

# 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)   | 2 Total pages filed:        |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br><b>DR.</b>  | FIRST<br><b>Patsy</b>   | MI                          |
|  | NICKNAME<br><b>Sosa</b>  | LAST<br><b>Sánchez</b>  | SUFFIX                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE   |   |                             |
| <input type="checkbox"/> Change of Address                     |  |   |                             |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER   |   | EXTENSION                   |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR<br><b>Mrs.</b>   | FIRST<br><b>Dorothy</b>   | MI                          |
|  | NICKNAME<br><b>Martinez</b>  | LAST  | SUFFIX                      |
| 7 CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE  |   |                             |
| (Residence or Business)  |  |   |                             |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER   |   | EXTENSION                   |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |                             |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><b>07 / 16 / 2025</b> THROUGH <b>01 / 16 / 2026</b>   |   |                             |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                             |
| 12 OFFICE  | OFFICE HELD (if any)   |   | 13 OFFICE SOUGHT (if known) |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                          | 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.  |   |                             |
| <input type="checkbox"/> Additional Pages                      | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME  |                             |
|  |  | COMMITTEE ADDRESS   |                             |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME   |                             |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                             |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME \_\_\_\_\_ 16 Filer ID (Ethics Commission Filers) \_\_\_\_\_

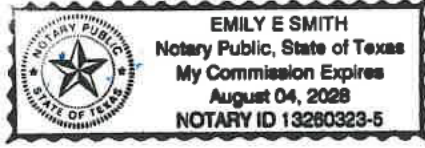
|                         |   |                  |
|-------------------------|---|------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>—</u>      |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>—</u>      |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>—</u>      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>—</u>      |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>385.08</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>—</u>      |

18 SIGNATURE 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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patricia Sosa-Sanchez this the 21st day of January.

202020 to certify which, witness my hand and seal of office.

Signature of officer administering oath: \_\_\_\_\_ Printed name of officer administering oath: Emily E. Smith Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)