

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:** 4

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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:
 change of address 2512 Clear Spring Dr. N. Irving Tx 75063

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (814) PHONE NUMBER: 929-0700 EXTENSION: -

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: - FIRST: Janice MI: C
 NICKNAME: - LAST: Carroll SUFFIX: -

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:
 1004 Sleepy Hollow Dr. N Irving Tx 75061

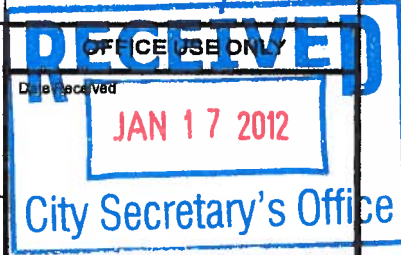
8 CAMPAIGN TREASURER PHONE
 AREA CODE: (972) PHONE NUMBER: 859-1173 EXTENSION: -

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: 7 / 01 / 11 THROUGH Month Day Year: 12 / 31 / 11

11 ELECTION
 ELECTION DATE: Month Day Year: - / - / -
 ELECTION TYPE: Primary Runoff General Special

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



Date Hand-delivered or Postmarked: HD 1/17/12 2:45pm
 Receipt #: Amount:
 Date Processed: Rwd 1/17/12 by sj
 Date imaged:

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Roy Santoseoy **15 ACCOUNT # (Ethics Commission Filers)** —

16 NOTICE FROM POLITICAL COMMITTEE(S)

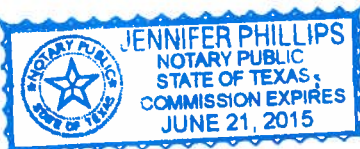
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|--------------------------------|---|-------------|
| 17 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) | \$ — 0 — |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ — 0 — |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,500.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 61.62 |

18 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.



Roy Santoseoy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roy Santoseoy, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

Jennifer Phillips
Signature of officer administering oath

Jennifer Phillips
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F: 1 | 2 FILER NAME Roy Santoseoy | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 11-1-11 | 5 Payee name Texas Ethics Commission | |
| 6 Amount (\$) \$ 1,000.00 | 7 Payee address; City; State; Zip Code P.O. Box 12070 Capital Station, Austin Tx 78711-2070 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| | Other - Order of Resolution SC-3110483 - Partial Payment of \$5000 Penalty | |
| 9 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 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | 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 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | 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 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Complete ONLY 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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule G: <i>1</i> | 2 FILER NAME <i>Roy Santoseoy</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>11-1-11</i> | 5 Payee name <i>Texas Ethics Commission</i> | |
| 6 Amount (\$) <i>\$1,500.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>P.O. Box 12070 Capital Station, Austin, Tx 78711-2070</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Other:</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Order + Agreed Resolution SC 3110483 - Partial Payment of \$2500 Penalty</i> |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |

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