

# Municipal Form Office of Campaign and Political Finance

of Massachusetts	
Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission  1/2025 Ending Date: 9/1/2025
Type of Report: (Check one)	
Oth day made and limit	30 day after election year-end report dissolution
Jaqueline Monterroso Candidate Full Name (if applicable) Revere Ward I School Committee Office Sought and District 43 Haddon St. Revere, 1944 02151 Residential Address E-mail: Phone # (optional):	Committee to Elect Jacqueline Monteros  Committee Name  Victor Monterroso  Name of Committee Treasurer  43 Hadden 5+ Revere, MA 02151  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANCE	E INEODMATION.
SUVINIARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	\$2,957.73
Line 2: Total receipts this period (page 3, line 11)	4/11/1
Estate 22-10tai receipts this period (page 3, line 11)	37111
Line 3: Subtotal (line 1 plus line 2)	47,068.73
Line 4: Total expenditures this period (page 5, line	\$ 2,859.10
Line 5: Ending Balance (line 3 minus line 4)	\$4,209.63
Line 6: Total in-kind contributions this period (pag	ge 6) ()
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: TD 134	nk
Affidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity.	minding and industrial for this was a discussion in the state of the s
Signed under the penalties of perjury:	(Treasurer's signature) Date: 9/2/25
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of MCT - FF TI
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this company.	pest of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	(Candidate's signature) Date: 9/2/25
	(Candidate's Signature)

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address  Occupation & Employer						
Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)			
7/9/25 19/25/28/	Austin, Sharon 4363 Song Sparrow Dr Middleburg, FL 32068	\$29				
8/8/25	Austin, Sharon 4363 song sparrow Dr Middleburg, FL 32068	\$50				
4/28/25	Cabral, Katherine 56 Cottage St. #1 Chelsea, MA 02150	\$25				
7/1/25	Cabral Katherine 56 Cottage St #1 Chelsea, MA 02150	929				
7/7/25	Campos, Paola 434 Hyde Park Dr San Jose, CA 95136	960				
1/1/25	Monternoso/Jacqueline 43 Itaddon St Revere, MA 02151	\$1,000	Director of Policy & Advocacy Latinos for Education			
2/14/25	Monternoso, Victor 43 Haldon St Revere, MA 02151	\$1,000	Software Engineer Quickbase			
4/30/25	Sanchez, Jeffrey 41 Malcolm Rd Boston, MA 02130	\$ 200	Principal Sanchez Strategies LLC			
5/1/25	Committee to Elect Erica Moscal 2126 Citroen St Las Vegas, NV 89142	\$100				
5/19/25	Leadership for Educational 25 Broadway, 13 FL Equity New York, NY 10004	\$1,000				
8/17/25	the Cruz Committee to Whaters In #10 salen, MA 01970	\$100				
ine 9: Total Receip	ots over \$50 (or listed above)	\$3,593				
	pts \$50 and under* (not listed above)	\$518	f.			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	\$4,111	← Enter on page 1, line 2			

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE A: RECEIP 15 (confinuea)

Name and Residential Address  Occupation & Emplo				
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
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		2	·	
ine 9: Total Receipt	s over \$50 (or listed above)			
	ts \$50 and under* (not listed above)			
	CEIPTS IN THE PERIOD	10.1	← Enter on page 1, line 2	
If you have itemized re	ceipts of \$50 and under include them in line	O T: 10 i i	16 1 4 4 4	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required t

report all expenditures. Please include your committee name and a page number on ear

report all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
8 8   25	Boyds Direct	17A Gill St # 6 Woburn, MA 01801	Palm Cards	398,41	
8/20/25	Independent Newspaper Group LLC	PO BOX 380 385 Brondway Revere, MA 02151	Ad	70	
5/16/25	Leadership for Educational Equity	25 Broadway 13th FL New York, NY 10004	Consulting	300	
8/25/25	Luigi's Pizzera	Celle Winthrop Ave Revere, MA 02151	Food for Volunteers	72.25	
8/18/25	Sam's Club	7 Walmart Blud Hudson, NH 03051	Postage & Four Four Volunteers	861	
6/13/25	Squarespace	225 Vanch Styla F4 New York, NY 10014	Internet Domain Name Fee	20	
7/8/25	Squarespace	225 VARICH St, 12 FL New York, NY 10014	Web Services	34.42	
8/8/25	Squaresperce	225 Variety St, 12 FL New York, NY Levily	Wes Services	38.25	
8/29/25	Staples	165 Mildlesex Ave Somerville, MA 02145	Printing	163,87	
7/24125	Thirfteo Printing	56 PJashi St Peabody, MA 01960	Yard Signs	477.70	
7/27/25	Vistapant	100 Hay den Ave Lexing tun, MA 02421	Canguiza T-Shirts	199.84	
8/25/25	Staples	les Middlesex Ave Soncrulle, MA OLIYS	Statiznay	37.17	
Line 12: Total Expenditures over \$50 (or listed above)			2672.91		
		Line 13: Total Expenditures \$50	and under* (not listed above)	186.16	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2859.10	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

#### SCHEDULE D. EVLENDII AKES (COHUNGO)

	To Whom Paid	continued)		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
-				
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		II L		
			÷	
Line 12: Expenditures over \$50 (or listed above)				
	Line 13: Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		]		
				(4
				,
		Line 15: In-Kind Contributions	over \$50 (or listed above)	THE STATE OF THE S
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				