

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:** 11

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: Mr. FIRST: Roy MI: -  
 NICKNAME: - LAST: Santoscoy SUFFIX: -

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: 7729 Pine St., Irving Tx 75063  
 APT / SUITE #: - CITY: STATE: ZIP CODE: -  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: (214) PHONE NUMBER: 929-0700 EXTENSION: -

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: Mr. FIRST: William MI: Lowell  
 NICKNAME: - LAST: Cannaday SUFFIX: -

**7 CAMPAIGN TREASURER ADDRESS**  
 STREET ADDRESS (NO PO BOX PLEASE): 104 W. Northgate, Irving Tx 75062  
 APT / SUITE #: - CITY: STATE: ZIP CODE: -

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: (972) PHONE NUMBER: 871-0019 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 \$500 limit   
 Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year: 3 30 / 2010 THROUGH Month Day Year: 4 28 / 2010

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 5 / 8 / 2010  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any): - **13 OFFICE SOUGHT (if known):** City Council - Place 2

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name: \_\_\_\_\_

Address / PO Box: \_\_\_\_\_ Apt / Suite #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

additional pages

OFFICE USE ONLY

**RECEIVED**

APR 30 2010

City Secretary's Office

Date Hand-delivered or Date Postmarked

had by *[Signature]*

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

Date Processed: \$D 4/30/10 8:50am

Date Imaged: \_\_\_\_\_

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Roy Santoscoy*

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8065.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 15,138.81

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

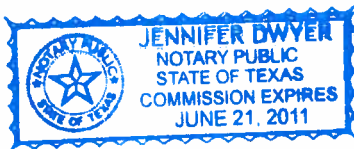
\$ 7,813.68

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roy Santoscoy, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Jennifer Dwyer  
Printed name of officer administering oath

notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <b>146</b>	
2 FILER NAME <b>Roy Santoseoy</b>		3 ACCOUNT # (Ethics Commission filers) _____	
4 Date <b>4/1/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chan B. Patel</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>1209 Travis Circle S; Irving 75062</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/18/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Craig + Lorraine Taylor</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>321 S. O'Connor, Irving 75060</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/20/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Fran Bonilla</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>P.O. Box 177256, Irving 75017</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/23/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Larry B. Clements</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>330 Las Colinas Blvd. E. #1508, Irving 75039</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/23/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dr. Oscar Molina</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>1901 W Irving Blvd. #150, Irving 75061</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>2 of 4</i>	
2 FILER NAME <i>Roy Santoseoy</i>		3 ACCOUNT # (Ethics Commission filers) —	
4 Date <i>4/23/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert H. Power</i> 6 Contributor address; City; State; Zip Code <i>1311 W. Irving Blvd., Irving 75061</i>	7 Amount of contribution (\$) <i>\$1,500.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <i>4/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Harry + Loaise Umsted</i> Contributor address; City; State; Zip Code <i>612 Murl Dr. Irving Tx 75062</i>	Amount of contribution (\$) <i>\$40.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>4/24/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kanwar + Haninder Suri</i> Contributor address; City; State; Zip Code <i>5975 Westgrove Circle, Dallas, Tx 75248</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>4/26/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Royce Chism</i> Contributor address; City; State; Zip Code <i>518 Montague St., Abena, Tx 76025</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>4/17/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David S. McGinnis</i> Contributor address; City; State; Zip Code <i>9703 Raven Lane, Irving, Tx 75063</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3 of 4</b>	
2 FILER NAME <b>Roy Santocoy</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/17/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karen Berlin</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>617 Stone Canyon Dr., Irving, Tx 76063</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/17/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Diana K. Pfaff</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8646 Forest Glen Dr. Irving Tx 75063</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/17/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Burnell + Shirley Stehman</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1817 Crockett Circle, Irving, Tx 75038</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/2/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ken + Melissa Murray</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2733 Conflans Rd, Irving, Tx 76061</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/17/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert + Jill Martinez</b>	Amount of contribution (\$) <b>\$75.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1000 Lake Carolyn Pkwy Apt 4216, Irving 75039</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4 of 6</b>	
2 FILER NAME <b>Rou Santoseoy</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>4/7/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Luis + Lourdes Spinola</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4608 Windsor Ridge Dr. Irving 75038</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/8/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Victor + Sandra Arias</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1801 Northern Oaks Dr. Irving Tx 75063</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ruben M. Carranza + Martha Carranza</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2800 Wingren Rd, Irving Tx 75062</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/15/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kenneth + Andriette Frisbie</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4014 Wingren Dr., Irving Tx 75062</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Uino + Usha Patel</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4504 Windsor Ridge Dr. Irving Tx 75038</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>5 of 6</b>	
2 FILER NAME <b>Roy Santascy</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/10/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Earl + Jill Davidson</b> 6 Contributor address; City; State; Zip Code <b>1116 Wentwood Dr., Irving Tx 75061</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert + Rachel Moon</b> Contributor address; City; State; Zip Code <b>3317 Ridgemont St Irving Tx 75062</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bhupendra + Jaya Patel</b> Contributor address; City; State; Zip Code <b>4500 Redwood Court, Irving Tx 75038</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/15/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dr. Cherie A. Clodfelter</b> Contributor address; City; State; Zip Code <b>521 Huntingdon Ct, Irving Tx 75061</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John + Sandra Hardie</b> Contributor address; City; State; Zip Code <b>4701 Windsor Ridge Dr., Irving 75038</b>	Amount of contribution (\$) <b>\$260.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <i>4 of 4</i>	
2 FILER NAME <i>Roy Santoscoy</i>		3 ACCOUNT # (Ethics Commission filers) —	
4 Date <i>4/10/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John + Margaret Myers</i>	7 Amount of contribution (\$) <i>\$300.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7505 Primrose Dr. Irving Tx 75063</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mark + Sheree Dyer</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7411 Primrose Dr. Irving Tx 75063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/8/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Don + Norma Annwine</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1421 Travis Circle S, Irving 75038</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/24/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Correa</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 Willowdale Lane, Irving Tx 75063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F <b>143</b>
2 FILER NAME <b>Roy Santocoy</b>		3 ACCOUNT # (Ethics Commission filers) <b>-</b>
4 Date <b>4-4-10</b>	5 Payee name <b>Uia Real Restaurant</b> 6 Payee address; City, State, Zip Code <b>4020 W. MacArthur Blvd. #100; Irving 75038</b>	7 Amount (\$) <b>\$1500.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Kickoff Party <del>2-12-10</del> <sup>2-12-10</sup> (PK)</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>-</b>
Date <b>4-7-10</b>	Payee name <b>Designer Graphics</b> Payee address; City, State, Zip Code <b>12404 Hwy 1555; Tyler Tx 75703</b>	Amount (\$) <b>\$3,582.53</b>
Purpose of payment (See instructions regarding type of information required.) <b>3rd. Sign Order</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>-</b>
Date <b>4-8-10</b>	Payee name <b>Campaign System IAC.</b> Payee address; City, State, Zip Code <b>252 Comstock St. Dallas Tx 75208</b>	Amount (\$) <b>\$1,017.03</b>
Purpose of payment (See instructions regarding type of information required.) <b>Mailing lists</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>-</b>
Date <b>4-9-10</b>	Payee name <b>Dallas Morning News - Neighbors Go</b> Payee address; City, State, Zip Code <b>508 Young St. Dallas Tx 75202</b>	Amount (\$) <b>\$463.80</b>
Purpose of payment (See instructions regarding type of information required.) <b>Political Ad.</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>-</b>
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 of 3

2 FILER NAME

Roy Santosooy

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-15-10

J.P. Graphics

6 Payee address; City; State; Zip Code

2004 Shumard Oak Lane, Irving 75063

\$2,598.00

8 Purpose of payment (See instructions regarding type of information required.)

Political Mailers - Printing

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-19-10

Mail Today (mail house)

Payee address; City; State; Zip Code

9171 King Arthur Dr.  
Dallas, TX 75247

\$2,157.40

Purpose of payment (See instructions regarding type of information required.)

Two Political Mailers - mailing cost

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-22-10

Impress Designs Inc

Payee address; City; State; Zip Code

1253 Round Table Dr.  
Dallas TX 75247

\$1,645.40

Purpose of payment (See instructions regarding type of information required.)

Campaign T-shirts

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-22-10

Mail Today

Payee address; City; State; Zip Code

9171 King Arthur Dr. Dallas TX 75247  
~~Political Mailer - mailing cost~~

\$2,132.24

Purpose of payment (See instructions regarding type of information required.)

Political Mailer - mailing cost

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F <b>393</b>
2 FILER NAME <b>Roy Santoseoy</b>		3 ACCOUNT # (Ethics Commission filers) <b>-</b>
4 Date <b>4-23-10</b>	5 Payee name <b>Office Max</b>	7 Amount (\$) <b>\$42.41</b>
6 Payee address; City; State; Zip Code <b>8151 Walton Blvd. Irving TX 75063</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Copies</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Payee name  Payee address;      City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**