

# 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: |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                         | MS / MRS / MR <u>Mr. Winston</u> FIRST MI<br>NICKNAME _____ LAST <u>Rossow</u> SUFFIX _____  | <b>OFFICE USE ONLY</b>   |                      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS              | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>_____ <u>Freeport</u>  | Date Received  |                      |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                        | AREA CODE PHONE NUMBER EXTENSION<br>_____  | Date Hand-delivered or Date Postmarked   |                      |
| <b>6</b> CAMPAIGN TREASURER NAME                               | MS / MRS / MR <u>Mrs. Debra Rossow</u> FIRST MI<br>NICKNAME _____ LAST _____ SUFFIX _____  | Receipt #  | Amount \$            |
| <b>7</b> CAMPAIGN TREASURER ADDRESS                            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>_____ <u>Freeport</u> <u>TEXAS</u> <u>77541</u>   |  |                      |
| <b>8</b> CAMPAIGN TREASURER PHONE                              | AREA CODE PHONE NUMBER EXTENSION<br>_____  |  |                      |
| <b>9</b> REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                      |
| <b>10</b> PERIOD COVERED                                       | Month Day Year    THROUGH    Month Day Year<br><u>3</u> / <u>11</u> / <u>24</u> <u>4</u> / <u>11</u> / <u>24</u>   |  |                      |
| <b>11</b> ELECTION   | ELECTION DATE<br>Month Day Year<br><u>5</u> / <u>4</u> / <u>24</u>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                      |
| <b>12</b> OFFICE   | OFFICE HELD (if any)   | <b>13</b> OFFICE SOUGHT (if known)   |                      |
| <b>14</b> 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.  |  |                      |
| <input type="checkbox"/> Additional Pages                      | <input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE TYPE   | COMMITTEE NAME       |
|  |  | COMMITTEE ADDRESS  |                      |
|  |  | 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) | \$ 500.00                              |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                     |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 549.26                              |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$                                     |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$                                     |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     |

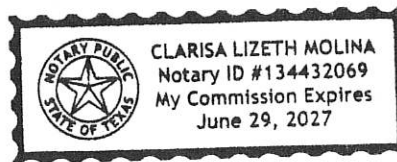
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Winston Rossow*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Winston Rossow this the 1<sup>st</sup> day of April

2024, to certify which, witness my hand and seal of office.

Clarisa Molina      Clarisa Molina      City Secretary  
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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Winston Rossow*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                          |   |                  |
|-----|--------------------------|---|------------------|
| 1.  | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               | \$ <i>500.00</i> |
| 2.  | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                 | \$               |
| 3.  | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$               |
| 4.  | <input type="checkbox"/> | SCHEDULE E: LOANS   | \$               |
| 5.  | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS       | \$               |
| 6.  | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                    | \$               |
| 7.  | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS      | \$               |
| 8.  | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                               | \$               |
| 9.  | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                 | \$               |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$               |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    | \$               |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER   | \$               |

# PERSONAL FUNDS

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><i>Winston Rossow</i>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Payee name<br><i>Area Print Shop</i>  |  |
| <b>6</b> Amount (\$)<br><i>\$ 549.26</i><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>2110 Brazosport Blvd. Freeport Texas 77541</i>   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Campaign Signs</i>   | <b>(b)</b> Description                       |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Winston Rossow</i>   | Office sought<br><i>Councilman</i>           |
| <b>Date</b>  | <b>Payee name</b>  |  |
| <b>Amount (\$)</b><br><input type="checkbox"/> Reimbursement from political contributions intended                       | <b>Payee address; City; State; Zip Code</b>  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)  | <b>Description</b>                           |
|  | <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                                |
| <b>Date</b>  | <b>Payee name</b>  |  |
| <b>Amount (\$)</b><br><input type="checkbox"/> Reimbursement from political contributions intended                       | <b>Payee address; City; State; Zip Code</b>  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)  | <b>Description</b>                           |
|  | <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                                |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Winston Rossow

3 Filer ID (Ethics Commission Filers)

4 Date

3-11-24

5 Full name of contributor

Roy Yates

out-of-state PAC (ID#: \_\_\_\_\_)

Freeport TX 77541

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City;

State; Zip Code

414 Mystery Harbor Lake 77541

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

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.