

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

Type text here

| | | | | |
|---|---|--|--------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 8 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | |
| | NICKNAME | LAST | SUFFIX | |
| | | Mr Roy | | |
| | | De los Santos | Jr | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | 4945 Camino Verde Dr. Brownsville, TX 78526 | | | |
| Change of Address | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (956) | 371-7221 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | |
| | NICKNAME | LAST | SUFFIX | |
| | | Mrs. Cristina | | |
| | | Quiqui | Tijerina | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | 135 Robins Ln., Brownsville, TX 78520 | | | |
| (Residence or Business) | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (956) | 466-7828 | | |
| 9 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) | | | |
| 10 PERIOD COVERED | Month | Day | Year | |
| | 7 | 1 | 23 | |
| | | THROUGH | 12 / 31 / 23 | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | |
| | | Primary | Runoff | |
| | | General | Special | |
| | | Other Description _____ | | |
| 12 OFFICE | OFFICE HELD (if any) | | | |
| | City Commissioner, District 3 | | | |
| 13 OFFICE SOUGHT (if known) | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

OFFICE USE ONLY

Date Received

OFFICE OF THE
CITY SECRETARY

JAN 16 2024

RECEIVED

Date Hand-delivered or Date Postmarked
Email

| | |
|-----------|-----------|
| Receipt # | Amount \$ |
| | |

Date Processed

Date Imaged

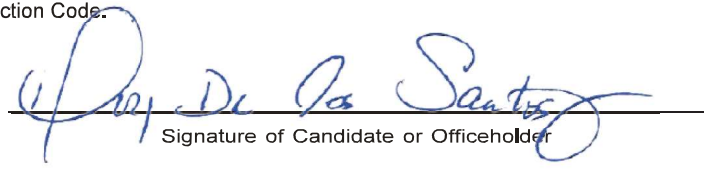
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---|---|---|
| 15 C/OH NAME ROY DE LOS SANTOS JR | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 800.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6,150.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 156.58 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 7,656.58 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 71.55 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 14,483.93 |

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


 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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



(2) Unsworn Declaration

My name is Roy De los Santos, Jr., and my date of birth is September 21, 1973.

My address is 4945 Camino Verde Dr., Brownsville, TX, 78526, USA
(street) (city) (state) (zip code) (country)

Executed in Cameron County, State of Texas, on the 16th day of January, 2024.
(month) (year)


 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | | |
|--|--|---|
| 19 FILER NAME Roy De los Santos, Jr. | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 6,150.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0 |
| 4. SCHEDULE E: LOANS | | \$ 1,146.58 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 7,656.58 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 0 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 of 2 |
| 2 FILER NAME ROY DE LOS SANTOS JR | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/18/2023 | 5 Full name of contributor out-of-state PAC (ID#: _____) Roberto Trevino 6 Contributor address; City; State; Zip Code 2965 E 13th St. Brownsville, TX 78521 | 7 Amount of contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) Entrepreneur/Owner | | 9 Employer (See Instructions) |
| Date 9/21/2023 | Full name of contributor out-of-state PAC (ID#: _____) Denise Chavez Contributor address; City; State; Zip Code Brownsville, TX 78526 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) TRANE |
| Date 9/21/2023 | Full name of contributor out-of-state PAC (ID#: _____) Erin Gamez Contributor address; City; State; Zip Code Brownsville, TX 78526 | Amount of contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 9/21/2023 | Full name of contributor out-of-state PAC (ID#: _____) Ernesto Gamez Contributor address; City; State; Zip Code Brownsville, TX 78526 | Amount of contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2 of 2**

2 FILER NAME **Roy De los Santos Jr**

3 Filer ID (Ethics Commission Filers)

4 Date
9/21/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
Lucio Group PLLC

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1324 E. Madison St., Brownsville, TX 78520

\$250.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date
10/30/2023

Full name of contributor out-of-state PAC (ID#: _____)
Linda A De los Santos

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4875 Juniper Dr. Brownsville, TX 78526

\$1,000.00

Principal occupation / Job title (See Instructions)
Assistant to the Principal

Employer (See Instructions)
St. Joseph's Academy

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**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 E: |
| 2 FILER NAME Roy De los Santos Jr. | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0 |
| 5 Date of loan 8/7/2023 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy De los Santos Jr | 9 Loan Amount (\$) \$1,146.58 |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 4945 Camino Verde Dr., Brownsville, TX 78526 | 10 Interest rate 0 |
| | | 11 Maturity date 8/7/2024 |
| 12 Principal occupation / Job title (See Instructions) Sr. Business Mgr. Retail Experience | | 13 Employer (See Instructions) AT&T |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**If lender 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 1 of 2 | 2 FILER NAME Roy De los Santos Jr | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/7/2023 | 5 Payee name Pink Ape Media Consulting | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code Brownsville, TX 78520 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Payment toward balance owed |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 8/22/2023 | Payee name Roy De los Santos Jr | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 4945 Camino Verde Dr., Brownsville, TX 78526 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment | Description Payment toward balance owed |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 9/1/2023 | Payee name Pink Ape Media Consulting | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description Payment toward balance owed |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 2 of 2 | 2 FILER NAME Roy De los Santos Jr | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/28/2023 | 5 Payee name Pink Ape Media Consulting | |
| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code BROWNSVILLE, TX 78520 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description payment toward balance owed |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/30/2023 | Payee name Roy De los Santos Jr | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4945 Camino Verde Dr. Brownsville TX 78526 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment | Description payment toward balance owed |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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