

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **8**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
**MR.** **Roy**  
 NICKNAME LAST SUFFIX  
**De los Santos Jr**

OFFICE USE ONLY

Date Received  
**OFFICE OF THE  
CITY SECRETARY**

**JAN 18 2022 4:35pm**

**RECEIVED**

*June 18/2022*  
 Date Hand-delivered or Date Postmarked  
**By e-mail**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(956) 371-7221**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**Mrs Cristina**  
 NICKNAME LAST SUFFIX  
**Quijini Tijerina**

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach COH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**07 / 01 / 2021 THROUGH 12 / 31 / 2021**

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)  
**City Commissioner**

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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME  
 GENERAL  
 SPECIFIC  
 COMMITTEE ADDRESS  
 COMMITTEE CAMPAIGN TREASURER NAME  
 COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME Roy De los Santos 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)	\$ 2,737.-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,537.-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 886.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,809.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,379.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,563.22

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.

*Roy De los Santos*  
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

OR

**(2) Unsworn Declaration**

My name is Roy De los Santos, and my date of birth is 09/21/1973

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in Cameron County, State of Texas, on the 18 day of January, 2022

*Roy De los Santos*  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Roy DE los Santos R

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,500 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300 <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 386.58
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,122 <sup>70</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

**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

2 FILER NAME Roy De los Santos Jr 3 Filer ID (Ethics Commission Filers)

4 Date 7/14/21 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Linebarger, Goggin, Blair & Sampson 7 Amount of contribution (\$) \$500.-  
 6 Contributor address; City; State; Zip Code  
P.O. Box 17428 Austin Tx. 78760

8 Principal occupation / Job title (See Instructions) Tax Collection Attorneys 9 Employer (See Instructions)

Date 7/15/21 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) PURDUE, Brandon, Fielder, Collins & Mott Amount of contribution (\$) \$1,000.-  
 Contributor address; City; State; Zip Code  
P.O. Box 2916 McAllen, Tx. 78562

Principal occupation / Job title (See Instructions) Tax Collection Attorneys Employer (See Instructions)

Date 7/29/21 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) REPUBLIC SERVICES Amount of contribution (\$) \$1,000.-  
 Contributor address; City; State; Zip Code  
9402 W EXPWY 83 HARLINGEN, TX. 78552

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <span style="float: right;">1</span>
2 FILER NAME <i>Roy De los Santos Jr</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		
5 Date <i>11/17/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Laura Nelly TAVARES</i>	8 Amount of Contribution \$ <i>300</i>   9 In-kind contribution description <i>Food for fundraiser</i>
7 Contributor address; City; State; Zip Code <i>P.O. Box 3792 Brownsville TX 78523</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>SELF EMPLOYED</i>		11 Employer (FOR NON-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)		15 Law firm of contributor'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 <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / 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)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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: <b>1</b>
2 FILER NAME <b>Roy De los Santos Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>7/14/21</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Roy De los Santos Jr.</b>	9 Loan Amount (\$) <b>386.58</b>
6 Is lender a financial institution? <b>Y <input checked="" type="radio"/> N</b>	8 Lender address; City; State; Zip Code <b>[REDACTED]</b>	10 Interest rate <b>- 0 -</b>
		11 Maturity date <b>07-14-2022</b>
12 Principal occupation / Job title (See Instructions) <b>AT&amp;T Sr. Mgr.</b>		13 Employer (See Instructions) <b>AT&amp;T</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 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.

<b>1</b> Total pages Schedule F1: <u>2</u>	<b>2</b> FILER NAME <u>ROY DE LOS SANTOS JR</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>7-10-2021</u>	<b>5</b> Payee name <u>ROCHELLE GARZA for CONGRESS</u>	
<b>6</b> Amount (\$) <u>500.-</u>	<b>7</b> Payee address; City; State; Zip Code <u>P.O. Box 5683 Brownsville, TX 78523</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>contribution</u>	<b>(b)</b> Description <u>contribution</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Rochelle Garza</u>	Office sought <u>US. HOUSE Tr. 34</u>
		Office held <u>NONE</u>
<b>Date</b> <u>7-19-21</u>	<b>Payee name</b> <u>4-Haul Storage</u>	
<b>Amount (\$)</b> <u>322.70</u>	<b>Payee address; City; State; Zip Code</b> <u>1717 Boca Chica Blvd. Brownsville Tr. 78520</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Rental EXPENSE</u>	<b>Description</b> <u>Storage during Campaign</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
<b>Date</b> <u>7/27/21</u>	<b>Payee name</b> <u>Pink Ape Media</u>	
<b>Amount (\$)</b> <u>1,000.-</u>	<b>Payee address; City; State; Zip Code</b> <u>3101 Pablo Luis #B4 Brownsville Tr. 78526</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>consulting</u>	<b>Description</b> <u>consulting balance</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		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            | 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: <b>2</b>	2 FILER NAME <b>Ray De los Santos Jr</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12-18-21</b>	5 Payee name <b>Josy Garza Brownsville Cardinals</b>
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6 Amount (\$) <b>300</b>	7 Payee address; City; State; Zip Code
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description <b>Youth League Nat'l</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



## Laure Morgan

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**From:** Roy De los Santos  
**Sent:** Tuesday, January 18, 2022 4:35 PM  
**To:** Laure Morgan  
**Cc:** Griselda Reyes; Yolanda Galarza Gomez  
**Subject:** Fwd: Campaign finance report  
**Attachments:** FINANCE REPORT JAN 22 - Jan 18 2022 - 4-25 PM.pdf

Sent from my iPhone

Roy De los Santos  
Commissioner, District 3

City of Brownsville | City Commission  
Mobile: (956) 538-2323  
roy.delossantos@brownsvilletx.gov

Begin forwarded message:

**From:** Roy De los Santos-Cuellar <sfcorpmtg@gmail.com>  
**Date:** January 18, 2022 at 4:27:43 PM CST  
**To:** roy.delossantos@sbcglobal.net  
**Cc:** Roy De los Santos <Roy.DelosSantos@brownsvilletx.gov>  
**Subject:** Campaign finance report

[You don't often get email from sfcorpmtg@gmail.com. Learn why this is important at [http://aka.ms/LearnAboutSenderIdentification.](http://aka.ms/LearnAboutSenderIdentification)]

Sent from my iPhone

Sombrero Festival Corporate Marketing Team