### Candidate / Officeholder Campaign Finance Report

**Filer ID (Ethics Commission Filings):**
1

**Total pages filed:**
4

**Change of Address:**

**OFFICE USE ONLY**

- Date Received: 2024 JAN 2

- Date Hand-delivered or Date Premarked: 2024 JAN 2

- Receipt #: 11150

- Amount: $150

- Date Processed: 2024 JAN 4

- Date Imaged: 2024 JAN 4

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### Candidate / Officeholder Name

- **First Name:** Don
- **Last Name:** Ross

### Mailing Address

- **Address:** P.O. Box 3764, Dallas, TX 75208

### Office Phone

- **Area Code:** (214)
- **Phone Number:** 675-4481

### Campaign Treasurer Name

- **First Name:** Antonio
- **Last Name:** Ozena

### Treasurer Address

- **Street Address:** 435 W 12th St
- **City:** Dallas
- **State:** TX
- **Zip Code:** 75208

### Treasurer Phone

- **Area Code:** (214)
- **Phone Number:** 946-0700

### Report Type

- **Type:** 8th day before election

### Period Covered

- **Month:** 1
- **Day:** 1
- **Year:** 2023

### Election

- **Election Date:** / / 

### Office

- **Office Held (if any):**

### Notice from Political Committee(s)

- **Committee Type:**
- **Committee Name:**

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**GO TO PAGE 2**
### CANDIDATE / OFFICEHOLDER
### CAMPAIGN FINANCE REPORT

#### 17 CONTRIBUTION TOTALS
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) $  
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $500  
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,  
4. TOTAL POLITICAL EXPENDITURES  
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $570  
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $  

#### 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by ______________________________ the _____ day of __________________
20 _____, 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

(2) Unsworn Declaration

My name is ______________________, and my date of birth is _____/_____/1957

My address is ______________________ ______________________,  
(P.O. Box 3764) (city) (state) (zip code) (country)

Executed in ______________________ County, State of Texas, on the _____ day of __________________
(month) (year)

Signature of Candidate/Officeholder (Declarant)
## SUBTOTALS - C/OH

### COVER SHEET PG 3

<table>
<thead>
<tr>
<th></th>
<th>FILER NAME</th>
<th>FILER ID (Ethics Commission Filers)</th>
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<table>
<thead>
<tr>
<th></th>
<th>SCHEDULE SUBTOTALS</th>
<th>NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>√ SCHEDULE A1:</td>
<td>MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$500.00</td>
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<tr>
<td>2</td>
<td>SCHEDULE A2:</td>
<td>NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
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<tr>
<td>3</td>
<td>SCHEDULE B:</td>
<td>PLEDGED CONTRIBUTIONS</td>
<td>$</td>
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<td>4</td>
<td>SCHEDULE E:</td>
<td>LOANS</td>
<td>$</td>
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<td>5</td>
<td>SCHEDULE F1:</td>
<td>POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
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<td>6</td>
<td>SCHEDULE F2:</td>
<td>UNPAID INCURRED OBLIGATIONS</td>
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<td>7</td>
<td>SCHEDULE F3:</td>
<td>PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
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<tr>
<td>8</td>
<td>SCHEDULE F4:</td>
<td>EXPENDITURES MADE BY CREDIT CARD</td>
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<td>9</td>
<td>SCHEDULE G:</td>
<td>POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
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<td>10</td>
<td>SCHEDULE H:</td>
<td>PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
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<td>SCHEDULE I:</td>
<td>NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
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<td>SCHEDULE K:</td>
<td>INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
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<tr>
<td>Date</td>
<td>Full name of contributor</td>
<td>Out-of-state PAC (ID#)</td>
<td>Contributor address; City; State; Zip Code</td>
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<tr>
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<tr>
<td>6/12/23</td>
<td>Joseph Rosser</td>
<td></td>
<td>4223 University Blvd., Dallas, TX 75205</td>
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</tbody>
</table>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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