



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/9/2026 2.a. Candidate or Committee Name: Christine Vertucci
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: 1395 Round Hill Ln
City: Spring Hill State: TN Zip Code: 37174 Phone: _____
5. Candidate Home Address: 1395 Round Hill Ln
City: Spring Hill State: TN Zip Code: 37174 Phone: 3124983791
Candidate Email Address: christine@electchristinevertucci.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 03
7. Name of Political Treasurer (may be candidate): Christine Vertucci
Political Treasurer Email Address: christine@electchristinevertucci.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: 2/27/2026 End Date: 3/31/2026
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

5610-49B1-A5BC-B8D4

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$0.00</u> |
| b. Total Receipts This Period | \$ <u>\$1,698.00</u> |
| c. Total Disbursements This Period | \$ <u>\$69.61</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$1,628.39</u> |
| e. Total Loans Outstanding | \$ <u>\$50.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Christine Vertucci

14. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026

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) \$ \$1,648.00
- c. Loans Received This Reporting Period..... \$ \$50.00
- 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.) \$ \$1,698.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$69.61
(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.)..... \$ \$69.61

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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
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: Kim Middle Name: _____ Last Name: Boggs
Address: 900 N Kingsbury Street Apt 1059 City: Chicago State: IL Zip Code: 60610
Occupation: Attorney Employer: Morgan Lewis
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/18/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Pam Middle Name: _____ Last Name: Dyson
Address: 400 Enclave Court City: Brentwood State: TN Zip Code: 37027
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/18/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Albert Middle Name: _____ Last Name: Lewandowski
Address: 4705 Lakeshore Rd City: Lexington State: MI Zip Code: 48450
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$30.00 Date of Contribution: 3/18/2026 Aggregate This Election: \$ \$30.00

Business or Organization Name: _____ **OR**
First Name: Edie Middle Name: _____ Last Name: Matykiewicz
Address: 2011 Trenton dr City: Spring hill State: TN Zip Code: 37174
Occupation: Teacher Employer: SCT workforce development
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/18/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$155.00
(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$155.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Judy Middle Name: _____ Last Name: Solan

Address: 105 Falls Church ct City: Franklin State: TN Zip Code: 37064

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 3/18/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: _____ Last Name: Philbrick

Address: 1374 Round Hill LN City: Spring Hill State: TN Zip Code: 37174

Occupation: Team support Employer: A fresh space

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 3/18/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Rai Middle Name: _____ Last Name: Wood

Address: 5119 Albert Drive City: Brentwood State: TN Zip Code: 37027

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/24/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Bobby Middle Name: _____ Last Name: Comer

Address: 7186 Lehman Park Pl City: Canal Winchester State: OH Zip Code: 43110

Occupation: Sr Project Manager Employer: Kroger

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$355.00

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$355.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Carolyn Middle Name: _____ Last Name: Edwards

Address: 134 ALLENHURST CIR City: Franklin State: TN Zip Code: 37067

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Peggy Middle Name: _____ Last Name: Kingsbury

Address: 220 Winter Hill Rd City: Franklin State: TN Zip Code: 37069

Occupation: Insurance Employer: Self

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Leisa Middle Name: _____ Last Name: Wamsley

Address: 5023 Viola Lane City: Franklin State: TN Zip Code: 37069

Occupation: COO Employer: Goodwill of Middle TN

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Kimberly Middle Name: _____ Last Name: McAmis

Address: 1301 Pemberton Heights Dr City: Franklin State: TN Zip Code: 37067

Occupation: Education Administration Employer: Montgomery Bell Academy

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$480.00

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$480.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Damon Middle Name: _____ Last Name: Rogers
Address: 431 Boyd Mill Avenue City: Franklin State: TN Zip Code: 37064
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Angela Middle Name: _____ Last Name: Allen
Address: 1740 Shane Drive City: Spring Hill State: TN Zip Code: 37174
Occupation: Custodian Employer: Williamson County Animal Center
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Albert Middle Name: _____ Last Name: Lewandowski
Address: 4705 Lakeshore Rd City: Lexington State: MI Zip Code: 48450
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$55.00

Business or Organization Name: _____ **OR**
First Name: Sue Middle Name: _____ Last Name: Sentowski
Address: 5225 N. Laramie Ave City: Chicago State: IL Zip Code: 60630
Occupation: Self employed Employer: Sue Sentowski
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$680.00
(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$680.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Dorothy Middle Name: _____ Last Name: Ley
Address: 3005 Millerton Way City: Thompson's Station State: TN Zip Code: 37179
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Stephanie Middle Name: _____ Last Name: Reinish
Address: 3480 Bayberry Dr City: Northbrook State: IL Zip Code: 60062
Occupation: Disabled Employer: Disabled
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$18.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$18.00

Business or Organization Name: _____ **OR**
First Name: Vivian Middle Name: _____ Last Name: Roberts
Address: 209 Panther Court City: Franklin State: TN Zip Code: 37064
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Amy Middle Name: _____ Last Name: Hudson
Address: 2615 Matchstick Place City: Spring Hill State: TN Zip Code: 37174
Occupation: Sales Employer: Canon USA
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$873.00
(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$873.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Marie Middle Name: _____ Last Name: Lorden
Address: 3628 N Springfield Ave City: Chicago State: IL Zip Code: 60618
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Ann Middle Name: _____ Last Name: Allen
Address: 2445 Beasley Rd City: Chapel Hill State: TN Zip Code: 37034
Occupation: Admissions Employer: California Prime Recovery
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Lynn Middle Name: _____ Last Name: Brezina
Address: 5825 N. Virginia Ave City: Chicago State: IL Zip Code: 60659
Occupation: dog trainer Employer: Self
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Andrew Middle Name: _____ Last Name: Elmore
Address: 1405 Glade Ct City: Franklin State: TN Zip Code: 37069
Occupation: Banking/Finance Employer: SunTrust Bank
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$1,298.00
(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,298.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Candice Middle Name: M Last Name: Schwake

Address: 3825 North Fremont Street City: Chicago State: IL Zip Code: 60613

Occupation: Advertising Employer: Envisionit

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: IVY Middle Name: _____ Last Name: Anderson

Address: 1221 Kilrush Dr City: Franklin State: TN Zip Code: 37069

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Kathleen Middle Name: _____ Last Name: Wilson

Address: 6613 W. Foster Ave. City: Chicago State: IL Zip Code: 60656

Occupation: Administrative Employer: Hughes Management

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Megan Middle Name: _____ Last Name: Cruzen

Address: 1972 Allerton Way City: Spring Hill State: TN Zip Code: 37174

Occupation: Software Developer Employer: Mazzetti

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 3/28/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$1,523.00

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,523.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Teri Middle Name: _____ Last Name: Mai
Address: 3201 Nicole Dr City: Spring Hill State: TN Zip Code: 37174
Occupation: Attorney Employer: Morgan & Morgan
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/29/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Patricia Middle Name: _____ Last Name: Shultz
Address: 709 Roantree Dr City: Brentwood State: TN Zip Code: 37027
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/29/2026 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: \$ _____

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: \$ \$1,648.00
(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
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: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.89 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/18/2026

Total Expenditures: \$ \$5.11

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5.11

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: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/24/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/25/2026

Total Expenditures: \$ \$11.21

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$11.21

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: Stripe **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080
Purpose of Expenditure: Processing fee
Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080
Purpose of Expenditure: Processing fee
Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080
Purpose of Expenditure: Processing fee
Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080
Purpose of Expenditure: Processing fee
Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080
Purpose of Expenditure: Processing fee
Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/25/2026

Total Expenditures: \$ \$17.31

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$17.31

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: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.63 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/25/2026

Total Expenditures: \$ \$23.81

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$23.81

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: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$5.73 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/26/2026

Total Expenditures: \$ \$35.41

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$35.41

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: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/28/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/29/2026

Business or Organization Name: Stripe **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/29/2026

Total Expenditures: \$ \$43.16

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$43.16

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.32 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/18/2026

Total Expenditures: \$ \$45.08

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$45.08

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/24/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/25/2026

Total Expenditures: \$ \$47.47

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$47.47

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: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/25/2026

Total Expenditures: \$ \$49.86

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$49.86

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: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.19 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/25/2026

Total Expenditures: \$ \$52.43

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$52.43

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$2.63 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/26/2026

Total Expenditures: \$ \$57.44

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$57.44

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: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/28/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/29/2026

Business or Organization Name: ActBlue **OR**

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

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/29/2026

Total Expenditures: \$ \$60.61

(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: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$60.61

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: Google LLC OR

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

Address: 1600 Amphitheatre Parkway City: Mountainview State: CA Zip Code: 94043

Purpose of Expenditure: Domain purchase

Amount of Expenditure: \$ \$9.00 Date of Expenditure: \$ 3/17/2026

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: \$ _____

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: \$ \$69.61

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 2/27/2026 End Date: 3/31/2026
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: Christine Middle Name: Hale Last Name: Vertucci

Address: 1395 Round Hill Ln City: Spring Hill State: TN Zip Code: 37174

Outstanding Loan Balance (Beginning) \$ \$0.00

Loans Received \$ \$50.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$50.00

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

Date of Loan: 2/27/2026

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: \$ \$0.00

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) \$ \$0.00

Loans Received \$ \$50.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$50.00