# 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): NA /

2 Total pages filed: 4

**OFFICE USE ONLY**

Date Received: FILED IN MY OFFICE JOY ADAMS ELECTION ADMINISTRATOR JAN 15 2026 JOHNSON COUNTY Scott Bain 9:00 am

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mrs. FIRST: Kathy MI: M

NICKNAME: LAST: Osier SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: PO Box 285 Cleburne, TX 76033

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (817) PHONE NUMBER: 240-8269 EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs. FIRST: Elisa MI: S

NICKNAME: Lisa LAST: Marbut SUFFIX:

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

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1107 Dublin Dr Cleburne TX 76033

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (817) PHONE NUMBER: 774-6526 EXTENSION:

**9 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)

**10 PERIOD COVERED**

Month / Day / Year: 7 / 1 / 2025 THROUGH Month / Day / Year: 12 / 31 / 2025

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 3 / 3 / 26

ELECTION TYPE:
- [X] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

**12 OFFICE**

OFFICE HELD (if any):

**13** OFFICE SOUGHT (if known): Justice of the Peace Pct 4 - Judge

**14 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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | | |
|---|---|---|---|
| **15** C/OH NAME | Kathy Osier | **16** Filer ID (Ethics Commission Filers) | N/A |

| | | | |
|---|---|---|---|
| **17** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 1636.10 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 0 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0 |

**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.

Kathy Osier
Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

JUANITA CHEATHAM
MY COMMISSION EXPIRES
9/17/2029
NOTARY ID: 126674963

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kathy Osier this the 15 day of January, 20 26, to certify which, witness my hand and seal of office.

| Signature of officer administering oath | Juanita Cheatham | Notary |
|---|---|---|
| | Printed name of officer administering oath | Title of officer administering oath |

**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)

# SUBTOTALS - C/OH

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

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Kathy Oser | N/A |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 0 |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 0 |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ 0 |
| 4. | ☐ | SCHEDULE E: LOANS | $ 0 |
| 5. | ☐ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 0 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ 0 |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ 0 |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ 0 |
| 9. | ☒ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ 1636.10 |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ 0 |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 0 |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ 0 |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

If the requested information is not applicable, **DO NOT include this page in the report.**

**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: | 2 FILER NAME: Kathy Oster | 3 Filer ID (Ethics Commission Filers): N/A |
|---|---|---|

**4 Date:** 11-19-25

**5 Payee name:** Republican Party of Johnson

**6 Amount ($):** 375.00
Reimbursement from political contributions intended

**7 Payee address;** 210 S. Main St — City; Cleburne — State; TX — Zip Code 76033
Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): Election

(b) Description: Filing Fee

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

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**Date**

**Payee name:** Moonlight Printing

**Amount ($):** 126.10
Reimbursement from political contributions intended

**Payee address;** Amazon Website — City; — State; — Zip Code
Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): Printing

Description: Signs

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

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**Date**

**Payee name**

**Amount ($)**
Reimbursement from political contributions intended

**Payee address;** — City; — State; — Zip Code
Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule)

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**