### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	omplete this form.	1 Filer ID (Ethics Comm 00088057		2 Total pages fil	ed: :0
3 CANDIDATE /	MS/MRS/MR	FIRST	1 0000000	MI	h	
OFFICEHOLDER NAME	Mr.	Gino J.		IVII		JSE ONLY
					Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
		Rossini				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	PO Box 170122					
ADDRESS					Receipt #	Amount
Change of Address	Irving, TX 75017					
					Date Processed	
					<b>D</b> + + + +	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Charles T.				
NAME						
	 NICKNAME	LAST			SUFFIX	
		Weigel Jr.				
		- 3				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PI FASE).	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	2120 Shumard Oak La		7.4		617	
ADDRESS	2120 Shumaru Oak La					
(Residence or Business)						
	Irving, TX 75063					
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
TREASURER	(214) 926-1293					
PHONE						
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff	15th day after car appointment (office	
	July 15	X 8th day before	election	Exceeded modified	Final Report (Atta	
				reporting limit		
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	09/27/2024		HROUGH	10/26/202		
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
	Month Day Yea	ar 🛛 🗖 I	Primary	Runoff	Other	
	11/05/2024					
			General	Special		
					(if here every)	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		1 District F
				Court Of Appeals	s, Justice Place	
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versi	on V4.1.0.48da51f

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 30

I

13 C / OH NAME	Rossini, Gino J. (Mr.)	:	14 Filer ID (I 00088057	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	Dolitical contributions accepted or political expenditur These expenditures may have been made without the d officeholders are required to report this information	ne candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS(OTHER THAN	PLEDGES LOANS	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 0.00
			、	<b>\$</b> 16,032.07
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES OF LOANS IZED POLITICAL EXPENDITURES	)	<b>*</b> 0.00
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 42,321.42
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the acc information required to	ompanying report is b be reported by me
		Mr. (	Gino J. Rossini	
		Signature of C	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

#### FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 3 of 30 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088057 Rossini, Gino J. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) 1. \$ 14,652.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 1,380.07 \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ З. 4. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 22,071.42 \$ Х SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 20,250.00 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 1.89 TO FILER

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/10 Rpt: 4/30
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Rossini, Gine	o J. (Mr.)		00088057
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/09/2024	A Better Dallas, Inc.		\$500.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75231		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/17/2024	Bradley Arant Bould Cummings Texas PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75270		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a a abild low firm of parant(a) (if any)		
II CONTRIBUTOR IS	s a child, law firm of parent(s) (if any)		
Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/11/2024	Colen, Samuel (Mr.)		\$150.00
	Contributor address; City; State; Zip Code		
	Irving, TX 75039		
Contributor's	Principal Occupation	Contributor's Job Title	
Data science		Head of Supply Chain E	Data Science
	employer/law firm	Law firm of contributor's sp	
McKesson			
	s a child, law firm of parent(s) (if any)		
1			

			1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/10 Rpt: 5/30
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Rossini, Gine	o J. (Mr.)		00088057
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/17/2024	Dowis, Craig (Mr.)		\$250.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75218		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Partner	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Thompson, (	Coe, Cousins & Irons, LLP		
12 If contributor is	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor	)	Amount of Contribution (\$)
10/18/2024	Eddington, John (Mr.)		\$100.00
10/10/2021			
	Contributor address, City, State, Zip Code		
	Flower Mound, TX 75028		
	Principal Occupation	Contributor's Job Title	
Account Mar	-	Account Manager	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
The Reynold			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/11/2024	Enright, Jason (Mr.)		\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Counsel	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Winstead PC			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/10 Rpt: 6/30
2 FILER NAME Rossini, Gino J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088057
4 Date       5 Full name of contributor       out-of-state PAC (ID#:		<ul><li>7 Amount of Contribution (\$)</li><li>\$50.00</li></ul>
Irving , TX 75061		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Retired 10 Contributor's employer/law firm Retired	Retired 11 Law firm of contributor's spc	buse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/21/2024 Gwendolyn, Huff (Ms.)		\$1,000.00
Contributor address; City; State; Zip Code		
Dallas, TX 75204		
Contributor's Principal Occupation Real Estate	Contributor's Job Title Real Estate	
Contributor's employer/law firm self	Law firm of contributor's spo	puse (if any)
If contributor is a child, law firm of parent(s) (if any)	1	
Date       Full name of contributor       out-of-state PAC (ID#:_         10/06/2024       Hartong, Charles (Mr.)         Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
Irving, TX 75061		
Contributor's Principal Occupation Retired	Contributor's Job Title Retired	
Contributor's employer/law firm	Law firm of contributor's spo	ouse (if any)
Retired If contributor is a child, law firm of parent(s) (if any)		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/10 Rpt: 7/30
2 FILER NAME Rossini, Gind	$(\Lambda r)$		<b>3</b> Filer ID (Ethics Commission Filers) 00088057
4 Date 10/25/2024	<ul> <li>o J. (Mr.)</li> <li>5 Full name of contributor out-of-state PAC (ID#:) Hennes, Monica (Ms.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$500.00
	Irving, TX 75038		
8 Contributor's P Retired	rincipal Occupation	9 Contributor's Job Title Retired	
10 Contributor's e Retired	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Hollingsworth, Cynthia (Ms.) Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$100.00
Contributor's P	Dallas, TX 75206 rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e Hollingsworth	mployer/law firm ı Walker	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Husted, John Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$150.00
	Irving , TX 75061		
	rincipal Occupation	Contributor's Job Title	
Attorney	mployer/law firm	Attorney Law firm of contributor's sp	nouse (if any)
	per Martinson Brandt & Kutchin, P.C.		ouse (ii aliy)
	a child, law firm of parent(s) (if any)		
Forms provided l	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 5/10 Rpt: 8/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Rossini, Gino J. (Mr.) 00088057 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/24/2024 Macdonald Devin Madden Kenefick Harris PC \$500.00 6 Contributor address; City; State; Zip Code Dallas, TX 75251 Contributor's Principal Occupation Contributor's Job Title 8 9 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/18/2024 \$150.00 Malladi, Preeti (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75208 Contributor's Principal Occupation Contributor's Job Title Surgeon Surgeon Contributor's employer/law firm Law firm of contributor's spouse (if any) Malladi Bariatrics and Advanced Surgery If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 10/14/2024 \$2,500.00 Marshall, Everett (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75205 Contributor's Principal Occupation Contributor's Job Title CEO Manager Contributor's employer/law firm Law firm of contributor's spouse (if any) Elevage Capital Management If contributor is a child, law firm of parent(s) (if any)

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A(J)1: Sch: 6/10 Rpt: 9/30
2 FILER NAME Rossini, Gin	o J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088057
4 Date 10/19/2024	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$202.00
	Irving , TX 75039		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
Flowserve C	•		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/09/2024	Mouskondis, E.B. (Ms.)		\$300.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230		
Contributor's I	Principal Occupation	Contributor's Job Title	•
Retired		Retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Retired			
If contributor is	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/28/2024	Muzyka, Elizabeth (Ms.)		\$375.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75023		
Contributor's I	I Principal Occupation	Contributor's Job Title	
Homemaker		Homemaker	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
self			
If contributor is	s a child, law firm of parent(s) (if any)		
L Larman mraudad	by Texas Ethics Commission	s state ty us	Version V/4 1 0 48da51f7

The Instruc	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 7/10 Rpt: 10/30
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Rossini, Gino	o J. (Mr.)		00088057
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/02/2024	Niggli, Carrie (Ms.)		\$250.00
	6 Contributor address; City; State; Zip Code		1
	Atlanta, GA 30313		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Marketing Ex	ecutive	Vice President of Marke	eting & Customer Development
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
The Coca-Co	bla Company		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/15/2024	Political Action Committee of Winstead PC		\$2,500.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75201		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/22/2024	Rawicki, Bennett (Mr.)		\$200.00
	Contributor address; City; State; Zip Code		
	Irving , TX 75062		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Hilgers Grab			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A(J)1: Sch: 8/10 Rpt: 11/30
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Rossini, Gin	o J. (Mr.)		00088057
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/24/2024	Rossini, Dante (Mr.)		\$100.0
	6 Contributor address; City; State; Zip Code		
	EAGAN, MN 55121		
	Principal Occupation	9 Contributor's Job Title	
Retired		Retired	
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)
Retired			
<b>12</b> If contributor is	s a child, law firm of parent(s) (if any)		
			r
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/03/2024	Roughneen, Patrick (Dr.)		\$150.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75205		
Contributor's I	Principal Occupation	Contributor's Job Title	
Surgeon		Surgeon	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
	ity of Texas Health Science Center at Houston		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/17/2024	Secker, Kelly		\$1,000.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214		
	Principal Occupation	Contributor's Job Title	
Public Relati	ons and Communications	Independent Public Rela	ations and Communications
	employer/law firm	Law firm of contributor's sp	oouse (if any)
self			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da5

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/10 Rpt: 12/30
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Rossini, Gino	Rossini, Gino J. (Mr.)		00088057
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/08/2024	Texas Farm Bureau Agfund		\$1,000.00
	6 Contributor address; City; State; Zip Code		1
	Waco , TX 76702		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)
12 If contributor is	a shild low firm of parant(s) (if any)		
	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/24/2024	Full name of contributor out-of-state PAC (ID#: Truitt, Diane (Mrs.)	)	\$200.00
10/24/2024	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Irving, TX 75063		
Contributor's F	Principal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Retired			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/04/2024	Vigliante, Priscilla (Ms.)		\$250.00
	Contributor address; City; State; Zip Code		
	Irving, TX 75061		
	Principal Occupation	Contributor's Job Title	
	Itreach Liaison	Physician Outreach Liai	
Contributor's employer/law firm L UT Southwestern Medical Center		Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
	a child, law little of parent(s) (it any)		

The Instruct	ion Guide explains how to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 10/10 Rpt: 13/30	
2 FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
Rossini, Gino J	J. (Mr.)			00088057	
4 Date 5	Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/16/2024	Ward, Linda (Ms.)				\$75.00
	Contributor address; City; State; Zip Code				
	Dallas, TX 75230				
8 Contributor's Pri		9 Contributor's Job Title			
Retired		Retired			
10 Contributor's em	nlover/law firm	<b>11</b> Law firm of contributor's sp	nous	se (if any)	
Retired			pour		
	a child, law firm of parent(s) (if any)				
	ternic, law infinition parent(3) (if any)				
			<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	Φ <b>Γ</b> ΩΩ ΩΩ
10/24/2024	Wilcox, John (Mr.)				\$500.00
	Contributor address; City; State; Zip Code				
	Plano, TX 75074				
	ncipal Occupation	Contributor's Job Title			
Attorney		Attorney			
Contributor's em		Law firm of contributor's sp	pous	se (if any)	
Allred & Wilco	K PLLC				
If contributor is a	a child, law firm of parent(s) (if any)				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 14/30								
2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Rossini, Gin	no J. (Mr.)	00088057								
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$								
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution							
10/24/2024	Dykema Gossett PLLC		contribution (\$) description \$547.64 I Event expenses							
	7 Contributor address; City; State; Zip Code									
	Dallas, TX 75201	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.							
<b>10</b> Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-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)	<b>15</b> Law firm of contributo	or'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 out-of-state PAC (ID#:	)	Amount of In-kind contribution							
10/17/2024	Richmond, Rob (Mr.)		contribution (\$) description							
	Contributor address; City; State; Zip Code		\$300.00 I Event expenses							
	Dallas, TX 75214		Check if travel outside of Texas. Complete Schedule T.							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	outor's job title (FOR JUDICIAL) (See instructions)							
Commercial	Real Estate	President								
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)								
Remington	Partners, Inc.									
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date			Amount of In-kind contribution							
10/18/2024	Full name of contributor out-of-state PAC (ID#: Roby, Elisa (Ms.)	)	contribution (\$) description							
10/10/2021	Contributor address; City; State; Zip Code		\$168.77 Event expenses							
	Contributor address, ony, State, Zip Code									
	Dallas, TX 75229		I Check if travel outside of Texas. Complete Schedule T.							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON								
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)							
catering and	d food prep	Founder								
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	f contributor's spouse (if any) (FOR JUDICIAL)							
EDELTAT I	Meatballs									
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 15/30					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Rossini, Gin	no J. (Mr.)	00088057					
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5 Date 10/09/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#: Rossini, Christina (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> <li>Dallas, TX 75211</li> </ul>	<ul> <li>Amount of 9 In-kind contribution contribution (\$) description</li> <li>\$251.27   Event expenses</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>					
<b>10</b> Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
Manager		Chief of Staff					
_	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
Go Studios							
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution				
10/04/2024	Tierney, Anne (Mrs.)	/	contribution (\$) description				
	Contributor address; City; State; Zip Code		\$112.39 Event expenses				
	Irving, TX 75061		Check if travel outside of Taxas Complete Schedule T				
Principal occu	upation / 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)					
Manager	······································	Financial Manager					
	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
St. Francis I							
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
in contributor							

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment											
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
Sch: 1/13 Rpt: 16/30	Rossini, Gino J. (Mr.) 00088057										
4 Date	5 Payee name										
10/15/2024	DFW Italian Festival '23										
6 Amount (\$)	nount (\$) 7 Payee address; City; State; Zip Code										
\$15.00 501 E. Las Colinas Blvd Irving, TX 75039											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if taxel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event fees											
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H										
Date	Payee name										
10/11/2024	First Graphic Services, Inc.										
Amount (\$)	Payee address; City; State; Zip Code										
\$2,379.77	229 Garvon St. Garland, TX 75040										
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Printing Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing											
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H										
Date	Payee name										
10/03/2024	Minuteman Press of Irving										
Amount (\$) \$75.78	Payee address; City; State; Zip Code 940 North Belt Line Rd. Suite 133 Irving, TX 75061										
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Printing</li> </ul> </li> </ul>										
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE (	CATEGOF	RIES FOR	BC	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District						quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/13 Rpt: 17/30		Rossini, Gino J. (Mr.)						00088057	
4	Date 10/11/2024		Payee name Minuteman Press of Irving							
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de				
-	\$176.33 940 North Belt Line Rd.									
			Suite 133							
			Irving, TX 75061							
_		<u> </u>	-							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b)	Description	outoi	do of Toyon, Com	plata Sabadula T
	EXPENDITURE		Printing Expense						de of Texas. Com officeholder living	
							Printing			
							-			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght			Office he	eld
	Date		Payee name							
	10/11/2024		Minuteman Press of Irving							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$185.28		940 North Belt Line Rd.		•					
			Suite 133							
			Irving, TX 75061							
	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Printing Expense		,				de of Texas. Com	
	EXPENDITORE	Check if Austin, TX, offic						officeholder living	expense	
							Printing			
						<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	С	Office sou	ght			Office he	ald
	Date		Payee name							
	10/16/2024		Minuteman Press of Irving							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$437.47		940 North Belt Line Rd.							
			Suite 133							
			Irving, TX 75061							
	PURPOSE		Category (See Categories listed at the to			(h)	Description			
	OF		Printing Expense	op of this sche	edule)	(~)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Austin	, TX,	officeholder living	expense
							Printing			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	eld
⊢										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE	CATEGOF	RIES FOR	BC	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens ages	e s/Contract Labor		Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related Expense
1	Total pages Sabadula E1	2		The Instruction Guide explains how to complete this form.						
T	Total pages Schedule F1: Sch: 3/13 Rpt: 18/30	2	Rossini, Gino J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Fil 00088057				commission Fliers)	
4	Date	5	Payee name							
	10/18/2024									
6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$61.67		940 North Belt Line Rd.							
			Suite 133							
			Irving, TX 75061							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Printing Expense		ŕ				de of Texas. Complete Sched	lule T.
								, TX,	officeholder living expense	
							Printing			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Office sou	ght			Office held	
	Date		Payee name							
	10/24/2024		Minuteman Press of Irving							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$312.76		940 North Belt Line Rd.							
			Suite 133							
			Irving, TX 75061							
	PURPOSE	(2)	-			(h)	Description			
	OF	(a)	Category (See Categories listed at the Printing Expense	top of this sche	edule)	(0)	Description	outsi	de of Texas. Complete Sched	lule T.
	EXPENDITURE					Check if Austin, TX, officeholder living expense				
							Printing			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held	
_	Date		Davias name							
	10/15/2024		Payee name Murphy Nasica & Associates							
					7	-1 -				
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$16,780.75		919 Congress Ave.							
			Augustine TV 20201							
			Austin, TX 78701							
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Advertising Expense						de of Texas. Complete Sched officeholder living expense	ule I.
									related consulting s	ervices
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held	
		-								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 4/13 Rpt: 19/30	Rossini, Gino J. (Mr.)	00088057							
4	Date 10/03/2024	Payee name Office Depot								
6 Amount (\$) \$30.30 7 Payee address; City; State; Zip Code 1000 W Airport Fwy Irving, TX 75062										
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) office supplies</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies</li> </ul>										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/18/2024	Office Depot								
Amount (\$) Payee address; City; State; Zip Code \$10.16 1000 W Airport Fwy Irving, TX 75062										
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) office supplies	utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/14/2024	Parkmobile USA Inc.								
	Amount (\$) \$3.35	Payee address; City; State; Zip Code 1100 Spring Street, NW Suite 200 Atlanta, GA 30309								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 5/13 Rpt: 20/30		Rossini, Gino J. (Mr.)	00088057							
4	Date	5	Payee name								
	10/06/2024		PayPal								
6	Amount (\$)     7     Payee address;     City;     State;     Zip Code       \$3.38     2211 North 1st Street										
	ψ5.50										
			San Jose, CA 95131								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Fees	icuaic)	Check if travel		de of Texas. Complete Schedule T.				
	EXPENDITORE						officeholder living expense				
					Financial Tra	nsa	action Fee				
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Jht		Office held				
	expenditure to benefit C/OF	H									
	Date		Payee name								
10/04/2024 PayPal											
	Amount (\$)		Payee address; City; State	; Zip Co	le						
	\$6.27		2211 North 1st Street								
			San Jose, CA 95131								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	edule)			de of Texas. Complete Schedule T. officeholder living expense				
				Financia							
						1130					
	Complete ONLY if direct		Candidate/Officeholder name	Dffice sou	Jht		Office held				
	expenditure to benefit C/OF	H									
	Date		Payee name								
	10/03/2024		PayPal								
	Amount (\$)		Payee address; City; State	; Zip Co	le						
	\$4.83		2211 North 1st Street								
			San Jose, CA 95131								
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	EXPENDITURE		Fees				de of Texas. Complete Schedule T. officeholder living expense				
					Financial Tra						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Iht		Office held				
	expenditure to benefit C/OF	Η									

				EXPENDITUR	RE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           y -         Gift/Awards/Memorials Expense         Printing Expense         T					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/13 Rpt: 21/30		Rossini, Gii	no J. (Mr.)	00088057					
4	Date	5	Payee name							
	10/02/2024	PayPal								
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de			
	\$7.72 2211 North 1st Street									
			San Jose, (	CA 95131						
8	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub> Fees	ee Categories listed at t	the top of this sch	edule)		I, TX,	de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	ceholder name	C	Dffice souç	jht		Office he	eld
	Date		Payee name							
	09/30/2024		PayPal							
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de			
	\$1.94 2211 North 1st Street									
			San Jose, (	CA 95131						
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Financial Transaction Fee										
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H				Office held				
	Date		Payee name							
	09/28/2024	PayPal								
	Amount (\$) \$11.33		Payee addre 2211 North	-	State;	; Zip Coo	de			
			San Jose, (	CA 95131						
	PURPOSE OF EXPENDITURE		Category <sub>(S</sub> Fees	ee Categories listed at t	the top of this sch	edule)		I, TX,	de of Texas. Com officeholder living action Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Dffice sou	Jht		Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Overhead/Rental Expense     Transportal       Food/Beverage Expense     Polling Expense     Travel in Di       Gift/Awards/Memorials Expense     Printing Expense     Travel out			Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel in District Travel Out of District OTHER (enter a category not listed above)	ise			
1	Total pages Schedule F1:	FILER I	NAME				3	Filer ID (Ethics Commission F	-ilers)
	Sch: 7/13 Rpt: 22/30	Rossin	i, Gino J. (Mr.)					00088057	
4	Date 10/11/2024	Payee I PayPa							
6	Amount (\$)	Payee a	address; City;	State;	Zip Cod	e			
	\$14.94		lorth 1st Street se, CA 95131						
8	PURPOSE					b) Description			
ð	OF EXPENDITURE	a) Catego Fees	${f Y}$ (See Categories listed at the f	top of this sche	dule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense action Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	0	ffice soug	ht		Office held	
	Date	Payee ı	name						
	10/11/2024	PayPa	l						
	Amount (\$)	Payee a	address; City;	State;	Zip Cod	e			
	\$4.83		lorth 1st Street se, CA 95131						
	PURPOSE OF EXPENDITURE	a) Catego Fees	${\bf Y}$ (See Categories listed at the f	top of this sche	edule) (		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense action Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	0	ffice soug	ht		Office held	
	Date	Payee I	name						
	10/11/2024	PayPa							
	Amount (\$)	Payee a	address; City;	State;	Zip Cod	e			
	\$0.58	-	lorth 1st Street		·				
		San Jo	se, CA 95131						
	PURPOSE OF EXPENDITURE	a) Catego Fees	${\bf Y}$ (See Categories listed at the f	top of this sche	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense action Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	0	ffice soug	ht		Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 8/13 Rpt: 23/30	Rossini, Gino J. (Mr.)	00088057				
4	Date 10/14/2024	Payee name PayPal					
6	Amount (\$) \$72.74	Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Financial Transaction Fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/18/2024	PayPal					
	Amount (\$) \$3.38	Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T. TX, officeholder living expense ISACTION FEE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/18/2024	PayPal					
	Amount (\$) \$4.83	Payee address;     City;     State;     Zip Code       2211 North 1st Street					
		San Jose, CA 95131					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ISACTION FEE				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 9/13 Rpt: 24/30		Rossini, Gino J. (Mr.)				00088057			
4	Date	5	Payee name							
	10/19/2024		PayPal							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$6.33		2211 North 1st Street							
			San Jose, CA 95131							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Fees				de of Texas. Complete Schedule T.			
					Financial Tra		officeholder living expense			
					Filialiciai IIa	1150				
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	tht		Office held			
Ĵ	expenditure to benefit C/OF				jin					
	Date		Payee name							
	10/21/2024		PayPal							
	Amount (\$)	<u> </u>	-	; Zip Co	le					
	\$29.39		2211 North 1st Street	, בוף כס						
	\$25.00									
			San Jose, CA 95131							
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description		de ef Teuro Donnelete Ochertule T			
	EXPENDITURE		Fees				de of Texas. Complete Schedule T. officeholder living expense			
					Financial Tra	nsa	action Fee			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held			
	expenditure to benefit C/OF	H								
	Date		Payee name							
	10/21/2024		PayPal							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$3.38		2211 North 1st Street							
			San Jose, CA 95131							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Fees	,			de of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense									
					Financial Tra	nsa	action Fee			
	Complete ON! V if direct	Ľ	andidata/Officabaldar asma	Office corr	vht		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	JIIL		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 10/13 Rpt: 25/30	Rossini, Gino J. (Mr.)	00088057						
4	Date 10/22/2024	Payee name PayPal							
6	Amount (\$) \$4.83	Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Financial Transaction Fee							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/22/2024	PayPal							
	Amount (\$) \$6.27	Payee address; City; State; Zip Code 2211 North 1st Street San Jose, CA 95131							
	PURPOSE OF EXPENDITURE	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense I Transaction Fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/24/2024	PayPal							
	Amount (\$) \$14.94	Payee address;City;State;Zip Code2211 North 1st Street							
		San Jose, CA 95131							
	PURPOSE OF EXPENDITURE	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense I Transaction Fee						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimburseme       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)						
1	Total pages Schedule F1:	FILER NAME	3	Filer ID (Ethics Commission Filers)						
	Sch: 11/13 Rpt: 26/30	Rossini, Gino J. (Mr.)		00088057						
4	Date	Payee name								
	10/24/2024	PayPal								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$6.27	2211 North 1st Street								
		San Jose, CA 95131								
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Fees Check if tra		ide of Texas. Complete Schedule T.						
		Financial		, officeholder living expense						
			ranse							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held						
	Date	Payee name								
	10/24/2024	PayPal								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3.38	2211 North 1st Street								
		San Jose, CA 95131								
	PURPOSE OF EXPENDITURE		stin, TX,	ide of Texas. Complete Schedule T. , officeholder living expense action Fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held						
	Date	Payee name								
	10/25/2024	PayPal								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$14.94	2211 North 1st Street								
		San Jose, CA 95131								
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE			ide of Texas. Complete Schedule T. , officeholder living expense						
		Financial								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held						
	oxperiature to benefit C/OI									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 12/13 Rpt: 27/30	Rossini, Gino J. (Mr.)	00088057						
4	Date 10/22/2024	Payee name Republican Club at Fairview							
6	Amount (\$) \$29.07	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>465 Scenic Ranch Circle</li> <li>Fairview, TX 75069</li> </ul>							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/18/2024	St. Francis Montessori							
	Amount (\$) \$500.00	Payee address;City;State;Zip Code545 Iris Drive							
		Irving, TX 75061							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/08/2024	Sticker Mule							
	Amount (\$) \$511.92	Payee address;City;State; Zip Code336 Forest Ave.							
		Amsterdam, NY 12010							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Committee Ecgal Services	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
		· · ·	1.						
1	Total pages Schedule F1: Sch: 13/13 Rpt: 28/30	2 FILER NAME Rossini, Gino J. (Mr.)	3	Filer ID 00088057	(Ethics Commission Filers)				
4	Date	5 Payee name							
-	10/11/2024	ThePrintSite							
6	Amount (\$) \$135.31	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>4680 Belt Line Rd.</li> <li>Addison, TX 75001</li> </ul>							
8	PURPOSE OF EXPENDITURE	RPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Printing Expense       (b) Description							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office he	eld				
	Date	Payee name							
	10/03/2024	United States Postal Service							
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 2701 W Irving Blvd Irving, TX 75061							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if trave		ide of Texas. Com , officeholder living					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office he	eld				

UNPAID INCU	RRED OBLIGA	TIONS			SCHEDULE F2		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expen Fees Food/Bevera - Gift/Awards/I I Committee Legal Service	ge Expense Office Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Transportation E Travel in Distric Travel Out of Di			
<b>1</b> Total pages Schedule F2:				3 Filer ID	(Ethics Commission Filers)		
Sch: 1/1 Rpt: 29/30	Rossini, Gino J. (Mr.	)		00088057			
<sup>4</sup> TOTAL OF UNITEMI	ZED UNPAID INCURF	RED OBLIGATIONS		\$			
5 Date	6 Payee name						
10/23/2024	Murphy Nasica & As	sociates LLC					
7 Amount (\$) \$20,250.00	<ol> <li>Payee address; Cit 919 Congress Ave.</li> </ol>	ty; State; Zip	Code				
,	, , , , , , , , , , , , , , , , , , ,						
	Austin, TX 78701						
9 TYPE OF EXPENDITURE	X Political	Non-F	Political				
10       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Advertising and related consulting service							
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder r H	name Office s	sought	Office h	eld		

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

SCHEDULE K

I he instruction (Suide explains how to complete this form					ages Schedule K: L/1 Rpt: 30/30	
2 FILER NAME					<b>3</b> Filer ID (Ethics Commission Filers)	
	Rossini, Gino J. (Mr.)				00088	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	10/21/2024		Frost Bank			\$1.89
		6 Address of person from whom amount is received; City; State; Zip Code				1
			Com Antonia TV 70005			
		Ŀ	San Antonio, TX 78205			
		7	Purpose for which amount is received	Check if po	litical cont	ribution returned to filer
			interest			