Pam Siefert	7/01/2026	Jessica Jackson	07/01/2026
Witness Signature	Date	Witness Signature	Date
	7/01/2026		7/01/26

12. Summary:

a.	Balance On Hand Last Report	$ 853.77
b.	Total Receipts This Period	$ 1,431.70
c.	Total Disbursements This Period	$ 1,509.79
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 525.45
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: Pamela Sieffert

14. Reporting Period: Start Date: 04-26-2026 End Date: 06-30-2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 465.25
(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) ..... $ 965.94

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

d. Interest Received This Reporting Period ..... $ 0.51

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 1,431.70

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1,509.79
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ Ø

c. Total Obligation Payments Made This Period ..... $ 250.23

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 1,760.02

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ 366.00

c. Total In-Kind Contributions Received This Period ..... $ 366.00

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ Ø

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Pamela Sieffert

2. Reporting Period: Start Date: 04-26-2026 End Date: 06/30/2026

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

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COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Kim Middle Name: _____ Last Name: Dickson

Address: 49 Bauman Ct. City: Mt. Juliet State: TN Zip Code: 37122

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 104.00 Date of Contribution: 06-10-2026 Aggregate This Election: $ 104.00

Business or Organization Name: _____ OR

First Name: John Middle Name: _____ Last Name: Dunlap

Address: 2038 Hedgelawn Dr. City: Lebanon State: TN Zip Code: 37090

Occupation: Pratt Industries VP Employer: Pratt Industries

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

Amount of Contribution: $ 104.00 Date of Contribution: 05/28/2026 Aggregate This Election: $ 104.00

Business or Organization Name: Katherine R _____ OR

First Name: Katherine Middle Name: _____ Last Name: Rozzell

Address: 221 Croft Way City: Mt. Juliet State: TN Zip Code: 37122

Occupation: unemployed Employer: unemployed

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

Amount of Contribution: $ 104.00 Date of Contribution: 05-17-2026 Aggregate This Election: $ 104.00

Business or Organization Name: Denise A Grega _____ OR

First Name: Denise Middle Name: _____ Last Name: Grega

Address: 72 Remington Rd. City: Lebanon State: TN Zip Code: 37090

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ 104.00 Date of Contribution: 05-04-2026 Aggregate This Election: $ 208

Total Contributions: $ 416.00

(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: Pamela Sieffert

2. Reporting Period: Start Date: 04-20-2026 End Date: 06-30-2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 416.00

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COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Wilson County Democratic Party PAC OR

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

Address: PO Box 623 City: Lebanon State: TN Zip Code: 37088

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 170.00 Date of Contribution: 06-13-2026 Aggregate This Election: $ 170.00

Business or Organization Name: Wilson County Democratic Party PAC OR

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

Address: PO BOX 623 City: Lebanon State: TN Zip Code: 37088

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 250.00 Date of Contribution: 06-19-2026 Aggregate This Election: $ 420.00

Business or Organization Name: _____ OR

First Name: Lauren Middle Name: _____ Last Name: Crotzer

Address: 6285 SE Tater Peeler City: Lebanon State: TN Zip Code: 37090

Occupation: SLP Employer: Self-employed

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

Amount of Contribution: $ 129.94 Date of Contribution: 06/29/2026 Aggregate This Election: $ 129.94

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: $ 965.94

(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: Pamela Steffert

2. Reporting Period: Start Date: 04-26-2026 End Date: 06-30-2026

3. Total in-kind contributions from preceding page (enter $0 if first page) $ Ø

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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: Laura Middle Name: _____ Last Name: Headley

Address: 200 Vineyard Way City: Lebanon State: TN Zip Code: 37087

Occupation: Financial Planner Employer: Edward Jones

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

In-Kind Contribution Value: $ 244.00 In-Kind Contribution Date: 06-24-26 Aggregate This Election: $ 244.00

Description of In-Kind Contribution: Postage

Business or Organization Name: _____ OR

First Name: Denise Middle Name: _____ Last Name: Gregel

Address: 72 Remington Rd City: Lebanon State: TN Zip Code: 37090

Occupation: Retired Employer: Retired

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

In-Kind Contribution Value: $ 122.00 In-Kind Contribution Date: 06-23-26 Aggregate This Election: $ 326.00

Description of In-Kind Contribution: Postage

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: $ 366.00

(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: Pamela Siefert

2. Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026

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

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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: Campaign Verify **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1215 31st St NW POB Ox 3554 City: Washington State: DC Zip Code: 20007
Purpose of Expenditure: Text Messaging
Amount of Expenditure: $ 95.00 Date of Expenditure: $ 05/17/2026

Business or Organization Name: Publix **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1703 W. Main St City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Kick off Party food
Amount of Expenditure: $ 148.12 Date of Expenditure: $ 05/26/2026

Business or Organization Name: Publix **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1703 W. Main St. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Kick-off party supplies
Amount of Expenditure: $ 20.03 Date of Expenditure: $ 05/28/2026

Business or Organization Name: Canva **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3212 E. Cesar Chavez St. Ste. 130 City: Austin State: TX Zip Code: 78702
Purpose of Expenditure: Graphics subscription - May
Amount of Expenditure: $ 43.90 Date of Expenditure: $ 05/01/2026

Business or Organization Name: Canva **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3212 E. Cesar Chavez St. Ste B City: Austin State: TX Zip Code: 78702
Purpose of Expenditure: Graphics Subscription - June
Amount of Expenditure: $ 43.90 Date of Expenditure: $ 06/01/2026

Total Expenditures: $ 350.95
(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: Pamela Steffert
2. Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 350.95

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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: Canva **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3212 E. Cesar Chavez st Ste B00 City: Austin State: TX Zip Code: 78702
Purpose of Expenditure: Printing
Amount of Expenditure: $ 146.19 Date of Expenditure: $ 06/15/2026

Business or Organization Name: Squarespace **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Varick St. Fl. 12 City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website hosting - May
Amount of Expenditure: $ 39.51 Date of Expenditure: $ 05/01/2026

Business or Organization Name: Squarespace **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Varick St. Fl 12 City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website hosting - June
Amount of Expenditure: $ 39.51 Date of Expenditure: $ 06/01/2026

Business or Organization Name: Canva **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3212 E. cesar chavez st Ste 1300 City: Austin State: TX Zip Code: 78702
Purpose of Expenditure: Printing
Amount of Expenditure: $ 172.14 Date of Expenditure: $ 06/23/2026

Business or Organization Name: USPS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2491 N. Mt Juliet Rd City: Mt. Juliet State: TN Zip Code: 37122
Purpose of Expenditure: Postage
Amount of Expenditure: $ 244.00 Date of Expenditure: $ 06/15/2026

Total Expenditures: $ 992.30
(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.)

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Pamela Steffert
2. Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 992.30

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: Yard Signs Plus **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2801 Infinite Loop City: Richmond State: TX Zip Code: 77469
Purpose of Expenditure: Yard signs
Amount of Expenditure: $ 477.00 Date of Expenditure: $ 05/04/2026

Business or Organization Name: Stripe **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 Oyster Point Blvd City: San Fransisco State: CA Zip Code: 94080
Purpose of Expenditure: donation processing fees
Amount of Expenditure: $ ~~35.55~~ 40.49 Date of Expenditure: $ 06/30/2026

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: $ _____

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: $ 1509.79
(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 LOANS - CANDIDATE

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Wilson County Elections

1. Candidate or Committee Name: Pamela Steffert
2. Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026
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: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Outstanding Loan Balance (Beginning) ..... $ _____

Loans Received ..... $ _____

Loan Payments ..... $ _____

Outstanding Loan (End) ..... $ _____

Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: _____

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) ..... $ _____

Loans Received ..... $ _____

Loan Payments ..... $ _____

Outstanding Loan (End) ..... $ _____

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

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1. Candidate or Committee Name: Pamela Sreffert
2. Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Canva
First Name: _____ Middle Name: _____
Last Name: ~~3212 E. Cesar Chavez + GG~~
Address: 3212 E Cesar Chavez Blvd Ste B00
City: Austin
State: TX Zip Code: 78702

Description of Obligation:	Canva subscription Feb, March, April		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 131.70	$ 0	$ 131.70	$ 0

Business Name: Squarespace
First Name: _____ Middle Name: _____
Last Name: _____
Address: 225 Varick St. Fl 12
City: New York
State: NY Zip Code: 10014

Description of Obligation:	Squarespace subscription Feb. March, April		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 118.53	$ 0	$ 118.53	$ 0

Business Name: _____
First Name: _____ Middle Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: _____
First Name: _____ Middle Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$ 250.23	$ 0	$ 250.23	$ 0

SS-1127 (Rev. 1/2023)