

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # / Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
Roberto Balli			
P.O. BOX 1058 Laredo TX 78042			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI		
	NICKNAME LAST SUFFIX		
	Roberto Balli		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1719 Santa Maria Ave. Laredo, TX 78040		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(956) 712-4999		
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 12 / 11 / 2014 12 / 31 / 2014		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Laredo City Council District 8		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

Roberto Balli

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Laredo Fire PAC

COMMITTEE ADDRESS

5219 Tesoro Plz.
Laredo, TX 78041-5752

COMMITTEE CAMPAIGN TREASURER NAME

Gerardo Tovar

COMMITTEE CAMPAIGN TREASURER ADDRESS

5219 Tesoro Plz.
Laredo, TX 78041-5752

additional pages

17 CONTRIBUTION
TOTALS

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

\$

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

\$ 1,250.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,407.09

CONTRIBUTION
BALANCE

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

\$ 3,714.59

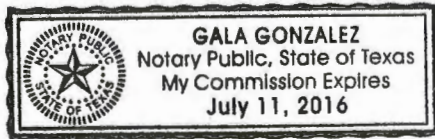
OUTSTANDING
LOAN TOTALS

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

\$ 7,500.00

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.



RB

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roberto Balli, this the 14th day of January, 20 15, to certify which, witness my hand and seal of office.

ggonzalez
Signature of officer administering oath

Gala Gonzalez
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: <u>1</u>	
2 FILER NAME <u>Roberto Balli</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/15/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan S. Leyendecker</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>801 Navigation Blvd. Ste. 300</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>12/15/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marte A. Martinez, M.D.</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11307 Granados St. Laredo, TX 78045</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>12/22/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Luis Montano</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1420 Flores Ave. Laredo, TX 78040</u>		(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)	
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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 9	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/11/14	5 Payee name Conoco
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6 Amount (\$) #12.97	7 Payee address; City; State; Zip Code 2002 Santa Ursula Laredo, TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Beverages <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/14	Payee name Wendy's
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Amount (\$) #10.72	Payee address; City; State; Zip Code 1319 San Bernardo Ave. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/14	Payee name Popeyes
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Amount (\$) #18.39	Payee address; City; State; Zip Code 801 Park St. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/14	Payee name H-E-B
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Amount (\$) #17.94	Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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: 9		2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/11/14		5 Payee name H-E-B			
6 Amount (\$) #31.26		7 Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, TX 78041			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Food/Beverage		
			<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	
Date 12/11/14		Payee name Guerra Communication			
Amount (\$) #1,290.00		Payee address; City; State; Zip Code 6402 N. Bartlett Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Ad.		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/12/14		Payee name McDonald's			
Amount (\$) #8.44		Payee address; City; State; Zip Code 1120 Santa Ursula Laredo, TX 78040			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) Food		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/12/14		Payee name Wendy's			
Amount (\$) #12.77		Payee address; City; State; Zip Code 1319 San Bernardo Ave. Laredo, TX 78040			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) Food		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 9	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/12/14	5 Payee name H-E-B	
6 Amount (\$) \$46.94	7 Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Food/Beverage <input type="checkbox"/> 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 12/12/14	Payee name H-E-B	
Amount (\$) \$17.50	Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food <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
Date 12/13/14	Payee name Taco Palenque	
Amount (\$) \$87.47	Payee address; City; State; Zip Code 4507 San Bernardo Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food <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
Date 12/13/14	Payee name Stripes	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 2004 Santa Maria Ave. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Expense	Description (If travel outside of Texas, complete Schedule T) Gas card <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

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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: 9	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/13/14	5 Payee name H-E-B
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6 Amount (\$) \$67.43	7 Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, Texas 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverages	(b) Description (If travel outside of Texas, complete Schedule T) Food/Beverages <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/12/14	Payee name H-E-B
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Amount (\$) \$12.20	Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverages	Description (If travel outside of Texas, complete Schedule T) Beverages. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/14	Payee name Stripes
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Amount (\$) \$23.79	Payee address; City; State; Zip Code 2004 Santa Maria Ave. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverages	Description (If travel outside of Texas, complete Schedule T) Beverages <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/14/14	Payee name Pollo Pailenque
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Amount (\$) \$75.19	Payee address; City; State; Zip Code 4507 San Bernardo Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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: 9	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/13/14	5 Payee name R Communications
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6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 107 Calle de Norte ste. 212 Laredo, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Ad. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/14	Payee name Don Pablo's Restaurant
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Amount (\$) \$35.07	Payee address; City; State; Zip Code 1206 Scott Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Meals <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/14	Payee name Popeyes
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Amount (\$) \$27.58	Payee address; City; State; Zip Code 801 Park St. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/14	Payee name Popeyes
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Amount (\$) \$17.28	Payee address; City; State; Zip Code 801 Park St. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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: 9	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/17/14	5 Payee name U.S. Postmaster	
6 Amount (\$) \$238.00	7 Payee address; City; State; Zip Code 1300 Matamoros Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Postage	(b) Description (If travel outside of Texas, complete Schedule T) Mail-out <input type="checkbox"/> 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 12/18/14	Payee name H-E-B	
Amount (\$) \$38.67	Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Beverages <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
Date 12/19/14	Payee name Stripes	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2004 Santa Maria Ave. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Expense	Description (If travel outside of Texas, complete Schedule T) Gas cards <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
Date 12/19/14	Payee name Pollo Palenque	
Amount (\$) \$31.09	Payee address; City; State; Zip Code 4507 San Bernardo Ave. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food <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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9		2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/19/14		5 Payee name Rodolfo Vela			
6 Amount (\$) #24.00		7 Payee address; City; State; Zip Code 201 W. Calton Rd. Laredo, TX 78041			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Chairs/tables rental <input type="checkbox"/> 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 12/19/14		Payee name H-E-B			
Amount (\$) #112.70		Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, TX 78041			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) Food/Beverage <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	
Date 12/19/14		Payee name Academy			
Amount (\$) #101.66		Payee address; City; State; Zip Code 5720 San Bernardo Ave. Laredo, TX 78041			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Community goodwill		Description (If travel outside of Texas, complete Schedule T) Toys to children <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	
Date 12/20/14		Payee name Stripes			
Amount (\$) #40.00		Payee address; City; State; Zip Code 2004 Santa Maria Ave. Laredo, TX 78040			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Transportation Expense		Description (If travel outside of Texas, complete Schedule T) Gas card <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

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: 9	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/20/14	5 Payee name Don Pablo's Restaurant	
6 Amount (\$) \$307.43	7 Payee address; City; State; Zip Code 1206 Scott Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Meals <input type="checkbox"/> 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 12/20/14	Payee name Sam's Liquor	
Amount (\$) \$97.40	Payee address; City; State; Zip Code 7913 McPherson Rd. Ste. 102 Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food/Beverage <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
Date 12/20/14	Payee name Tamaleria La Rosita	
Amount (\$) \$86.49	Payee address; City; State; Zip Code 503 Shiloh Ste. A Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food/Beverage <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
Date 12/20/14	Payee name Stripes	
Amount (\$) \$62.74	Payee address; City; State; Zip Code 2004 Santa Maria Ave. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food/Beverage <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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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: 9	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/20/14	5 Payee name Pollo Palenque
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6 Amount (\$) # 46.63	7 Payee address; City; State; Zip Code 4507 San Bernardo Laredo, TX 78041
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8 - PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food / Beverage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/14	Payee name Party City
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Amount (\$) # 45.32	Payee address; City; State; Zip Code 7607 San Dario Laredo, TX 78045
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Decorations <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/14	Payee name H-E-B
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Amount (\$) # 16.19	Payee address; City; State; Zip Code 210 W. Del Mar Blvd. Laredo, TX 7841
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food / Beverage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/14	Payee name Family Dollar
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Amount (\$) # 10.83	Payee address; City; State; Zip Code 1901 Santa Maria Ave. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Supplies. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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