# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

**The C/OH Instruction Guide explains how to complete this form.**

**1** Filer ID (Ethics Commission Filers): 00086008

**2** Total pages filed: 5

**3** CANDIDATE / OFFICEHOLDER NAME

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| Mr. | Oscar | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Rosa | |

**OFFICE USE ONLY**

Date Received: ELECTRONICALLY FILED 01/08/2026

Date Hand-delivered or Date Postmarked:

Receipt #: | Amount:

Date Processed:

Date Imaged:

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS

[X] Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

5358 State Highway 107

Mission, TX 78573

**5** CAMPAIGN TREASURER NAME

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| Mrs. | Cynthia | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Rosa | |

**6** CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5358 State Highway 107

Mission, TX 78573

**7** CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 530-7493

**8** REPORT TYPE

- [X] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded modified reporting limit
- [ ] Final Report (Attach C/OH-FR)

**9** PERIOD COVERED

Month Day Year: 07/01/2025 THROUGH Month Day Year: 12/31/2025

**10** ELECTION

ELECTION DATE: Month Day Year: 03/03/2026

ELECTION TYPE

- [X] Primary
- [ ] Runoff
- [ ] Other
- [ ] General
- [ ] Special

**11** OFFICE

OFFICE HELD (if any):

**12** OFFICE SOUGHT (if known): State Representative District 35

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**
**COVER SHEET PG 2**


| **13** C / OH NAME | Rosa, Oscar (Mr.) | **14** Filer ID (Ethics Commission Filers) | 00086008 |
|---|---|---|---|

**15** NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

| COMMITTEE NAME |
|---|
| COMMITTEE ADDRESS |
| COMMITTEE CAMPAIGN TREASURER NAME |
| COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|---|---|---|---|
| **16** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | **$** 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | **$** 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | **$** 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | **$** 750.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | **$** 0.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | **$** 100.00 |

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Oscar Rosa

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering | Printed name of officer administering | Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**


| **18** FILER NAME | **19** Filer ID (Ethics Commission Filers) |
|---|---|
| Rosa, Oscar (Mr.) | 00086008 |

| **20** SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | **$** |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | **$** |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | **$** |
| 4. | ☒ | SCHEDULE E: LOANS | **$** 100.00 |
| 5. | ☐ | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | **$** |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | **$** |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | **$** |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | **$** |
| 9. | ☒ | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | **$** 750.00 |
| 10. | ☐ | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | **$** |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | **$** |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | **$** |

# LOANS

**SCHEDULE E**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule E:
Sch: 1/1 Rpt: 4/5

**2** FILER NAME
Rosa, Oscar (Mr.)

**3** Filer ID (Ethics Commission Filers)
00086008

**4** TOTAL OF UNITEMIZED LOANS — **$**

**5** Date of loan
12/17/2025

**7** Name of lender ☐ out-of-state PAC (ID#:_____)
Rosa, Oscar (Mr.)

**9** Loan Amount ($)
$100.00

**6** Is lender a financial institution?
No

**8** Lender address; City; State; Zip Code
Mission, TX 78573

**10** Interest Rate

**11** Maturity Date

**12** Principal occupation / Job title (See Instructions)
Pharmacist

**13** Employer (See Instructions)

**14** Description of Collateral
☒ None

**15** Check if personal funds were deposited into political account (See Instructions)
☒

**16** GUARANTOR INFORMATION
☒ not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal occupation

**21** Employer (See Instructions)

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule G: Sch: 1/1 Rpt: 5/5 | **2** FILER NAME Rosa, Oscar (Mr.) | **3** Filer ID (Ethics Commission Filers) 00086008 |
| **4** Date 12/03/2025 | **5** Payee name Republican Party of Texas | |
| **6** Amount ($) $750.00 ☐ Reimbursement from political contributions intended | **7** Payee address; City; State; Zip Code 807 Brazos St, suite 701 Austin, TX 78701 | |
| **8** **PURPOSE OF EXPENDITURE** | **(a)** Category (See Categories listed at the top of this schedule) Fees | **(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Candidate filing fee |

| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|---|---|---|