

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST Danny Brian</td> <td style="width:20%; text-align: center;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST Rosson</td> <td style="text-align: center;">SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST Danny Brian	MI	NICKNAME	LAST Rosson	SUFFIX	OFFICE USE ONLY Date Received BY: _____ Date Hand-delivered or Date Postmarked <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount \$		
MS / MRS / MR	FIRST Danny Brian	MI											
NICKNAME	LAST Rosson	SUFFIX											
Receipt #	Amount \$												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>PO Box 471</td> <td></td> <td>Seagraves, TX</td> <td></td> <td>79359</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 471		Seagraves, TX		79359	
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE									
PO Box 471		Seagraves, TX		79359									
5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:20%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(806)</td> <td>577-6594</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(806)	577-6594						
AREA CODE	PHONE NUMBER	EXTENSION											
(806)	577-6594												
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">FIRST Danny Brian</td> <td style="width:20%; text-align: center;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST Rosson</td> <td style="text-align: center;">SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST Danny Brian	MI	NICKNAME	LAST Rosson	SUFFIX					
MS / MRS / MR	FIRST Danny Brian	MI											
NICKNAME	LAST Rosson	SUFFIX											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>PO Box 471</td> <td></td> <td>Seagraves, TX</td> <td></td> <td>79359</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 471		Seagraves, TX		79359
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE									
PO Box 471		Seagraves, TX		79359									
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:20%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(806)</td> <td>577-6594</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(806)	577-6594					
AREA CODE	PHONE NUMBER	EXTENSION											
(806)	577-6594												
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">☐ January 15</td> <td style="width:25%;">☐ 30th day before election</td> <td style="width:25%;">☐ Runoff</td> <td style="width:25%;">☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☒ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)	☒ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)		
☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)										
☒ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center; font-size: x-small;">Month Day Year</td> <td style="width:25%;"></td> <td style="width:25%; text-align: center; font-size: x-small;">Month Day Year</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center; font-size: large;">01 / 01 / 2026</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center; font-size: large;">06 / 30 / 2026</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		01 / 01 / 2026	THROUGH	06 / 30 / 2026			
Month Day Year		Month Day Year											
01 / 01 / 2026	THROUGH	06 / 30 / 2026											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td style="width:60%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month Day Year</td> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Primary</td> <td style="width:33%; text-align: center;">Runoff</td> <td style="width:33%; text-align: center;">Other Description</td> </tr> <tr> <td style="text-align: center;">General</td> <td style="text-align: center;">Special</td> <td></td> </tr> </table> </td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Primary</td> <td style="width:33%; text-align: center;">Runoff</td> <td style="width:33%; text-align: center;">Other Description</td> </tr> <tr> <td style="text-align: center;">General</td> <td style="text-align: center;">Special</td> <td></td> </tr> </table>	Primary	Runoff	Other Description	General	Special	
ELECTION DATE	ELECTION TYPE												
Month Day Year	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Primary</td> <td style="width:33%; text-align: center;">Runoff</td> <td style="width:33%; text-align: center;">Other Description</td> </tr> <tr> <td style="text-align: center;">General</td> <td style="text-align: center;">Special</td> <td></td> </tr> </table>	Primary	Runoff	Other Description	General	Special							
Primary	Runoff	Other Description											
General	Special												
12 OFFICE	OFFICE HELD (if any) Commissioner Precinct 1		13 OFFICE SOUGHT (if known)										
14 NOTICE FROM POLITICAL COMMITTEE(S) 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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: x-small;">GENERAL</td> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: x-small;">SPECIFIC</td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
COMMITTEE TYPE	COMMITTEE NAME												
GENERAL	COMMITTEE ADDRESS												
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Brian Ross
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brian Ross this the 9 day of July

2026, to certify which, witness my hand and seal of office.

Michael L. Ross Michael L. Ross Treasurer
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)