

Wanda

Santos



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

CITY OF METHUEN OFFICE
METHUEN, MA

Office of Campaign and Political Finance

2025 DEC -8 AM 10:04

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/25 Ending Date: 12/05/25

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Wanda Santos

Candidate Full Name (if applicable)

Methuen City Council At-Large

Office Sought and District

12 Williams Street, Methuen, MA 01844

Residential Address

E-mail: teamwandasantos@gmail.com

Phone #: (978) 429-4351

Committee To Elect Wanda Santos

Committee Name

Maurice King

Name of Committee Treasurer

12 Williams Street, Methuen, MA 01844

Committee Mailing Address

E-mail: mauricemaking@gmail.com

Phone #: (978) 971-6442

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 12)

\$1,500

Line 3: Subtotal (line 1 plus line 2)

\$1,500

Line 4: Total expenditures this period (page 5, line 15)

\$1,765.88

Line 5: Ending Balance (line 3 minus line 4)

-\$265.88

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

\$6,537.10

Line 9: Name of bank(s) used: **TD Bank**

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or, on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 12/05/25

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 best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or, on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 12/05/25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/20/25	Elizabeth Lavasta 4 Union Street Lawrence, MA 01840	\$50	
10/14/25	Gabriela Cepeda 727 Haverhill Street Lawrence, MA 01841	\$50	
8/7/25	Glavielinys Cruz P.O. Box 1752 Lawrence, MA 01842	\$250	Behavioral Health Clinician 269 Union Street Lynn, MA 01901
9/2/25	Jonathan Guzman 39 Lynn Street Lawrence, MA 01843	\$100	
7/28/25	Jonina Goyette 12 Hunters Run Place Haverhill, MA 01832	\$100	
9/20/25	Linda Blake 8 Spruce Circle Andover, MA 01810	\$50	
10/7/25	Mireya Castillo 24 Mystic Street, #53 Methuen, MA 01844	\$50	
7/28/25	Nilda Polanco 50 Glendale Road Boxford, MA 01921	\$200	Student
9/20/25	Nilda Polanco 50 Glendale Road Boxford, MA 01921	\$100	Student
7/28/25	Raquel Quezada 265 Crystal Street Haverhill, MA 01830	\$100	
10/12/25	Richard Rodriguez 21 Hoffman Avenue Lawrence, MA 01841	\$75	
8/15/25	Sidney Harris 2 Apple Bloosom Way Methuen, MA 01844	\$100	

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7/31/25	Steven Feinberg 5 Ivana Drive Andover, MA 01810	\$100	
9/20/25	Steven Feinberg 5 Ivana Drive Andover, MA 01810	\$50	
Line 10: Total Receipts over \$50 (or listed above)		\$1,375	
Line 11: Total Receipts \$50 and under (not listed above)		\$125	
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$1,500	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/4/25	Fortaleciendo La Familia	462 Merrimack Street Methuen, MA 01844	Radio Show	\$200
10/4/25	Methuen Democratic City Committee	5 Tanglewood Circle Methuen, MA 01844	Attending Fall Pancake Event	\$200
12/3/25	The Valley Patriot Newspaper	75 Main Street North Andover, MA 01845	September Edition advertisements	\$250
9/20/25	X-Golf	90 Pleasant Valley Suite 105 Methuen, MA 01844	Campaign Kick-Off	\$896.19
10/17/25	Ye's Table	125 Merrimack Street Methuen, MA 01844	Public Safety Forum	\$219.69

SCHEDULE B: EXPENDITURES (continued)

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	\$1,765.88
Line 14: Expenditures \$50 and under (not listed above)	0
Line 15: TOTAL EXPENDITURES IN THE PERIOD	\$1,765.88

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)

Line 17: In-Kind Contributions \$50 and under (not listed above)

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

SCHEDULE D: LIABILITIES

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

Enter on page 1, line 7 →

Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)

0

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
7/20/25	Fedex Office 391 South Broadway Suite A Salem, NH 03079	\$151.96	Sign/Banner
7/27/25	Fedex Office 391 South Broadway Suite A Salem, NH 03079	\$62.58	Flyers
7/27/25	Left Eye Creations 60 Island Street Unit 244 Lawrence, MA 01840	\$1,743.36	Door hangers and T-Shirts
10/27/2025	Left Eye Creations 60 Island Street Unit 244 Lawrence, MA 01840	\$3,407.16	Mailers and door hangers
12/3/25	The Valley Patriot Newspaper 75 Main Street North Andover, MA 01845	\$309	August Edition advertisements
12/4/25	The Valley Patriot Newspaper 75 Main Street North Andover, MA 01845	\$250	October Edition advertisements
7/28/25	Ye's Table 125 Merrimack Street Methuen, MA 01844	\$613.04	Volunteers appreciation gathering
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		\$6,537.10	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$6,537.10	
← Enter on page 1, line 8			Page 8