

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 NICKNAME | FIRST LAST | MI SUFFIX | OFFICE USE ONLY  Date Received 11/08/2024 Receipt # Amount \$ Date Processed 11/14/2024 Date Imaged 11/14/2024 | |
| | Mr. | Danny Rossen | Brian | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| <input type="checkbox"/> Change of Address | Box 471 Seagraves Tx. 79359 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (806) | 577-6594 | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR NICKNAME | FIRST LAST | MI SUFFIX | | |
| | Mr. | Danny Rossen | Brian | | |
| 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 | <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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month | Day | Year | Month | Day |
| | 7 | 1 | 2025 | 12 | 31 |
| | THROUGH | | | 2025 | |
| 11 ELECTION | Month | Day | Year | ELECTION TYPE | |
| | / | / | / | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | | | | <input type="checkbox"/> General | <input type="checkbox"/> Other Description Special |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | |
| | Commissioner Pg#1 | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE COMMITTEE NAME

GENERAL

SPECIFIC

Additional Pages

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

CONTRIBUTION
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$

OUTSTANDING
LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

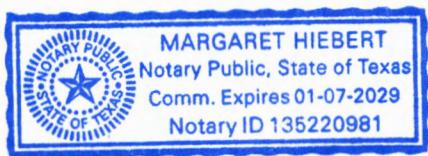
\$

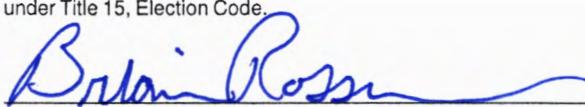
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 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.

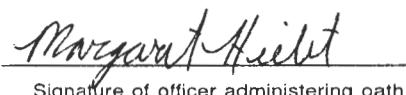




Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Rossen, this the 8th day of January, 20 26, to certify which, witness my hand and seal of office.



Signature of officer administering oath



Printed name of officer administering oath



Title of officer administering oath