

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr Daniel Rossiter	15 Filer ID (Ethics Commission Filers)
--	---

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 964.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8929.71
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 954.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 8428.80
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3574.21
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20000.00

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.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Daniel Rossiter, this the 2nd day of June, 2023, 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

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mr Daniel Rossiter		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8929.71
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8428.80
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.56

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 11

2 FILER NAME
Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date
5/2/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Ms Leticia Ybarra

7 Amount of contribution (\$)
31.55

6 Contributor address; City; State; Zip Code
**260 W. Cheryl Dr.
San Antonio, TX 78228**

8 Principal occupation / Job title (See instructions)
Unemployed

9 Employer (See instructions)

Date
5/2/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Evelyn Ybarra

Amount of contribution (\$)
62.78

Contributor address; City; State; Zip Code
**5935 Prentiss Drive
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)

Date
5/7/2023

Full name of contributor out-of-state PAC (ID# _____)
Merium Valdez

Amount of contribution (\$)
10.72

Contributor address; City; State; Zip Code
**2311 W. Mistletoe Ave.
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

Date
5/7/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr David Ross

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2101 W. Grammercy Pl.
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Pediatrician

Employer (See instructions)
Pediatric Medicine PA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 11
2 FILER NAME Mr Daniel Rossiter		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Hirsch	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 19027 Salado Canyon San Antonio, TX 78258		
8 Principal occupation / Job title (See instructions) Chief of Staff		9 Employer (See instructions) Allcat Claims Service
Date 5/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Chandler	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 16526 Loma Landing Helotes, TX 78023		
Principal occupation / Job title (See instructions) Owner/President		Employer (See instructions) Interactive Media
Date 5/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Roland Gonzales	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5103 New Castle Lane San Antonio, TX 78249		
Principal occupation / Job title (See instructions) Equity Partner		Employer (See instructions) Germer PLLC
Date 5/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Lauren Esquivel	Amount of contribution (\$) 31.55
Contributor address; City; State; Zip Code 13011 Chateau Forest Lane San Antonio, TX 78230		
Principal occupation / Job title (See instructions) VP of Institutional Advancement		Employer (See instructions) KLRN Public Television

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 11
2 FILER NAME Mr Daniel Rossiter		3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Laura Volluz	7 Amount of contribution (\$) 260.59
6 Contributor address; City; State; Zip Code 7309 Aemilian Way Austin, TX 78730		
8 Principal occupation / Job title (See instructions) Self Employed		9 Employer (See instructions) Pescaedor Public Strategies
Date 5/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Celina Escamilla	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code PO Box 5239 San Antonio, TX 78201		
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions)
Date 5/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belinda Rossiter	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4421 Darsey Street Bellaire, TX 77401		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 5/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alan Rossiter	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4421 Darsey Street Bellaire, TX 77401		
Principal occupation / Job title (See instructions) Administrator		Employer (See instructions) University of Houston

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 11

2 FILER NAME
Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date
5/13/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Mario Saenz

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**222 E. Quill Dr.
San Antonio, TX 78228**

8 Principal occupation / Job title (See instructions)
Sr, Sales Manager

9 Employer (See instructions)
Fresenius Medical Care

Date
5/13/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Kimberly Saunders

Amount of contribution (\$)
104.42

Contributor address; City; State; Zip Code
**8418 Brixton
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)

Date
5/14/2023

Full name of contributor out-of-state PAC (ID# _____)
Prasanna Kolar

Amount of contribution (\$)
101.00

Contributor address; City; State; Zip Code
**2126 High Quest
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Researcher

Employer (See instructions)
Southwest Research Institute

Date
5/14/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Chris Schuchardt

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13703 Pebble Oak Dr.
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Calidad, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 11

2 FILER NAME
Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date
5/14/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Ms Megan Schuchardt

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**13703 Pebble Oak Dr.
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
Trader

9 Employer (See instructions)
Marathon Petroleum

Date
5/15/2023

Full name of contributor out-of-state PAC (ID# _____)
Richard Ramos

Amount of contribution (\$)
208.54

Contributor address; City; State; Zip Code
**2607 West Kings Highway
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)

Date
5/15/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Thomas Rifleman

Amount of contribution (\$)
52.37

Contributor address; City; State; Zip Code
**9135 Autumn Storm
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)

Date
5/16/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Roy Rodriguez

Amount of contribution (\$)
52.37

Contributor address; City; State; Zip Code
**4211 Havenview Dr.
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 11

2 FILER NAME
Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date
5/17/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Preston Woolfolk

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**8707 Falcon Place
San Antonio, TX 78256**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Documation

Date
5/17/2023

Full name of contributor out-of-state PAC (ID# _____)
Don Rios

Amount of contribution (\$)
104.42

Contributor address; City; State; Zip Code
**2102 Blackhill Drive
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Northside ISD

Date
5/17/2023

Full name of contributor out-of-state PAC (ID# _____)
Guadalupe Vara Zapata

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**5343 San Simeon Dr.
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
N/A

Employer (See instructions)

Date
5/18/2023

Full name of contributor out-of-state PAC (ID# _____)
Ronald Sanders

Amount of contribution (\$)
104.42

Contributor address; City; State; Zip Code
**118 Summertime Drive
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Education

Employer (See instructions)
San Antonio ISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 11

2 FILER NAME
Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date
5/18/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Jim Bailey

7 Amount of contribution (\$)
104.42

6 Contributor address; City; State; Zip Code
**241 King William St,
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)
Architect

9 Employer (See instructions)
Alamo Architects

Date
5/18/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Evelyn Ybarra

Amount of contribution (\$)
104.42

Contributor address; City; State; Zip Code
**5935 Prentiss Drive
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)

Date
5/19/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Chris Carmona

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13815 Bent Ridge Drive
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
CPA

Employer (See instructions)
SCC CPA

Date
5/21/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Darrell Parsons

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9226 Blockade Dr.
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Social Worker

Employer (See instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 11

2 FILER NAME
Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date
5/21/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Christopher Lopez

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9226 Blockade Dr.
San Antonio, TX 78240**

8 Principal occupation / Job title (See instructions)
Financial Analyst

9 Employer (See instructions)
TEGNA

Date
5/22/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Edward Whitacre Jr.

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**325 Terrell Rd.
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Chairman Emeritus

Employer (See instructions)
AT&T

Date
5/24/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Jerry Rangel

Amount of contribution (\$)
52.37

Contributor address; City; State; Zip Code
**6003 Clearbrook
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)
Unemployed

Employer (See instructions)

Date
5/24/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Martin Trevino

Amount of contribution (\$)
104.42

Contributor address; City; State; Zip Code
**11810 Jarvis Drive
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
Council Aide

Employer (See instructions)
COSA Council District 6

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 11

2 FILER NAME
Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date
5/27/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Jeffery Chavez

7 Amount of contribution (\$)
52.37

6 Contributor address; City; State; Zip Code
**9631 Wild Horse Run
San Antonio, TX 78251**

8 Principal occupation / Job title (See instructions)
Medical Research

9 Employer (See instructions)
UT Health SA

Date
5/27/2023

Full name of contributor out-of-state PAC (ID# _____)
Analy Garcia

Amount of contribution (\$)
41.96

Contributor address; City; State; Zip Code
**12727 Vista Del Norte
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Specialist

Employer (See instructions)
Southwest Research Institute

Date
5/27/2023

Full name of contributor out-of-state PAC (ID# _____)
Don Rios

Amount of contribution (\$)
62.78

Contributor address; City; State; Zip Code
**2102 Blackhill Drive
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Northside ISD

Date
5/28/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Patricia Jasso

Amount of contribution (\$)
140.00

Contributor address; City; State; Zip Code
**326 Anton Dr
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
Trainer

Employer (See instructions)
Senior Planet

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 11
2 FILER NAME Mr Daniel Rossiter		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Sylvia Trevino	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 903 McNeel Rd. San Antonio, TX 78228		
8 Principal occupation / Job title (See instructions) Unemployed		9 Employer (See instructions)
Date 5/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collin Gray	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 202 Englewood Dr. Kerrville, TX 78028		
Principal occupation / Job title (See instructions) Real Estate Appraiser		Employer (See instructions) Self
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Joe Simpson	Amount of contribution (\$) 26.34
Contributor address; City; State; Zip Code 459 Furr Rd. San Antonio, TX 78201		
Principal occupation / Job title (See instructions) Psychatrist		Employer (See instructions) Self
Date 5/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Di Loreto	Amount of contribution (\$) 78.40
Contributor address; City; State; Zip Code 3838 Lockhill Selma Road San Antonio, TX 78230		
Principal occupation / Job title (See instructions) Project Manager		Employer (See instructions) Parra & Co

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
11 of 11

2 FILER NAME
Mr Daniel Rossiter 3 Filer ID (Ethics Commission Filers)

4 Date 5/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Will Johnson	7 Amount of contribution (\$) 21.13
	6 Contributor address; City; State; Zip Code 8 Willow Heights Drive San Antonio, TX 78254	

8 Principal occupation / Job title (See instructions) Teacher	9 Employer (See instructions) Northside ISD
---	---

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	--	-----------------------------

Principal occupation / Job title (See instructions)	Employer (See instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	--	-----------------------------

Principal occupation / Job title (See instructions)	Employer (See instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	--	-----------------------------

Principal occupation / Job title (See instructions)	Employer (See instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mr Daniel Rossiter		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mr Daniel Rossiter		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Mr Daniel Rossiter		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Mr Daniel Rossiter	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 4/30/2023	5 Payee name Facebook
-----------------------------------	--

6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
---------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Social Media Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 5/1/2023	Payee name Facebook
-------------------------	-------------------------------

Amount (\$) 5.58	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Social Media Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 5/6/2023	Payee name Prestige Printing
-------------------------	--

Amount (\$) 649.50	Payee address; City; State; Zip Code 8 BURWOOD Ln. San Antonio, TX 78216
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Campaign materials printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 3	2 FILER NAME Mr Daniel Rossiter	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2023	5 Payee name Sabor Mexico Mezcal	
6 Amount (\$) 190.00	7 Payee address; City; State; Zip Code 5720 Bandera Rd. San Antonio, TX 78238	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description Campaign Watch Event
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/27/2023	Payee name Prestige Printing	
Amount (\$) 1499.26	Payee address; City; State; Zip Code 8 BURWOOD Ln. San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Campaign materials printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/27/2023	Payee name Prestige Printing	
Amount (\$) 507.69	Payee address; City; State; Zip Code 8 BURWOOD Ln. San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Campaign materials printing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Mr Daniel Rossiter	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2023	5 Payee name Facebook	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Social Media Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date 5/31/2023	Payee name Alamo Mailing Company		
Amount (\$) 3822.66	Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Postage for mail out	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
 Advertising Expense
 Consulting Expense
 Contributions/Donations Made By
 Candidate/Officeholder/Political Committee

Event Expense
 Fees
 Food/Beverage Expense
 Gifts/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 F2: 1 of 1	2 FILER NAME Mr Daniel Rossiter	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr Daniel Rossiter	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME Mr Daniel Rossiter	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/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 H: 1 of 1	2 FILER NAME Mr Daniel Rossiter	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr Daniel Rossiter	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME

Mr Daniel Rossiter

3 Filer ID (Ethics Commission Filers)

4 Date
4/30/2023

5 Name of person from whom amount is received
Randolph Brooks Federal Credit Union

8 Amount (\$)
0.34

6 Address of person from whom amount is received; City; State; Zip Code
PO Box 2097
Universal City, TX 78148-2097

7 Purpose for which amount is received Check if political contribution returned to filer
Bank interest earned

Date
5/31/2023

Name of person from whom amount is received
Randolph Brooks Federal Credit Union

Amount (\$)
0.22

Address of person from whom amount is received; City; State; Zip Code
PO Box 2097
Universal City, TX 78148-2097

Purpose for which amount is received Check if political contribution returned to filer
Bank interest earned

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr Daniel Rossiter		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

**The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

C/OH NAME
Mr Daniel Rossiter

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder