



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1.30.25 2.a. Candidate or Committee Name: MONA PETRO
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8.6.25
 4. Campaign Address: 8571 Demars Lane
 City: Hixson State: TN Zip Code: 37345 Phone: 423-904-7226
 5. Candidate Home Address: Same
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: monapetro@gmail.com
 6. Office Sought: (include district number, if applicable) Co. Comm. D1
 7. Name of Political Treasurer (may be candidate): Jean Rutkowski
 Political Treasurer Email Address: jroffo410@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: 7/16/25 End Date: 1/15/26

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.

<u>Mona Petro</u>	<u>1.30.25</u>	<u>Jean Rutkowski</u>	<u>2/1/26</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>2/1/26</u>	<u>[Signature]</u>	<u>2/1/26</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>0</u>
b. Total Receipts This Period	\$ <u>4,000.00 5,240.00</u>
c. Total Disbursements This Period	\$ <u>387.55</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>4002.45</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Mona Petro

14. Reporting Period: Start Date: 7/16/25 End Date: 1/15/26

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 790.00
(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) \$ 4,450.00
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 5,240.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 387.35
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 387.35

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mona Petro
2. Reporting Period: Start Date: 09/01/25 End Date: 12/31/25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Marjorie Middle Name: _____ Last Name: Petro
Address: 236 Doane Road City: Fairless Hills State: PA Zip Code: 19039
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.⁰⁰ Date of Contribution: 09/13/25 Aggregate This Election: \$ 200.⁰⁰

Business or Organization Name: _____ OR
First Name: Therese Middle Name: _____ Last Name: Tuley
Address: 1005 E Dallas Road City: Chattanooga State: TN Zip Code: 37405
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 09/13/25 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: \$ 300.⁰⁰
(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: Mona Petro
2. Reporting Period: Start Date: 09/01/2025 End Date: 12/31/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$300.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Eddy Middle Name: _____ Last Name: Bell
Address: 1020 Trojan Run Dr. City: Soddy-Daisy State: In Zip Code: 37379
Occupation: Customer Service Employer: Reef
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/11/2025 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Stacy Middle Name: _____ Last Name: Martin
Address: 1256 Dreamcatcher Way City: Hixson State: In Zip Code: 37343
Occupation: Sales Employer: Smurfit Westrock
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/11/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Kate Middle Name: _____ Last Name: Lavery
Address: P.O. Box 9052 City: Chattanooga State: In Zip Code: 37412
Occupation: Attorney Employer: State
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/11/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Alan Middle Name: _____ Last Name: Ellis
Address: 1357 Deerwood Dr. City: Decatur State: Ga Zip Code: 30030
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/11/25 Aggregate This Election: \$ 100.00

Total Contributions: \$ 700.00

(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: Monk Petro
2. Reporting Period: Start Date: 09/01/25 End Date: 12/31/25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 700.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Allison Middle Name: _____ Last Name: Gorman
Address: 400 Fremont Street City: Chattanooga State: In Zip Code: 37405
Occupation: Vice President Employer: All In Chattanooga
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/11/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Deborah Middle Name: _____ Last Name: Williams
Address: 304 Creek Shire Dr. City: Signal Mountain State: In Zip Code: 37377
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/11/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Rhys Middle Name: _____ Last Name: Laurel
Address: 224 N. Crest Road City: Chattanooga State: In Zip Code: 37404
Occupation: NP Employer: UTC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/12/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Richard Middle Name: _____ Last Name: Angello
Address: 67-433 Waialua Beach Rd. City: Waialua State: HI Zip Code: 96791
Occupation: Consultant Employer: Stiles & Associates
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/12/25 Aggregate This Election: \$ 100.00

Total Contributions: \$ 1,100.00

(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: Mona Petro
2. Reporting Period: Start Date: 09/01/25 End Date: 12/31/25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,100.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Chris Middle Name: _____ Last Name: Kirin
Address: 3872 Ventura Way City: Las Vegas State: NV Zip Code: 89121
Occupation: Airline Pilot Employer: Spirit Airlines
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/13/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Amy Middle Name: _____ Last Name: McAfee
Address: 213 McFarland Avenue City: Chattanooga State: In Zip Code: 37405
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 10/16/25 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ OR
First Name: Dale Middle Name: _____ Last Name: Schmick
Address: 225 Peak Street City: Chattanooga State: In Zip Code: 37405
Occupation: Realtor Employer: Big City Property Management
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 10/17/25 Aggregate This Election: \$ 500.00

Business or Organization Name: _____ OR
First Name: McKellar Middle Name: _____ Last Name: Newsome
Address: 5789 Courtyard Circle City: Chattanooga State: In Zip Code: 37415
Occupation: Realtor Employer: Link Realty
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/23/25 Aggregate This Election: \$ 100.00

Total Contributions: \$ 1850.00
(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: Mona Petro
2. Reporting Period: Start Date: 09/01/25 End Date: 12/31/25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1850.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Ruble Middle Name: _____ Last Name: Conaster
Address: 1509 Adair Avenue City: Chattanooga State: In Zip Code: 37412
Occupation: Director Employer: State of In
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/27/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: James Middle Name: _____ Last Name: Brackeen
Address: 18751 Demars Lane City: Dixson State: In Zip Code: 37343
Occupation: Retired Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 11/03/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Russo Middle Name: _____ Last Name: Louis
Address: 883 Dog Trot Trail City: Chattanooga State: In Zip Code: 37343
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 11/18/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Amy Middle Name: _____ Last Name: McAfee
Address: 213 7th Garland Avenue City: Chattanooga State: In Zip Code: 37405
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 11/18/25 Aggregate This Election: \$ 50.00

Total Contributions: \$ 2,200.00

(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: Mana Petro
2. Reporting Period: Start Date: 09/01/25 End Date: 12/31/25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,200.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Herbert Middle Name: _____ Last Name: Thornburg
Address: 417 Frazier Avenue #203 City: Chattanooga State: TN Zip Code: 37405
Occupation: Lawyer Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 12/16/25 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: Alan Middle Name: _____ Last Name: Mills II
Address: 735 Broad Street City: Chattanooga State: TN Zip Code: 37402
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,900.00 Date of Contribution: 12/18/25 Aggregate This Election: \$ 1900.00

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: \$ 50.00

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: _____

Total Contributions: \$ 4,300.00
(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: MONA PETRO
2. Reporting Period: Start Date: 01/01/26 End Date: 04/30/26 (01/15/26)
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,300.⁰⁰

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Bett Eddy Middle Name: _____ Last Name: Eddy Bell
Address: 1020 Trojan Run Dr City: Soddy Daisy State: TN Zip Code: 37379
Occupation: Customer Service Employer: Recf
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.⁰⁰ Date of Contribution: 01/03/26 Aggregate This Election: \$ 150.⁰⁰

Business or Organization Name: _____ OR
First Name: Barnes Tammy Middle Name: _____ Last Name: Tammy Barnes
Address: 12109 Enpress Vw City: Soddy Daisy State: TN Zip Code: 37379
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 01/14/26 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: \$ 4,450
(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: Mona Petro
2. Reporting Period: Start Date: 08/29/25 End Date: 12/31/25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: FIRST HORIZON OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 105 Madison Avenue City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Paper Statement
Amount of Expenditure: \$ 3.00 Date of Expenditure: \$ 08/29/25

Business or Organization Name: Harland A Clarke OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 15955 La Cantera Rly City: San Antonio State: TX Zip Code: 78256
Purpose of Expenditure: Checks
Amount of Expenditure: \$ 44.64 Date of Expenditure: \$ 09/07/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$.40 Date of Expenditure: \$ 09/07/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising Fee
Amount of Expenditure: \$ 10.61 Date of Expenditure: \$ 09/17/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising Fee
Amount of Expenditure: \$.88 Date of Expenditure: \$ 09/24/25

Total Expenditures: \$ 59.53

(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: Mona Petro
2. Reporting Period: Start Date: 08/29/25 End Date: 12/31/25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 59.53

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: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$.40 Date of Expenditure: \$ 10/07/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 38.41 Date of Expenditure: \$ 10/11/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 6.96 Date of Expenditure: \$ 10/12/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 3.48 Date of Expenditure: \$ 10/13/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 4.52 Date of Expenditure: \$ 10/16/25

Total Expenditures: \$ 113.30

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Mona Petro
2. Reporting Period: Start Date: 08/29/25 End Date: 12/31/25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 113.30

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: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: _____
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 10/19/25

Business or Organization Name: Staples OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5450 Highway 153, #26 City: Hixson State: TN Zip Code: 37343
Purpose of Expenditure: Campaign Literature
Amount of Expenditure: \$ 29.10 Date of Expenditure: \$ 10/12/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 3.48 Date of Expenditure: \$ 10/23/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 10/27/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$.40 Date of Expenditure: \$ 11/07/25

Total Expenditures: \$ 148.38

(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: Mona Petro
2. Reporting Period: Start Date: 08/29/25 End Date: 12/31/25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 148.38

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: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising Fee
Amount of Expenditure: \$ 3.48 Date of Expenditure: \$ 11/17/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising Fee
Amount of Expenditure: \$ 8.15 Date of Expenditure: \$ 11/18/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising Fee
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 11/24/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising Fee
Amount of Expenditure: \$.40 Date of Expenditure: \$ 12/07/25

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising Fee
Amount of Expenditure: \$ 6.73 Date of Expenditure: \$ 12/16/25

Total Expenditures: \$ 168.19

(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: Mona Petro
2. Reporting Period: Start Date: 08/29/25 End Date: 12/31/25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 168.19

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: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 61.98 Date of Expenditure: \$ 12/18/25

Business or Organization Name: TAPP OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 50 Vantage Way Ste 255 City: Nashville State: TN Zip Code: 37228
Purpose of Expenditure: Campaign Crash Course
Amount of Expenditure: \$ 36.34 Date of Expenditure: \$ 12/7/25

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: \$ 266.51

(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: Mona Petro
2. Reporting Period: Start Date: 01/01/26 End Date: 01/15/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 266.51

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: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 1.86 Date of Expenditure: \$ 01/03/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 01/04/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 01/05/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$.40 Date of Expenditure: \$ 01/07/26

Business or Organization Name: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5600 BRAUNERD RD. City: Chattanooga State: TN Zip Code: 37411
Purpose of Expenditure: Campaign Literature
Amount of Expenditure: \$ 97.14 Date of Expenditure: \$ 01/07/26

Total Expenditures: \$ 368.01

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Monica Petro
2. Reporting Period: Start Date: 01/01/26 End Date: 01/15/26 (04/30/26)
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 368.01

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441144 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 1.05 Date of Expenditure: \$ 01/09/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$.88 Date of Expenditure: \$ 01/10/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Online Fundraising fee
Amount of Expenditure: \$ 3.48 Date of Expenditure: \$ 01/14/26

Business or Organization Name: Dollar Tree OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 9358 Dayton Pike, Ste. 111 City: Sally Daisy State: TN Zip Code: 37379
Purpose of Expenditure: Campaign Event Supplies
Amount of Expenditure: \$ 13.93 Date of Expenditure: \$ 01/14/26

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: \$ 387.35

(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.)