CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OH COVER SHEET PG 1	
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST  Daniel	MI S	OFFICE USE ONLY
NAME	міскиаме Dan	Rossiter	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:		Antonio, TX 78238	OCT 3 0 2023
5 CANDIDATE/ OFFICEHOLDER PHONE	( 210 )	901-8079	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr	Daniel	S	Date Processed
	Dan	Rossiter	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE): APT / S	o Antonio, TX 78238	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	( 210 )	901-8079	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 9	Day Year / 29 / 23	THROUGH 10	Day Year / 28 / 23
11 ELECTION	Month Day	Year Primary  23 General	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know San Antonio River A	n) uthority Board - Bexar, At Large
14 NOTICE FROM POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES THE CANDIDATE'S OR OFFICEHOLDER'S KNO CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXP				IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
30 (50 (50 (50 (50 (50 (50 (50 (50 (50 (5	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
		GO TO	PAGE 2	

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME  Daniel Rossiter  20 Filer ID (Ethics Com				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4496.67		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	B. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	\$		

# SCHEDULE A1

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

				250
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 8
2 FILER NAME Daniel Ross	siter			3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:			7 Amount of contribution (\$) \$24.82	
	7 <b>m</b> h <b>d d</b>	, San Anto	nio, TX 78240	
8 Principal occu Utility techni	pation / Job title (See Instructions)		9 Employer (See Instruct Grey Forest Utilities	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/1/2023	Darrell Parsons  Contributor address;  6 e , Sar	city; n Antonio, 1	State; Zip Code	\$99.26
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	te Full name of contributor out-of-state PAC (ID#:)  Larkin O'Hern		G (ID#:)	Amount of contribution (\$)
10/1/2023  Contributor address; City; State; Zip Code  3 E T San Antonio, TX 78212			A CENTRAL PROPERTY OF THE PROP	\$49.63
	pation / Job title (See Instructions) ategy Analytics		Employer (See Instruc	tions)
Date	Full name of contributor Rebecca Hirsch	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
10/1/2023		City;	State; Zip Code	\$49.63
Principal occupation / Job title (See Instructions)  Chief of staff			Employer (See Instructions) Allcat claims service	
	ATTACHADDITIO	ONAL COPIES	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC,			

# SCHEDULE A1

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

19		12(1) 10(1)	
nstruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1: 8
iter			3 Filer ID (Ethics Commission Filers)
5 Full name of contributor c	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
6 Contributor address;	City;	State; Zip Code	\$100
	intorno, 12		
ation / Job title (See Instructions)		9 Employer (See Instruction Retired	tions)
Full name of contributor  Velissa Zarb-Cousin	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	\$50
3 V <b>j</b> e d e, San Ai	ntonio, T〉	< 78212	
tion / Job title (See Instructions)		Employer (See Instruc Magik Theatre	tions)
Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Evelyn Ybarra			
Contributor address;	City;	State; Zip Code	\$100
5 s s s San Anto	nio, TX 7	8240	
tion / Job title (See Instructions)		Employer (See Instruc	tions)
on		SA Eye Bank	
	out-of-state PAC	(ID#:)	Amount of contribution (\$)
			\$40
0 W <b>III</b> , San Anto	nio, TX 7	8228	
			L ctions)
		OF THIS SCHEDULE AS I	NEEDED reporting requirements.
	ter  5 Full name of contributor Otto Garza  5 Contributor address;  0 T G G G G G G G G G G G G G G G G G G	Ter  S Full name of contributor Otto Garza  C Contributor address; City;  O t d d , San Antonio, Tration / Job title (See Instructions)  Full name of contributor  Melissa Zarb-Cousin  Contributor address; City;  3 N d , San Antonio, Tration / Job title (See Instructions)  Ector  Full name of contributor  Evelyn Ybarra  Contributor address; City;  5 s , San Antonio, TX 7  tion / Job title (See Instructions)  On  Full name of contributor  out-of-state PAC  Leticia Ybarra  Contributor address; City;  O N J , San Antonio, TX 7  tion / Job title (See Instructions)	Otto Garza  Contributor address; City; State; Zip Code  Tell name of contributor  Out-of-state PAC (ID#:

#### 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: 8
2 FILER NAME Daniel Ros	siter			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
	Santiago Way			
10/1/2023	6 Contributor address;	City;	State; Zip Code	\$25
	3 V San Ant	onio, TX 78	3204	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Insurance			Self	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Don Rios			
10/1/2023	Contributor address;	City;	State; Zip Code	\$100
2 San Antonio, TX 78228				
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)	
Teacher			Northside ISD	· ·
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Nicolette Ardiente			900090
10/1/2023		City;	State; Zip Code	\$40
	4 <b>1</b> k <b>1</b> San .	Antonio, T〉	< 78256	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	itions)
700 No. 100 No			Asian Texans for	Justice
Date	Full name of contributor	out-of-state PA	2.40#	Amount of contribution (\$)
7000 A 00 C 00 F = 0	Robert Schultz	out-or-state the libra		Autourt of contribution (4)
10/2/2023	Contributor address;	City;	State; Zip Code	\$23.53
	2 <b>6 6 6 6</b> 5, Sa	an Antonio,	TX 78205	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Investor			RRS Ventures	
			Na handi	
	ATTAGLIABBITIO	NAL CORES	OF THE COLUMN 5 : 2 :	UEEDED.
	ATTACH ADDITION		OF THIS SCHEDULE AS I ruction guide for additional	

#### SCHEDULE A1

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

Ti ti Toquo	and the state of t				
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 8		
2 FILER NAME	Sing.	3 Filer ID (Ethics Commission Filers)			
Daniel Ros	siter				
4 Date	5 Full name of contributor out-of-state P.	AC (ID#:)	7 Amount of contribution (\$)		
4044040000	Kelli Cubeta				
10/12/2023	6 Contributor address; City;		\$248.17		
	2 Z , San Antonio, TX 7	8205			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)		
Attorney		Cubeta Law Group	0		
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)		
40/40/0000	Collin Gray				
10/18/2023	[4] The Control of th	State; Zip Code	\$99.26		
	ED x Kerville, TX 78029				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Real Estate	Appraiser	Self			
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)		
	Gerald López				
10/20/2023	Contributor address; City;		\$198.54		
	5 d d n, San Antonio, 1	X 78251			
Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)		
Landscaper		G& L Lawn Service	ces		
Date	Full name of contributor out-of-state F	AC (ID#:)	Amount of contribution (\$)		
10/23/2023	Leo Gomez				
10/20/2020	Contributor address; City;	State; Zip Code	\$496.34		
	6 <b>1</b> San Antonio, TX	78251			
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)		
Economic De	evelopment	Brooks Development Authority			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
Total pages Schedule F1:	2 FILER NAME Daniel Rossiter	3 Filer ID (Ethics Commission Filers)			
Date 10/24/2023	5 Payee name Alamo Mailing C	ompany			
Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$3216.78	13114 Lookout Run, San	Antonio, TX,	United States, 78233		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	No. 0. 0.001   7.002		
PURPOSE OF EXPENDITURE	Advertising Expense	Mail			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	heck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	_			
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE		, =			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			