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07/12/2025 02 : 21

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FEC FORM 3		EPORT ND DIS For An Au	-	MENTS			Office Use Only
1. NAME OF COMMITTEE (in		TYPE OR PRINT		xample: If typin ver the lines.	g, type	12FE4M5	
Rose for Cong	gress						
ADDRESS (number ar	nd street)	3335 Placer Stre	et				
Check if dif		#288					
than previour reported. (A		Redding					96001
2. FEC IDENTIFIC	CATION NU	MBER 🔻	CITY A			STATE	ZIP CODE
C C0085233	35		3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	ED STATE ▼ DISTRICT
	eports: 5 Quarterly R	eport (Q1)	(b) 12-Day PRI	E-Election Repo Primary (12P) Convention (General (1) Special (12	
	Quarterly Re	y Report (Q3)	Election or	M M /	D D /	Y Y Y Y	in the State of
January	/ 31 Year-End	d Report (YE)	(c) 30-Day PO	ST-Election Rep	oort for the	:	
× Termina	ation Report ((TER)	Election or	General (30G)	Runoff (30	R) Special (30S) in the State of
5. Covering Period	M 07		Y Y Y Y 2025	through	м м 07	/ D D / 11	Y Y Y Y 2025
I certify that I have a Type or Print Name		s Report and to a Yee, Rose, Pe	-	nowledge and l	belief it is t	rue, correct and	complete.
Signature of Treasure	Yee, . er	Rose, Penelope, ,				Date	/ D D / Y Y Y Y 11 2025
NOTE: Submission of	false, errone	ous, or incomplete	information may	subject the pers	son signing	this Report to th	e penalties of 52 U.S.C. §30109.
Office Use Only							FEC FORM 3 (Revised 05/2016)

Image#	2025071	29762769053	
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Γ	FEC Form 3 (Revised 03/2016)	SUMMARY PAGE of Receipts and Disbursements	Γ
	/rite or Type Committee Name Rose for Congress		
R	eport Covering the Period: From:	07 ^M / 01 ^D / Y Y Y Y 2025 ^T To:	M07 ^M / D D / Y Y Y Y 11 ^D / 2025
		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))	0.00	64857.74
	(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))	0.00	64857.74
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	81258.03
	(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))	0.00	81258.03
8.	Cash on Hand at Close of Reporting Period (from Line 27)	6347.61	
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)	20000.00	

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

Γ	EFEC Form 3 (Revised 05/2016)	TAILED SUMMARY PAGE of Receipts	Г
W	/rite or Type Committee Name		
	Rose for Congress		
R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2025 To:	M M / D D / Y Y Y Y 07 11 2025
	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	0.00	61564.56
	(i) Itemized (use Schedule A)(ii) Unitemized		130.00
	(iii) TOTAL of contributions from individuals	0.00	61694.56
	(b) Political Party Committees	0.00	475.00
	(c) Other Political Committees (such as PACs)	0.00	2688.18
	(d) The Candidate (e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	64857.74
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	20000.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	20000.00
14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	2747.90
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	, 7605.64

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FEC Form 3 (Revised 05/2016)

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date				
17. OPERATING EXPENDITURES		81258.03				
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00				
 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) 		0.00 0.00 0.00 0.00				
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00				
(b) Political Party Committees(c) Other Political Committees (such as PACs)	0.00	0.00				
(d) TOTAL CONTRIBUTION REFUNE (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) • 0.00	81258.03				

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	6347.61
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	_	0.00
25.	SUBTOTAL (add Line 23 and Line 24)	[]	7		7	-	6347.61
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	Γ.	7		7	_	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	_	6347.61

					PAGE 5 OF 5
CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a
ME OF COMMITTEE (In F	ull)			Transac	tion ID : C-1532
ose for Congress					
LOAN SOURCE Full Nat	me (Last, First, Mid	dle Initial)		Memo Item	Election: 2024
Yee, Rose, Penelo	ppe, ,				Primary General
Mailing Address 3335 Placer Street					Other (specify)
#288 City		State	ZIP Code	Э	
Redding		CA	96001		Personal Funds of the Candidate
Original Amount of Loan	20000.00	Cumulative Pa	yment To D	0.00 Bala	nce Outstanding at Close of This Peric 20000.00
TERMS Date Incur	rred		Date Due	Interest Rate	e Secured:
M M / D D / 08 07 /	Y Y Y Y 2024	M M / D C) / Y Y	(If none, enter	0) 00 % (apr) Yes X No
List All Endorsers or Gu	uarantors (if any) to	b Loan Source			
1. Full Name (Last, First	, Middle Initial)		1	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	(Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First,	Middle Initial)		1	Name of Employer	
Mailing Address				Occupation	
		1		Amount Guaranteed	
City	State	ZIP Code			y
3. Full Name (Last, First,	Middle Initial)		1	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
IBTOTALS This Period Th	nis Page (optional)			······	20000.00
CONCINED THIS I CHOR IT					