



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 4/27/26 2.a. Candidate or Committee Name: Mona Petro  
 2.b. If Committee, Name of Candidate: Same 3. Election Date: \_\_\_\_\_  
 4. Campaign Address: 8571 DEMARS LANE  
 City: HIXSON State: TN Zip Code: 37343 Phone: 423-704-7226  
 5. Candidate Home Address: Same  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Candidate Email Address: \_\_\_\_\_  
 6. Office Sought: (include district number, if applicable) County Commissioner - D1  
 7. Name of Political Treasurer (may be candidate): JEAN D. RUTKOWSKI  
 Political Treasurer Email Address: jhoff0410@yahoo.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: 04/01/2026 End Date: 04/25/2026

10. Detailed Disclosure: (Check one)  
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)  
 This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

<u>Mona Petro</u>	<u>04.27.26</u>	<u>Jean D Rutkowski</u>	<u>04/27/26</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Bebe jfk</u>	<u>04/27/26</u>	<u>Bebe jfk</u>	<u>04/27/26</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>3,346.<sup>57</sup></u>
b. Total Receipts This Period .....	\$ <u>405.<sup>00</sup></u>
c. Total Disbursements This Period .....	\$ <u>562.<sup>66</sup></u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>3,188.<sup>91</sup></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: 04/01/2021 End Date: 04/25/2021

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 55.00  
(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) ..... \$ 350.00
- 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.) ..... \$ 405.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 562.66  
(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.)..... \$ 562.66

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ -0-
- b. Itemized In-Kind Contributions Received This Period ..... \$ 42.61
- c. Total In-Kind Contributions Received This Period ..... \$ 42.61

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: 04/01/2026 End Date: 04/25/2026  
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: Michael Middle Name: \_\_\_\_\_ Last Name: Lottin  
Address: 6320 Hixson Pike #125 City: Hixson State: TN Zip Code: 37343  
Occupation: N/A Employer: N/A  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 350.00 Date of Contribution: 04/06/26 Aggregate This Election: \$ 350.00

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: \$ \_\_\_\_\_

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: \$ 350.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mona Petro  
2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026  
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 00

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: Marlene Middle Name: \_\_\_\_\_ Last Name: Stasulas  
Address: 883 Dog Trot Trail City: Hixson State: TN Zip Code: 37343  
Occupation: N/A Employer: N/A  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 42.01 In-Kind Contribution Date: 04/24/26 Aggregate This Election: \$ 542.01  
Description of In-Kind Contribution: Car Magnet

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: \_\_\_\_\_

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: \$ 42.01

(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: Mona Petro  
2. Reporting Period: Start Date: 04/01/26 End Date: 04/25/26  
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: Chattanooga Public Library OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1001 Broad Street City: Chattanooga State: TN Zip Code: 37402  
Purpose of Expenditure: Bumper Stickers  
Amount of Expenditure: \$ 3.00 Date of Expenditure: \$ 04/01/26

Business or Organization Name: Publix OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 400 N. Market Street City: Chattanooga State: TN Zip Code: 37405  
Purpose of Expenditure: Food for Volunteers  
Amount of Expenditure: \$ 71.89 Date of Expenditure: \$ 04/01/26

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: \$ 04/07/26

Business or Organization Name: PrintReady OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 4300 N. Access Road, J.D. City: Chattanooga State: TN Zip Code: 37415  
Purpose of Expenditure: Campaign literature  
Amount of Expenditure: \$ 206.76 Date of Expenditure: \$ 04/16/26

Business or Organization Name: Tennessee Valley Strategies OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: P.O. Box 15152 City: Chattanooga State: TN Zip Code: 37415  
Purpose of Expenditure: Campaign Management  
Amount of Expenditure: \$ 278.75 Date of Expenditure: \$ 04/17/26

Total Expenditures: \$ 560.80

(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: 04/01/2026 End Date: 04/25/2026  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 560.80

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: \$ 04/24/26

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: \$ \_\_\_\_\_

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: \$ 562.66

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