

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00088057	<b>2</b> Total pages filed:  13						
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Gino J.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/14/2025					
	NICKNAME	LAST Rossini	SUFFIX						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 170122  Irving, TX 75017		ZIP CODE	Date Hand-delivered or Date Postmarked					
			Receipt #	Amount					
			Date Processed						
			Date Imaged						
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Charles T.	MI						
	NICKNAME	LAST Weigel Jr.	SUFFIX						
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2120 Shumard Oak Lane  Irving, TX 75063		APT / SUITE #;	CITY;	STATE;	ZIP CODE			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
	(214)	926-1293							
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<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>9</b> PERIOD COVERED	Month	Day	Year				Month	Day	Year
		10/27/2024		THROUGH			12/31/2024		
<b>10</b> ELECTION	ELECTION DATE			ELECTION TYPE					
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other			
	11/05/2024			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				
<b>11</b> OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place Eleventh District Fifth Dallas				<b>12</b> OFFICE SOUGHT (if known)				

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 13

<b>13 C / OH NAME</b> Rossini, Gino J. (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088057
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input checked="" type="checkbox"/> GENERAL	Judicial Fairness PAC	
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b>	
		919 Congress Ave. Ste. 455 Austin, TX 78701	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		Parsley, E. Lee	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
		919 Congress Ave. Ste. 455 Austin, TX 78701	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	27,654.56
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	11,406.48
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	27,117.55
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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.

Mr. Gino J. Rossini  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this 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
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**SUBTOTALS - JC/OH**

<b>18 FILER NAME</b> Rossini, Gino J. (Mr.)		<b>19 Filer ID</b> 00088057	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	26,950.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	704.56
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,406.48
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1.01

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/13
<b>2</b> FILER NAME Rossini, Gino J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088057
<b>4</b> Date 12/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker Botts Amicus Fund <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter Arnett Bennett & Perez PLLC <hr/> Contributor address; City; State; Zip Code  Dallas , TX 75206	Amount of Contribution (\$)  \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson Walker LLP Political Action Committee <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/13
<b>2</b> FILER NAME Rossini, Gino J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088057
<b>4</b> Date 12/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kane Russell Coleman Logan PC	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas , TX 75202	
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orsinger, Nelson, Downing & Anderson, LLP	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Dallas , TX 75225	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Wingo	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Dallas , TX 75201	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Hamilton Wingo, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/13
2 FILER NAME Rossini, Gino J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088057
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soule, Andrew	7 Amount of Contribution (\$)  \$200.00
	6 Contributor address; City; State; Zip Code  Dallas , TX 75240	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Riney Ronquillo Soule, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Ben	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Mesquite, TX 75150	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Ted B. Lyon & Associates, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted B. Lyon & Associates, P.C.	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Mesquite, TX 75150	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/13
<b>2</b> FILER NAME Rossini, Gino J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088057
<b>4</b> Date 12/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Hartnett Law Firm <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas , TX 75201	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson Coe Cousins Irons LLP <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$2,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tillotson, Jeff <hr/> Contributor address; City; State; Zip Code  Dallas , TX 75240	Amount of Contribution (\$)  \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Tillotson Johnson, and Patton		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 8/13	
<b>2</b> FILER NAME Rossini, Gino J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088057	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b>	
<b>5</b> Date 10/31/2024	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykema Gossett PLLC <hr style="border-top: 1px dotted black;"/> <b>7</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	<b>8</b> Amount of contribution (\$) \$662.36	<b>9</b> In-kind contribution description event expenses    <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 12/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson Coe Cousins Irons LLP <hr style="border-top: 1px dotted black;"/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75201	<b>Amount of contribution (\$)</b> \$42.20	<b>In-kind contribution description</b> ceremonial gift    <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 9/13	<b>2</b> FILER NAME Rossini, Gino J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088057
<b>4</b> Date 11/25/2024	<b>5</b> Payee name Dallas County Republican Party	
<b>6</b> Amount (\$) \$450.00	<b>7</b> Payee address; City; State; Zip Code 11617 N Central Expy Suite 240  Dallas, TX 75243	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Gempel Creative	
Amount (\$) \$274.37	Payee address; City; State; Zip Code 1715 Mayflower  Irving, TX 75061	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting fee including web services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2024	Payee name George Allen Garage	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 601 Commerce St  Dallas, TX 75202	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 10/13	<b>2</b> FILER NAME Rossini, Gino J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088057
<b>4</b> Date 10/31/2024	<b>5</b> Payee name Murphy Nasica & Associates LLC	
<b>6</b> Amount (\$) \$9,876.38	<b>7</b> Payee address; City; State; Zip Code 919 Congress Ave.  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting fee including advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2024	Payee name Office Depot	
Amount (\$) \$55.19	Payee address; City; State; Zip Code 1000 W Airport Fwy  Irving, TX 75062	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name PayPal	
Amount (\$) \$6.27	Payee address; City; State; Zip Code 2211 North 1st Street  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Financial Transaction Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 11/13	<b>2</b> FILER NAME Rossini, Gino J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088057
<b>4</b> Date 11/08/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$144.99	<b>7</b> Payee address; City; State; Zip Code 2211 North 1st Street  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Financial Transaction Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/11/2024	Payee name PayPal	
Amount (\$) \$144.99	Payee address; City; State; Zip Code 2211 North 1st Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Financial Transaction Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/09/2024	Payee name PayPal	
Amount (\$) \$7.72	Payee address; City; State; Zip Code 2211 North 1st Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Financial Transaction Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 12/13	<b>2</b> FILER NAME Rossini, Gino J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088057
<b>4</b> Date 11/05/2024	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) \$108.55	<b>7</b> Payee address; City; State; Zip Code 1213 Market PI Blvd  Irving, TX 75063	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2024	Payee name Shutterfly, LLC	
Amount (\$) \$113.22	Payee address; City; State; Zip Code 10 Almaden Blvd  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Sprouts Farmers Market	
Amount (\$) \$214.80	Payee address; City; State; Zip Code 110 W Sandy Lake Rd #100  Coppell, TX 75019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 13/13
<b>2</b> FILER NAME Rossini, Gino J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088057
<b>4</b> Date 11/21/2024	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$) \$0.50
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	<b>7</b> Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/19/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.51
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received interest <input type="checkbox"/> Check if political contribution returned to filer	