FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Monica Alponte for Congress

ADDRESS (number and street) ▼

8340 N Thornydale Rd

STE 110 PMB 225

☐ Check if different than previously reported. (ACC)

Tucson (CITY ▲) AZ (STATE ▲) 85741-1162 – (ZIP CODE ▲)

2. **FEC IDENTIFICATION NUMBER ▼**

C C00945287

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ AZ DISTRICT 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2026 through 03 / 31 / 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alponte, Monica, Maria, ,

Signature of Treasurer *Alponte, Monica, Maria, ,* Date 04 / 12 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only							

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

Monica Alponte for Congress

Report Covering the Period: From: 01 / 01 / 2026 To: 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	7535.16	7535.16
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	7535.16	7535.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7435.16	7435.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7435.16	7435.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	600.00	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	500.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

Monica Alponte for Congress

Report Covering the Period: From: 01 / 01 / 2026 To: 03 / 31 / 2026

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	7250.00	7250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	7250.00	7250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	285.16	285.16
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	7535.16	7535.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	500.00	500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	500.00	500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	8035.16	8035.16

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	7435.16	7435.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	7435.16	7435.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0.00
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	8035.16
25. SUBTOTAL (add Line 23 and Line 24)	8035.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	7435.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Monica Alponte for Congress

A.
Full Name (Last, First, Middle Initial): Muetterties, Carly, , ,
Mailing Address: 221 Preston Avenue
City: Lexington | State: KY | Zip Code: 40502
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Chief Program Officer
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 03 / 25 / 2026
Transaction ID : SA11AI.4100
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item
In-kind - Signature Collection

B.
Full Name (Last, First, Middle Initial): Perry, William, W, ,
Mailing Address: 1158 Fifth Ave
City: New York | State: NY | Zip Code: 10029
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 03 / 25 / 2026
Transaction ID : SA11AI.4103
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item
In-kind - Signature Collection

C.
Full Name (Last, First, Middle Initial): Seavey, Avery, B, ,
Mailing Address: 101 Central Park West Apt 14G
City: New York | State: NY | Zip Code: 10023
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Attorney
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1750.00
Date of Receipt: 03 / 25 / 2026
Transaction ID : SA11AI.4106
Amount of Each Receipt this Period: 1750.00
[ ] Memo Item
In-kind - Signature Collection

SUBTOTAL of Receipts This Page (optional) ▶ 3750.00

TOTAL This Period (last page this line number only) ▶

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SA11AI**
Transaction ID : **SA11AI.4100**

Signatures Vendor:Right-Size Consulting USA1209 Orange StWilmington, DE 19801

Form/Schedule: **SA11AI**
Transaction ID: **SA11AI.4103**

Signatures Vendor:Right-Size Consulting USA1209 Orange StWilmington, DE 19801

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SA11AI**
Transaction ID : **SA11AI.4106**

Signatures Vendor:Right-Size Consulting USA1209 Orange StWilmington, DE 19801

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Monica Alponte for Congress

A.
Full Name (Last, First, Middle Initial): Stimpson, John, , ,
Mailing Address: 331 Mirick Rd
City: Princeton | State: MA | Zip Code: 01541
FEC ID number of contributing federal political committee: C
Name of Employer: H9 Filmes LLC
Occupation: Production Company Owner Director
Receipt For: 2026
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3500.00
Date of Receipt: 03 / 25 / 2026
Transaction ID : SA11AI.4109
Amount of Each Receipt this Period: 3500.00
[ ] Memo Item
In-kind - Signature Collection

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 7250.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SA11AI**
Transaction ID : **SA11AI.4109**

Signatures Vendor:Right-Size Consulting USA1209 Orange StWilmington, DE 19801

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Monica Alponte for Congress

A.
Full Name (Last, First, Middle Initial): Alponte, Monica, Maria, ,
Mailing Address: 4907 W Doria Dr
City: Tucson | State: AZ | Zip Code: 85742
FEC ID number of contributing federal political committee: C H6AZ01488
Name of Employer: None
Occupation: Stock Investor
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 185.16
Date of Receipt: 01 / 23 / 2026
Transaction ID : SA11D.4124
Amount of Each Receipt this Period: 185.16
☐ Memo Item
In-kind - Webhosting and Domain Name

B.
Full Name (Last, First, Middle Initial): Alponte, Monica, Maria, ,
Mailing Address: 4907 W Doria Dr
City: Tucson | State: AZ | Zip Code: 85742
FEC ID number of contributing federal political committee: C H6AZ01488
Name of Employer: None
Occupation: Stock Investor
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 785.16
Date of Receipt: 03 / 27 / 2026
Transaction ID : SA11D.4114
Amount of Each Receipt this Period: 100.00
☐ Memo Item
Personal Funds for First deposit

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 285.16

TOTAL This Period (last page this line number only) ▶ 285.16

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Monica Alponte for Congress

A.
Full Name (Last, First, Middle Initial): Alponte, Monica, Maria, ,
Mailing Address: 4907 W Doria Dr
City: Tucson | State: AZ | Zip Code: 85742
FEC ID number of contributing federal political committee: C H6AZ01488
Name of Employer: None
Occupation: Stock Investor
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 685.16
Date of Receipt: 03 / 26 / 2026
Transaction ID : SA13A.4113
Amount of Each Receipt this Period: 500.00
☐ Memo Item
Bank monthly minium required to open bank

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: | Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: | Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Monica Alponte for Congress

A. Full Name (Last, First, Middle Initial): Muetterties, Carly, , ,
Mailing Address: 221 Preston Avenue
City: Lexington | State: KY | Zip Code: 40502
Purpose of Disbursement: In-kind - Signature Collection
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 25 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.4102
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Perry, William, W, ,
Mailing Address: 1158 Fifth Ave
City: New York | State: NY | Zip Code: 10029
Purpose of Disbursement: In-kind - Signature Collection
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 25 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.4105
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Seavey, Avery, B, ,
Mailing Address: 101 Central Park West Apt 14G
City: New York | State: NY | Zip Code: 10023
Purpose of Disbursement: In-kind - Signature Collection
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 25 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 1750.00
Transaction ID : SB17.4108
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3750.00

TOTAL This Period (last page this line number only) ▶

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB17**
Transaction ID : **SB17.4102**

Signatures Vendor:Right-Size Consulting USA1209 Orange StWilmington, DE 19801

Form/Schedule: **SB17**
Transaction ID: **SB17.4105**

Signatures Vendor:Right-Size Consulting USA1209 Orange StWilmington, DE 19801

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB17**
Transaction ID : **SB17.4108**

Signatures Vendor:Right-Size Consulting USA1209 Orange StWilmington, DE 19801

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Monica Alponte for Congress

A.
Full Name (Last, First, Middle Initial): Stimpson, John, , ,
Mailing Address: 331 Mirick Rd
City: Princeton | State: MA | Zip Code: 01541
Purpose of Disbursement: In-kind - Signature Collection
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 25 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 3500.00
Transaction ID : SB17.4111
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 7250.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SB17**
Transaction ID : **SB17.4111**

Signatures Vendor:Right-Size Consulting USA1209 Orange StWilmington, DE 19801

Form/Schedule:
Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Monica Alponte for Congress

Transaction ID : SC/10.4113

LOAN SOURCE Full Name (Last, First, Middle Initial)
Alponte, Monica, Maria, ,

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
4907 W Doria Dr

City	State	ZIP Code
Tucson	AZ	85742

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
03 / 26 / 2026	None	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 500.00

TOTALS This Period (last page in this line only) ▶ 500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.