

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Roberto MI: _____ NICKNAME: _____ LAST: Balli SUFFIX: _____	OFFICE USE ONLY Date Received: OCT - 7 PM 5:30 Date Hand-delivered or Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: _____ APT/SUITE #: _____ STATE: _____ ZIP CODE: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Claudia MI: V. NICKNAME: _____ LAST: Balli SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT/SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 07 / 01 / 2016 09 / 30 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Laredo City Council, District 8	13 OFFICE SOUGHT (if known)	

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 \$ 200.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 28,436.88

EXPENDITURE
TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 2,891.99

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 20,741.24

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roberto Balli, this the 7th day of October, 20 16, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Gala Gonzalez

Printed name of officer administering oath

Notary

Title of officer administering oath

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 Police Officer's Association PAC

COMMITTEE ADDRESS

*6426 Polaris Dr.
Laredo, TX 78041*

COMMITTEE CAMPAIGN TREASURER NAME

Enedina Martinez

COMMITTEE CAMPAIGN TREASURER ADDRESS

*6426 Polaris Dr.
Laredo, TX 78041*

additional pages

17 CONTRIBUTION
TOTALS

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

\$ *See previous*

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

\$ *Page*

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

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

\$

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Roberto Balli		3 ACCOUNT# (Ethics Commission Filers)	
4 Date 07/27/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emilio Davila, Jr.	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 662 Laredo, TX 78042		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Juan Jose Cruz	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1506 Nelson Ct. Laredo, TX 78045		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kazen, Meurer & Percz, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 6237 Laredo, TX 78042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of Paul C. Saenz	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1302 Washington St. Laredo, TX 78046		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Druker Law Firm	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1618 Chihuahua Laredo, TX 78043		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/11/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roderick Lopez PC	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1004 E. Hillside Rd, B Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Flores, Flores, & Canales, PLLC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5517 McPherson Rd ste 14 Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rancho Viejo Cattle Co. Ltd	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1116 Calle del Norte Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of Eduardo Castillo PLLC	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7128 Passon Ln, 12 Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of Edward Nolen	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1618 Chihuahua Laredo, TX 78043		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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: 8	
2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/11/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adrian Chapa III, Attorney at Law	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1302 Washington Laredo, TX 78040		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose S. Tellez Law Office	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 6658 Laredo, TX 78042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: The Garcia Firm PLLC	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5829 Northgate Ln Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nathan Chu, Attorney at Law	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1411 San Dario Laredo, TX 78040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arturo Dominguez	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 102 Granada Cir. Laredo, TX 78041		(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
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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: 8	
2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/11/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Louis H. Jones, Jr.	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3100 W Alabama St. Houston, TX 77098		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Viviana Frank	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2120 Fremont Laredo, TX 78040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lawrence Friedman	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1016 Grant St. Laredo, TX 78040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mario Peña	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2808 JD Stalinger Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/12/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hilario & Thelma Cavazos	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 Sage Dr. Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: <u>8</u>	
2 FILER NAME: <u>Roberto Balli</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <u>08/12/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>Hunter Slaton</u>	7 Amount of contribution (\$): <u>\$ 750.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code: <u>204 Paint Brush Cir Lufkin, TX 75904</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: <u>08/12/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>Jay Meador</u>	Amount of contribution (\$): <u>\$ 250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <u>3945 Mullins Loop E College Station, TX 77845</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <u>08/12/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>Russell & Christine Cerda</u>	Amount of contribution (\$): <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <u>3339 Tiger Ct. Laredo, TX 78045</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <u>08/25/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>Law Office of Yohany Sancedo, PC</u>	Amount of contribution (\$): <u>\$ 500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <u>1618 Salinas Ave. Laredo, TX 78040</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <u>08/25/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>Joe Robio Law Firm, PLLC</u>	Amount of contribution (\$): <u>\$ 250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <u>1000 Washington Ste. 4 Laredo, TX 78040</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 8	
2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/30/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Villawreal & Romero, PLLC.	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 2.01 W Del Mar, ste 14 Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Luis E. Flores	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3106 John Steinbeck Laredo, TX 78045		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laredo Police Officers Assoc.	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6426 Polaris Dr. Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALS Laredo Holdings LLC	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 201 W Hillside Rd #3 Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fernando D. Laurel, Jr.	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 1902 Laredo, TX 78044		(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
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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: <u>8</u>	
2 FILER NAME <u>Roberto Balli</u>		3 ACCOUNT# (Ethics Commission Filers)	
4 Date <u>09/29/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jose Ignacio De Ugarte</u>	7 Amount of contribution (\$) <u>\$2,000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5959 Maple Ave., 2202 Dallas, TX 75253</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>07/28/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Texas Democratic Party</u>	Amount of contribution (\$) <u>\$600.00</u>	In-kind contribution description (if applicable) <u>In-kind Voter File Access</u>
Contributor address; City; State; Zip Code <u>1106 Lavaca, 100 Austin, TX 78701</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>08/08/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>La Posada Hotel</u>	Amount of contribution (\$) <u>\$1,029.00</u>	In-kind contribution description (if applicable) <u>Food/Bev. Event</u>
Contributor address; City; State; Zip Code <u>1000 Zaragoza St. Laredo, TX 78040</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>08/25/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Laredo Fire PAC</u>	Amount of contribution (\$) <u>\$287.95</u>	In-kind contribution description (if applicable) <u>Printing cards</u>
Contributor address; City; State; Zip Code <u>5219 Tesoro Plz Laredo, TX 78042</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>09/29/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Laredo Fire PAC</u>	Amount of contribution (\$) <u>\$143.97</u>	In-kind contribution description (if applicable) <u>printing cards</u>
Contributor address; City; State; Zip Code <u>5219 Tesoro Plz Laredo, TX 78042</u>		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 8
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2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 08/01/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laredo Fire PAC	7 Amount of contribution (\$) \$1,862.40	8 In-kind contribution description (if applicable) Printing in-kind signs
6 Contributor address; City; State; Zip Code 5219 Tesoro Plz Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 09/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laredo Fire PAC	Amount of contribution (\$) \$137.56	In-kind contribution description (if applicable) in-kind Food
Contributor address; City; State; Zip Code 5219 Tesoro Plz Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 09/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laredo Fire PAC	Amount of contribution (\$) \$5,901.00	In-kind contribution description (if applicable) in-kind Labor
Contributor address; City; State; Zip Code 5219 Tesoro Plz Laredo, TX 78041		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: 7	2 FILER NAME: Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
4 Date: 07/21/16	5 Payee name: Mergenthaler Printing	
6 Amount (\$): \$84.43	7 Payee address; City; State; Zip Code: 1720 Santa Maria Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Advertising	(b) Description (If travel outside of Texas, complete Schedule T): Sign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/26/16	Payee name Johnny Carino's	
Amount (\$) \$131.21	Payee address; City; State; Zip Code 7603 San Dario Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Event	Description (If travel outside of Texas, complete Schedule T): Food/Beverage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/27/16	Payee name Lowe's	
Amount (\$) \$62.63	Payee address; City; State; Zip Code 6623 San Dario Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising	Description (If travel outside of Texas, complete Schedule T): Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/28/16	Payee name Tere Arias	
Amount (\$) \$194.00	Payee address; City; State; Zip Code 1915 Barlet Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising	Description (If travel outside of Texas, complete Schedule T): T-shirts
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

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 | Printing Expense | Travel Out of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 7	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07/28/16	5 Payee name No te Castiguez
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6 Amount (\$) \$299.50	7 Payee address; City; State; Zip Code 4702 Marcella Laredo, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Food/Bev.
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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 07/29/16	Payee name Rogve Soto
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Amount (\$) \$30.00	Payee address; City; State; Zip Code Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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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 07/29/16	Payee name HEB
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Amount (\$) \$148.91	Payee address; City; State; Zip Code 201 W. Del Mar Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food/Bev.
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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 07/30/16	Payee name Miguel Indan
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Amount (\$) \$133.00	Payee address; City; State; Zip Code 607 San Agustin Ave. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Paletas
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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: 7	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 08/01/16	5 Payee name TX Democratic Party
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1106 Lavaca, ste 100 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling	(b) Description (If travel outside of Texas, complete Schedule T) Voter File Access
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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 08/01/16	Payee name Sam's Club
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Amount (\$) \$41.39	Payee address; City; State; Zip Code 4810 San Bernardo Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Supplies
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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 08/01/16	Payee name Family Dollar
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Amount (\$) \$11.91	Payee address; City; State; Zip Code 1901 Santa Maria Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food
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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 08/01/16	Payee name Stripes
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Amount (\$) \$6.47	Payee address; City; State; Zip Code 2004 Santa Maria Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Ice
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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: 7	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/08/16	5 Payee name Sam's Club	
6 Amount (\$) \$116.02	7 Payee address; City; State; Zip Code 4816 San Bernardo Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Beverages.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/15/16	Payee name Lowe's	
Amount (\$) \$69.13	Payee address; City; State; Zip Code 6625 San Davio 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) Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/29/16	Payee name Disfrutacos	
Amount (\$) \$158.12	Payee address; City; State; Zip Code 3218 San Bernardo Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/06/16	Payee name Disfrutacos	
Amount (\$) \$141.12	Payee address; City; State; Zip Code 3218 San Bernardo Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food
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: 7	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 09/02/16	5 Payee name USA Savate
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6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 220 W Hillside #13 Laredo, TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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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 09/07/16	Payee name Boys & Girls Club
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 500 Moctezuma Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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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 09/16/16	Payee name Miguel Indan
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Amount (\$) \$195.50	Payee address; City; State; Zip Code 607 San Agustín Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Paletas
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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 09/19/16	Payee name Disfrutacos
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Amount (\$) \$95.71	Payee address; City; State; Zip Code 3215 San Bernardo Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food
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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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 7	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 09/19/16	5 Payee name Disfrutacos
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6 Amount (\$) \$ 82.56	7 Payee address; City; State; Zip Code 3218 San Bernardo Laredo, TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Food
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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 09/26/16	Payee name Disfrutacos
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Amount (\$) \$ 188.08	Payee address; City; State; Zip Code 3218 San Bernardo Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food
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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 09/26/16	Payee name Disfrutacos
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Amount (\$) \$ 84.29	Payee address; City; State; Zip Code 3218 San Bernardo Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food
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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 09/26/16	Payee name Champion Trading
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Amount (\$) \$ 22.73	Payee address; City; State; Zip Code 1205 Iturbide Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Caps
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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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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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 7	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 09/26/16	5 Payee name Target
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6 Amount (\$) \$ 9.79	7 Payee address; City: State: Zip Code 7501 San Dario Laredo, TX 78045
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Bev.	(b) Description (If travel outside of Texas, complete Schedule T) Food & Water
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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 09/29/16	Payee name Tere Anias
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Amount (\$) \$85.00	Payee address; City: State: Zip Code 1915 Barlet Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) T-shirts.
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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	Payee name
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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 (If travel outside of Texas, complete Schedule T)
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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	Payee name
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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 (If travel outside of Texas, complete Schedule T)
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Roberto Balli

15 ACCOUNT # (Ethics Commission Files)

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 Five PAC

COMMITTEE ADDRESS

5219 Tesoro Plz
Laredo, TX 78041-5762

COMMITTEE CAMPAIGN TREASURER NAME

Gerardo Tovar

COMMITTEE CAMPAIGN TREASURER ADDRESS

5219 Tesoro Plz
Laredo, TX 78041-5762

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) \$ 7,785.71

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 5,846.26

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 16,644.98

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roberto Balli, this the 31st day of October, 2016, to certify which, witness my hand and seal of office.

Angelita Aceves
Signature of officer administering oath

Angelita Aceves
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: 3	
2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/26/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Dominic Benavides	7 Amount of contribution (\$) 750.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 270 Laredo, TX 78042		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eduardo & Elsi Parra	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7323 Eagle Ledge San Antonio, TX 78249		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Canonico	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4321 Jonathan St. Bellaire, TX 77401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David & Barbara Covarrubias	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8507 Meaghan Mist Helotes, TX 78023		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **3**

2 FILER NAME **Roberto Balli** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/15/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laredo Fire PAC 6 Contributor address: City, State; Zip Code 5219 Tesoro Plz Laredo, TX 78041	7 Amount of contribution (\$) \$506.51	8 In-kind contribution description (if applicable) Food
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(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 10/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laredo Fire PAC Contributor address: City, State; Zip Code 5219 Tesoro Plz Laredo, TX 78041	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable) Event
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank Group Ltd Contributor address: City, State; Zip Code 901 Victoria St. Laredo, TX 78040	Amount of contribution (\$) \$110.00	In-kind contribution description (if applicable) Rent
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/19/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laredo Fire PAC Contributor address: City, State; Zip Code 5219 Tesoro Plz Laredo, TX 78041	Amount of contribution (\$) \$1,281.20	In-kind contribution description (if applicable) Printing
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laredo Fire PAC Contributor address: City, State; Zip Code 5219 Tesoro Plz Laredo, TX 78041	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) Fuel
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laredo Fire PAC 6 Contributor address; City; State; Zip Code 5219 Tesoro Plz Laredo, TX 78041	7 Amount of contribution (\$) \$2,138.00	8 In-kind contribution description (if applicable) Labor
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 6	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/01/16	5 Payee name Little Caesar's Pizza
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6 Amount (\$) \$16.25	7 Payee address; City; State; Zip Code 2020 Santa Maria Ave. Laredo, TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Food
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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 10/01/16	Payee name Disfrutacos Los Arandas
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Amount (\$) \$193.70	Payee address; City; State; Zip Code 3218 San Bernardo Ave. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food/Beverages
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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 10/08/16	Payee name Academy
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Amount (\$) \$323.45	Payee address; City; State; Zip Code 10820 International Blvd Laredo, TX 78045
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Basketball
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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 10/08/15	Payee name Champion Trading
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Amount (\$) \$58.46	Payee address; City; State; Zip Code 1205 Iturbide Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Caps
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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: 6	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/10/10	5 Payee name ProValue Media
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6 Amount (\$) \$366.43	7 Payee address; City; State; Zip Code 1202 E. Del Mar Blvd. Ste. 104 Laredo, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) Ad
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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 10/11/10	Payee name Miguel Inclan
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Amount (\$) \$85.00	Payee address; City; State; Zip Code 607 San Agustin Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Snacks
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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 10/12/10	Payee name Miguel Inclan
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Amount (\$) \$191.25	Payee address; City; State; Zip Code 607 San Agustin Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Snacks
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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 10/12/10	Payee name Tere Arias
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Amount (\$) \$640.00	Payee address; City; State; Zip Code 1915 Barlet Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) T-Shirts
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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: 6	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/14/16	5 Payee name Henri Kahn Ins.	
6 Amount (\$) \$577.51	7 Payee address; City; State; Zip Code 112 Del Ct. Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Insurance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/15/16	Payee name Texas Inflatable Rentals	
Amount (\$) \$362.54	Payee address; City; State; Zip Code 201 Century Blvd. Laredo, TX 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Chairs Tables rentals
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/15/16	Payee name Norma De Leon	
Amount (\$) \$375.00	Payee address; City; State; Zip Code Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Music
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/15/16	Payee name Joana Martinez	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2210 Aldama St. Laredo, TX 78043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) DJ
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: 6	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/20/16	5 Payee name Tere Arias	
6 Amount (\$) \$180.00	7 Payee address; City; State; Zip Code 1915 Barlet Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Embroidery
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/16	Payee name Imprint	
Amount (\$) \$569.03	Payee address; City; State; Zip Code P.O. Box 358 Marblehead, OH 43440	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Football
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/16	Payee name Guerra Communications	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6402 N. Bartlett, Ste. 1 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisins	Description (If travel outside of Texas, complete Schedule T) Radio Remotes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/16	Payee name Webb County Elections Office	
Amount (\$) \$85.00	Payee address; City; State; Zip Code 110 Washington St., Ste. 103 Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Voter Lists
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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: 6	2 FILER NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Filer)
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4 Date 10/24/16	5 Payee name Family Dollar
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6 Amount (\$) \$11.91	7 Payee address: City: State: Zip Code 4420 San Bernardo Laredo, TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) Supplies
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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 10/24/16	Payee name Home Depot
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Amount (\$) \$23.17	Payee address: City: State: Zip Code 5710 San Bernardo Ave. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies	Description (If travel outside of Texas, complete Schedule T) Supplies
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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 10/24/16	Payee name Sam's Club
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Amount (\$) \$102.44	Payee address: City: State: Zip Code 4810 San Bernardo Ave. Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food / Beverages
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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 10/25/16	Payee name HEB
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Amount (\$) \$197.44	Payee address: City: State: Zip Code 2310 Saunders, 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) Food / Beverages.
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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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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: 6	2 FILE # NAME Roberto Balli	3 ACCOUNT # (Ethics Commission Files)
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4 Date 10/26/16	5 Payee name McDonald's
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6 Amount (\$) \$45.30	7 Payee address, City, State, Zip Code 1120 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	(b) Description (If travel outside of Texas, complete Schedule T) Breakfast
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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 10/27/16	Payee name Stripes
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Amount (\$) \$16.23	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	Description (If travel outside of Texas, complete Schedule T) Tacos
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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 10/28/16	Payee name Stripes
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Amount (\$) \$ 21.65	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	Description (If travel outside of Texas, complete Schedule T) Tacos
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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 10/29/16	Payee name HEB
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Amount (\$) \$54.50	Payee address, City, State, Zip Code 201 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 & Drinks
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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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