

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 FIRST MI NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received — FILED — 11/18/23 — 81262 m Patricia Roberson, Elections Administration Gaines County, Texas BY _____ DEPUTY Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 471 SEAGRAVES TX 79359			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION (806) 577-6594			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr DANNY Brian ROSSON			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 242 EAST HWY. 83 SEAGRAVES TX 79359			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (806) 577-6594			
9 REPORT TYPE		☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)			
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 7 / 1 / 2022 12 / 31 / 2022			
11 ELECTION		ELECTION DATE Month Day Year / / ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special			
12 OFFICE		OFFICE HELD (if any) Commissioner Pct. # 1		13 OFFICE SOUGHT (if known)	
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