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 # (Ethios Commission Filers)	2 Total Pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Roberto NICKNAME LAST Balli	MI	Date Received
4 CANDIDATE / OFF!CEHOLDER MAILING ADDRESS change of address	ADDRESS / PO B♠X: APT / SUITE#;	STATE; ZIPCODE	Date Hand-delivered or Posinyarkthu
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Claudia NICKNAME LAST Balli	V SUFFIX	Date(maged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO PO BOX PLEASE); APT/SUITE #:	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	July 15 Sth day before election	Runeff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderenly) Final repett (Attach C/OH - FR)
10 PERIOD COVERED	Menth Pey Year THROUGH	Month Dey 09 / 30 /	Yeer 2016
11 ELECTION	Menth Day Year ELECTIONTYPE Month Day Year Primary	Euno¶ V	General Spacial
12 OFFICE	District 8	13 OFFICE SOUGHT (if known	
	GOTOPA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	berto:	Balli 15	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	GE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIS ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
auditional pages	COMMITTEE TYPE COMMITTEE NAME Lavedo Five PAC COMMITTEE ADDRESS 5219 Tesovo P12 Lavedo, TX 78041-5752 COMMITTEE CAMPAIGN TREASURER NAME Gevardo Tovar COMMITTEE CAMPAIGN TREASURERADORESS 5219 Tesovo P12 Lavedo, TX 78041-5752			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
	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		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DI ORTING 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			
AFFIX NO BRY STAN	GALA GONZA lotary Public, State Comm. Expires 07 Notary ID 1290	is true and correct and includes all is of Texas me under Title 15, Election Code.	Perjury, that the accompanying reportion information required to be reported by	
Sworn to and sub	scribed before	me, by the said Roberto 7		
Sighadire of Officer aug	histering oath	Gala Gonzalez. Printed name of officer administering oath	NOTARY Tille of officer administering oath	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Pober	to Balli	15	ACCOUNT # (Ethic	cs Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITUR	IS ACCEPTED OR POLITICAL EXPENDITURES MADE ES MAY HAVE BEEN MADE WITHOUT THE CANDID EQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDE	R'S KNOWLEDGE OR
	COMMITTEE TYPE		plice Officer's	Associati	on PAC
	SPECIFIC		lavis Dr. 1 TX 78041		
committee campaign treasurer name Enedina Martinez			REASURER NAME		
			REASURER ADDRESS Polavis Dr. 0, TX 78041		
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THAN ITEES OF LOANS), UNLESS ITEMIZED	\$ 50	e previous
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ Page			age	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			ZED \$	
	4. TOTAL POLITICAL EXPENDITURES			\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINE ■ AS OF THE LAST DAY OF REPORTING PERIOD.			\$	
OUTSTANDING LOAN TOTALS	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 p is true and correct and includes all in me under Title 15, Election Code.		, , ,
			Signature of Candi	date or Officeholder	
AFFIX NOTARY STAM					
Sworn to and subs	scribed before	me, by the said _			, this the
day	of	, 20	, to certify which, witness m	y hand and sea	of office.
Signature of officer adm	inistering oath	Printed name of	officer administering oath	Title of officer ad	ministering oath

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A:
2 FILER NAME	Roberto Balli		3 ACCOUNT# (E	thics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#_E.milio Davila, Jr. 6 Contributor address; City: State: Zip Code P.O. Box lete 2 Lavedo, TX 78042 upation / Job title (See Instructions)	10 Employer (See I		8 In-kind contribution description (if applicable)
3 Milepar occi	apation 7 300 title (See Instructions)	To Employer (See ii	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/11/16	1506 Nelson Ct. Lavedo, TX 78045		\$ 500. DO	
Dei seinel see		Employer (See In		of Texas, complete Schedule T)
Frincipal occi	upation / Job title (See Instructions)	Employer (See In	istractions)	
Date	Full name of contributor Out-of-state PAC (10#:_ Kazen, Meurer & Percz, LL	P -	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/11/16	Contributor address; City; State; Zip Code P.O. BOX 6237		\$500.00	
	Laredo, TX 7864Z		(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Law Office of Paul C. Saer	nz	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/11/16	Contributor address; City: State: Zip Code 1302 Washington St. Lavedo, TX 78046		\$506.00	
		- 40		of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date OP II I V	Full name of contributor Outof-state PAC(ID#) Druker Law Firm Contributor address: City: State: Zip Code 1618 Chihuahua Lavedo, TX 18043		Amount of contribution (\$)	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Bex 12070

SCHEDULE A

The	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Roberto Balli		3 ACCOUNT # (E	thics Commission Filers)
4 Date 08/11/16	5 Full name of contributor Quitof-state PAC (10#:_ Rodevick Lopez PC 6 Contributor address; City: State: Zip Code 1004 E. Hillside Rd, B Lavedo, TX 7804) - F = T × N N m r ;	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See		or reads, complete Schedule 1)
Date OB III I (p	Full name of contributor out-of-state PAC(10): Hoves, Flores, Canales, P Contributor address; City: State; Zip Code 5517 Mc. Pherson Rd Ste	40 - 140 - 40 100 : 40 40 1 1 40 4	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	Laredo, TX 78041 upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 05/11/16	Full name of contributor out-of-state PAG (105): Rancho Vicjo Caffle Co. L Contributor address; City: State; Zip Code 11110 Calle del Novte Lavedo, TX 78641	td	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation / Job title (See Instructions)	Employer (See		or reads, complete concount ry
Date UB\u\u\u	Full name of contributor out-of-statePAC(IC#) Law Office of Eduardo C Contributor address; Gity; State; Zip Code 7128 Resson Ln, 12 Lavedo, TX 7864			In-kind contribution description (if applicable)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date 10	Full name of contributor out-of-stale PAC (IDE) Law Office of Edward No Contributor address; City; Slate; Zip Code 16/8 Chihuahua Laredo, TX 78043			In-kind contribution description (if applicable)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	

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SCHEDULE A

4 Date 5	Poberto Balli		3 ACCOUNT # (F	
			* NOCOCITY # (E	thics Commission Filers)
	Full name of contributor Out-of-state PAC (10#:_ Advian Chapa III, AHovn		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/11/10	Contributor address; City; State; Zip Code 1302 Washington		\$150.00	
	Lavedo, TX 78040		(If travel outside of	of Texas, complete Schedule T)
9 Principal occupation	on / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC(1000:_	e	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code P. BOX 6658		\$250.00	
	Lavedo, TX 7804Z	- 1	If travel outside of	of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See In		Treads, complete Scheddle 1
	The Garag Firm PLLC Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	5829 Northgate Ln Laredo, TX 78041		\$506.00	of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See In		. , under de la constante de l
Date	Full name of contributor Out.of-state PAC (104): Nathan Chu, Attorney	at-Law	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	Laredo, TX 78040		(If travel outside of	of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor Out-of-state PACITOR:		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/11/110	Contributor address; City: State; Zip Code 102 Granada Civ.	e ran-ar-sa-sa-X	4300.00	
	Laredo, TX 78041		(If travel outside	of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See In		

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Texas Ethics Con	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512)463-5800	(TDD 1-800-735-2989)
		ONTRIBUTION PLEDGES (NS		SCHEDULE A
The	Instruction	Guide explains how to	o complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		erto Ball	i		3 ACCOUNT# (E	thics Commission Filers)
4 Date	1	s H. Jones	T	24	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/11/110		tor address; City, so WALAbama			\$2,000.00	
O Dimeiral and			1098	40 5 - 10 - 10		of Texas, complete Schedule T)
9 Principal occu	pation / Job ti	tle (See Instructions)		10 Employer (See	instructions)	
Date	Vivia	ana Frank)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/11/110	2120	itor address; City: S Fremont			\$500.00	
	Lav	edo, TX 72			(If travel outside of	of Texas, complete Schedule T)
Principal occu	palion / Job ti	tle (See Instructions)		Employer (See	Instructions)	
Date Date	Contribu	ence Friedu ence Friedu utor address; City; s Grant St.	erabination and the top		Amount of contribution (\$)	In-kind contribution description (if applicable)
		edo, TX 78	040		(If travel oulside	 of Texas, complete Schedule T)
Principal occu	pation / Jeb to	tle (See Instructions)		Employer (See	Instructions)	
Date		ne of contributor Pera	us-of-state PAC(IC#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/11/16	2808	JD Stalinge		414411111	\$ 250.00	
	Laved	to, TX 780	41		(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job t	tle (See Instructions)		Employer (See	Instructions)	
Date	4 .1	ne of contributor [] of Thelma	Oul. of-state PAC(10#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/12/16	115 5	utoraddress; City; soage Dr	State; Zip Code	<u> </u>	\$50.00	[]
	Lave	000)	- 11			of Texas, complete Schedule T)
Principal occu	ipation / Job t	itle (See Instructions)		Employer (See	Instructions)	

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P.O. Box 12070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME. Roberto Balli 5 Full name of contributor _____eut-ef-state PAC(ID4); 4 Date In-kind contribution 7 Amount of description (if applicable) Hunter Slaton 6 Contributor address: City: State: Zip Code 204 Point Brush Cirl Eu \$ 750.60 Lutkin, TX 75904 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor Out-of-state PAC (10#: Date Amount of In-kind contribution Jay Meador Contributor address: City: State: Zip Code 3945 Mullins Loop E contribution (\$) description (if applicable) 08/12/14 \$ 250.00 College Station, TX 77845 (If travel outside of Texas, corriplete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor | out-of-statePAC(ID# Date Amount of In-kind contribution contribution (\$) Pussell & Christine Cerda description (if applicable) Contributor address; City, State; Zip Code \$ 100.00 3339 Tiger Ct. Lavedo, Tl 78045 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date In-kind contribution contribution (\$) description (if applicable) \$500.00 Laredo, TX 78040 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ☐ out-of-state ≱AC(10# Date Amount of In-kind contribution contribution (\$) description (if applicable) Joe Robie Law Firm, PLLC. Contributor address: City; State; Zip Code 1000 Washington Ste. 4 \$ 250.00 Layedo, TX 78046 (If Iravel oulside 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 quide foradditional reporting requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this for	orm.	1 Total Pages Schedule A.	
2 FILER NAME	Roberto Balli		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Doulot-state PACKID#:	.9>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/30/14	6 Contributor address; City, State; Zip Code Z-OI W Del Mar Ste 14-		\$200.00	
	Laredo, TX 7864		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor OULOT-SLATE PAC(10#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/16	Contributor address: City: State: Zip Code 3104 John Steinbeck		\$ 200.00	
	Laredo, TX 78645		(If traval autoida	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	72.7 - 27	of Texas, complete schedule 17
Date	Full name of contributor Outof-stole PAC(1844)	5E.	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/15/14	Contributor address: City: State; Zip Code 6426 Polavis Dr.	58825551	\$2,000.00	
	Laredo, TX 78041		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		or range complete concessor ry
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/10	Contributor address; City; State; Zip Code 201 W Willside Pd #3	X = K (X X X X X X	\$ 500.00	
	Laredo, TX 78041		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See l		The second secon
Date	Full name of contributor out-of-state PAC(1D#: Tern and D. Lowrd, Jr	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/20/16	Contributor address; City: State; Zip Code P.O. BOX 1902		\$500.00	
	Laredo, TX 78044		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	-	- N N=

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P.O. Box 12070

SCHEDULE A

	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME,	Roberto Balli		3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC(IDE: Jose Ignacio De Ug	perte	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
09/29/16	6 Contributor address; City; State; Zip Code 5959 Maple Ave., 2202 Dallas, TX 75253		\$ 2.10 00.00		
	Darins, 17 13 233		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC(10#:_ TEXAS Demo crastic Party)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
07/28/16	Contributor address; City: State; Zip Code	* * * * * * * * * * * *	\$ 600.00	In- Kind Noter File Access	
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (104:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/08/16	Contributor address: City: State: Zip Code 1000 Zava Joza St.	a er vinning i	\$1,029.00	Food Bev.	
	Laredo, TX 78040		(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See		of texas, complete schedule 1)	
, ma-par occup	istory, septime (eee mendensie)	Employer (acc	mondationo)		
Date	Full name of contributor DUI-01-State PAC (1841:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
08 25/16	Contributor address; City; State; Zip Code 52.19 Tesevo Plz	and the same of the same	\$ 287.95	i Printing cards	
	Lavedo, TX 78042		(if travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		or ready complete equipment in	
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of	In-kind contribution	
Date	Lavedo Five PAC		contribution (\$)	description (if applicable)	
09/2.9/10	Contributor address, City; State; Zip Code 5219 Tesovo P/2	* 1 5 5 5 1 1 5 1 1	\$143.97	printing cards	
_	Lavedo. TX 78042				
Dringing		Emplement (Con-		of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	mistructions)		

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	† Total pages Schedule	e A: 8
2 FILER NAME	Roberto Balli		3 ACCOUNT # (Ethics	Commission Filers)
4 Date 08/01/14	5 Full name of contributor out-of-state PAC(IDE) Lavedo Five PAC 6 Contributor address; City; State; Zip Code 5219 Tesovo Plz Lavedo, TX 18041	, , , , , , , , , , , , , , , , , , , ,	# 1, 862.40 1	In-kind contribution escription (If applicable) Printing n-kind Signs tas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
09/29/14	Full name of contributor out-of-state PAC(IDH) Lave do Five PAC Contributor address; City; State; Zip Code 52/9 Tesovo Pl2 Lavedo, TX 78041	DESTRUCTION OF THE STATE OF THE	\$137.56	In-kind contribution escription (if applicable) in - Kind Food as, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		as, comprete schedule 17
Date 09 29 16	Full name of contributor out-of-state PAC(IDN: Lavedo Five PAC Contributor address: City; State; Zip Code \$219 Tesovo P12 Lavedo, TX 78041	El Si Suri aturi atoni. §	\$5,401.00	In-kind contribution escription (if applicable) IN-KIND LABOT cas. complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor oul-ol-state PAC (ID#: Contributor address; City; State; Zip Code	S. Parkateri Vinada in San Sa	1 1 1	In-kind contribution escription (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See)		(as, complete Schedul e T)
Date	Full name of contributor out-olstate PAC (IDIE			In-kind contribution escription (if applicable) as, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		ex, somplete ochequie ()

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

Gift/Awards/Memorials Expense

Texas Ethics Commission

Advertising Expense

Accounting/Banking Consulling Expense Event Expense Fees	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Co Strict Rental Expense 01	ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule F	2 50 50 24445		3 ACCOUNT # (Ethics Commission Filers)
	Roberti Balli		
4 Date 07/21/16	5 Payee name Mergenthaler Frinting		
6 Amount (\$) \$84.43	7 Payee address; Cily: State; Zip Code 1720 Santa Maria Lavedo, TX 78040		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (if the Sign	ravel outside of Texas, complete: Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	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)		ravel outside of Texas, complete Schedute T) Deverage
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 07 127 16	Payee name Lowe/S		
Amount (\$)	Payee address: City: State: Zip Code 6623 San Dario Lavedo, TX 78045		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If	ravel outside of Taxas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 07 28 14	Payee name Tere Arias		
Amount (\$)	Payee address: City: State: Zip Code 1915 Barlet Laredo, TX 78040		
PURPOSE OF EXPENDITURE	Category (Sec categories listed at the top of this schedule) Advertising	Description (III	travel outside of Texas, complote Schedule T)
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EEDED

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/6 Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out of Di Printing Expense office Overhead.	raising Expense Transportation Equipment & Related Expense Contributions/Donations Made By strict Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	complete this form.
1 Tetal pages Schedule F:	Roberto Ball;	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/28/110	No te Castiguez	
4 299, 50	7 Payee address; City: State; Zip Code 4702 Marcella Lavedo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Even+	(b) Description (If travel outside of Texas, complete Schedule T) Food Bev.
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 07 29 16	Payee name Rogue Soto	
Amount (\$)	Payee address: City: State, Zip Code	
\$ 30.06	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)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
07/24/14	Payee name HEB	
Amount (\$)	Payee address; City: State: Zip Code 201 W. Del Mar Lavedo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See categories flated at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food BeV.
Complete ONLY if direct expenditure to benefit C/	Candidate / ●fficeholder name	Office sought Office held
Date 07 30 11,	Payee name Miguel Indan	
Amount (\$)	Payee address: City: State: Zip Code 607 San Agustin Ave Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Paleta
Complete ONLY if direct expenditure to benefit (Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	indraising Expense Trict C District	oan Repayment/Reimbursement fransportation 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.
1 Total pages Schedule F:	Poberto Balli		3 ACCOUNT # (Ethics Commission Filers)
4 Date 01 16	TX Democratic Par- 7 Payee address; City; State: Zip Code	ty	
6 Amount (\$)	7 Payee address; City; State: Zip Code 1104 Lavaca, Ste 100 Austin, TX 78701		_
8 PURPOSE OF EXPENDITURE	(a) Category (See calegones listed at the top of this schedule) Polling		f travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date OB A 16	Payee name Sam's Club		71
Amount (\$)	Payee address: City: State: Zip Code 4810 San Bernardo	е	
\$41.39	Laredo, TX 78041		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description () Suppli	Firavel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officehelder name	Office sought	Office held
Date 08 01 /16	Family Dollar		
Amount (\$)	Payee address: City, State; Zip Code 1901 Santa Maria Lavedu, TX 78040		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Exent	Food	I travel oulside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeh⊕lder name OH	Office sought	Office held
08 01/16	Payee name Stripes		
Amount (\$)	Payee address: City: State; Zip Code	е	
\$ 6.47	2004 Santa Mania Lavedu, 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)
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS N	NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Sollcitatio Food/Beverage Expense Travel In Polling Expense Travel Out Printing Expense Office Over	/ages/Contract Labor n/Fundraising Expense District t of District erhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F;	2 FILER NAME	now to complete this to	3 ACCOUNT # (Ethics Commission Pilers)
	Poberto Balli		
08 08 14	5 Payee name Sam's Club		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	-
\$ lle. 02.	4810 San Bernardo Lavedo, TX 78041		
8 PURPOSE	(a) Category (See categories listed at the top of this schedu	ute) (b) Description	(M travel outside of Texas, complete Scnedule T)
OF EXPENDITURE	Event	Beve	vages.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
08/15/16	Lowe!s		
Amount (\$)	Payee address; City; State; Zip C	code	
\$ 69.13	6625 San Pario		
4 69.13	Lave do, TX 7804		
PURPOSE	Category (See calegories listed at the top of this schedu	ule) Description	(Hiravel outside of Texas, complete Schedule 7)
OF EXPENDITURE	Advertising	5000	lies
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht Office held
Date	Payee name		
08/29/16	Distruta cos		
Amount (\$)	Payee address: City; State: Zip C	ode	
11100 12	3218 San Bernardo		
\$ 158.12	Lavedo, TX 78040		
PURPOSE	Category (See categories listed at the top of this sched		(if travel outside of Texas, complete Schedute 7)
OF EXPENDITURE	Event	Foo	d
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office soug	ht Office held
Date 09 06 16	Payee name		
- 11-41.4	Districtacos		
Amount (\$)	Payee address; City: State; Zip C 3218 San Bern.avd		
\$141.12	Laredo, TX 78040		
PURPOSE	Category (See categories listed at the top of this sched		If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event	F-00	7
Complete QNLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office soug	ht Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	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 explains how to complete this	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed allove) form.
1 Total pages Schedule F:	2 FILER NAME Roberto	Balli	3 ACCOUNT # (Ethics Commission Filers)
4 Pale 09 42 16	5 Payeename USA Swate		
6 Amount (\$)	1 1 1 1	te; Zip Code #13	+
\$ 150.00	Lavedo, TX 78	04.0	
8 PURPOSE	(a) Category (See calegories listed at the top of	of this schedule) (b) Descript	On (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Hovertising		
9 Complete <u>PNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so	ught Office held
Date	Payee name		
107/16	Payee address: City, Sta	te; Zip Code	
Amount (\$)	500 Moctezuma	ite, 21p Code	
\$ 150.00	Lavedo, tx 78	040	
PURPOSE	Category (See categories fisted at the top)		On (It iravel outside of Texas, complete Schedulo T)
OF EXPENDITURE	Advertisins		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ught Office held
Date	Payee name		
09/14/16	Migual Inclan Payee address; City: Sta		
Amount (\$)			
# 195.50	Lavedo, TX	18040	
PURPOSE	Category (See calegories listed at the lop	D /	ion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event	Pal	etas
Complete ONLY if direct expenditure to benefit C/C	Candidale / Officeholder name	Office so	ought Office held
Date	Payee name		
09/19/16	Distrutacos		
Amount (\$)		te; Żip Code	
\$95.71	3218 San Bern		
PURPOSE OF	Calegory (See categorios listed at the top		tion (Hiravel outside of Texas, complote Schedule T)
EXPENDITURE		Foo	
Complete <u>PNLY</u> if direct expenditure to benefit C		Office so	ought Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE	AS NEEDED

Advertising Expense Accounling/Banking Consulting Expense Evenl Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead// The Instruction Guide explains how to	ontract Labor L plising Expense T ctrict Rental Expense C	oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) n.
1 Total pages Schedule F:	2 FILER NAME Poberto Balli		3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/19/16	5 Payeeriaine Dis fur tacos		
6 Amount (\$) \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	7 Payee address; City: State; Zip Code 3218 San Bernardo Lavedo, TX 18640		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (1)	f travel outside of Texas, complete Schedule T)
Complete ONLY it direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 09 26 16	Distrutacos		
Amount (\$)	Payee address; City; State; Zip Code 3218 San Bernardo Laredo, TX 78040		
PURPOSE OF EXPENDITURE	Category (See calcgones listed at the top of Itils schedule) Event	Description (1	t travel outside of Texas, complete Schedule (*)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
09/26	Payee name Contacts		
Amount (\$)	Payee address; City: State; Zip Code 3218 Savi Bernardo Lavedo, TX 78040		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Po o o	fftravel outside al Toxas, comptete Schodulo T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholdername DH	Office sought	Office held
Date 09\26\6 Amount (\$)	Payee name Champion Trading Payee addless: City: State: 218 Code 1205 Ituvbide Lavedo, TX 78040		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of lines schedule) Advertising	Description (if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
	ATTACHADDITIONAL COPIES OF THIS	SCHEDULEAS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memonals Expense Salaries/Wages/C Legal Services Soficilation/Fundi Food/Beverage Expense Travel in District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	raising Expense Transportation Contributions/ Strict Candidate //Rental Expense OTHER (enter	nent/Reimbursement n Equipment & Related Expense Donations Made By /Officeholder/Political Commillee r a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Roberto Ba	ll i	OUNT # (Ethics Commission Filers)
4 Date 69/26/14	5 Payee name Target		
6 Amount (\$)	7 Payee address; City: State: Zip Code 1501 San Dario Lavedo, TX 78645	5	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schodule)	(b) Description (If travel outside	
EXPENDITURE	Food : Bev.	Food & Water	/
9 Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date 09 29 10	Payee name Teve Avias		
Amount (\$)	Payee address; City: State: Zip Code 1915 Barlot Lavedo, TX 78640		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, comptete Schedule T)
OF EXPENDITURE	Advertising	T-Shirts.	
Complete ONLY if direct expenditure to benefit Co	Candidate / Officehølder name /OH	•ffice sought	Office held
Date	Paycename		
Amount (\$)	Payee address; City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories fisted at the top of this schedule)	Description (If traveLouIside	of Texas, comfilete Schedule T)
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City: State; Zip Code	_	
PURPOSE OF EXPENDITURE	Category (Soo categorius listed al the lop of this schedulo)	Description (If travel outside	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit (Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDED	

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 Filds)	2 Tetal pages filed:
3 CANDIDATE / OFFICEHOLDER	MS, MRS (MR) FIRST Roberto	1/21	OFFICE USE ONLY
NAME	NICKNAME LAST Balli	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY;	STATE: ZIP CODE	Date Hand-delivered of Peslmarked
change of address			Receipt # Anwunt
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS (MRS) MR FIRS Claudia NICKNAME IAST Balli	SUFFIX	Date Ima9ed
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#.	CITY; STATE;	ZIPCODE
8 CAMPAIGN TREASURER PHONE	AREA COOE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 6th day before election	Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholdere niy) Final reflect (Allach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Morrits Day	Year 10
11 ELECTION	Monih ELECTION DATE YEAR ELECTION TYPE Primary	Runofi	General Spocial
12 OFFICE	Laredo City Council District 8	13 OFFICE SOUGHT (if known)	
	GOTOPA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME R	oberto	Balli 15	ACCOUNT # (Elhics Commission Fileis)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDID ATE ! OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR FOLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID TES AND OFFICEH OLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME Lavedo Five PAC COMMITTEE ADDRESS 52.19 Tesoro P12 Lavedo, TX 78041-576 COMMITTEE CAMPAIGN Y REASURER NAME	62
additional pages		Gerardo Tovar COMMITTEE CAMPAIGN TREASURER ADDRESS 5219 Tesoru Plz Laredo, TX 78041-575	5.2
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	•
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,785.71
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ZED \$
	4. TOTAL POLITICAL EXPENDITURES		\$ 5,846.26
CONTRIBUTION BALANCE	\$ 16,644.98		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 1 ,500.00
18 AFFIDAVIT	ANGELITA AC Notary Public, Stat My Commission April 01, 2	is true and correct and includes all is me under Title 15, Election Code e of Texos Expires	periury, that the accompanying report information required to be reported by
AFFIX NOTARY STAM		Signature of Cand	idate or Officeholder
_ &		to certify which, witness m	y hand and seal of office.

SCHEDULE A

		376	
The	Instruction Guide explains how to complete this form.	1 Tetal pages Sch	edule A: 3
2 FILER NAME	oberto Balli	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PACKIDA: Anthony Dominic Benavides	7 Amount of contribution (\$)	8 Inkind contribution description (if applicable)
10/26/10	6 Contributor address, City; State; Zip Code P Box 270	750.00	
	Laredo, TX 78042	(If travel outside	1 Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See	Instructions)	
Dale	Full name of contributor Out-of-state PAC(IDIF:) Eduardo & Elsi Parra	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/26/16	Contributor address: City: State; Zip Code 7323 E.agle Ledge	500.06	
	San Antonio, TX 78249	(li travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See		1
Date	Full name of contributor out-of-state PAC(IDN:	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/26/16	Contributor address; City; State; Zip Code 4321 Jona Hay St.	2.50.00	1
	Bellaire, TX 17401	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job tille (See Instructions) Employer (See		
Date	Full name of contributor out-of-state PAC (ID#: David & Barbara Covarrubias	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/26/16	Contributor address; City: State; Zip Code 8507 Meaghan Mist Helotes, TX 78023	250.00	
			of Texas, complete Schedule TI
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code	-	
		August 1 4 7 1 1 1	
Principal occur	pation / Job title (See Instructions) Employer (See		of Texas, complete Schedule T)
	Employer (dee		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this f	1 Total pages Schedule A	3
2 FILER NAME	Roberto Balli	3 ACCOUNT # (Ethics Co	nimission Filers)
4 Dale	5 Full name of contributor out-ofstate PAC (1809:		n-kind contribution cription (if applicable)
10/15/110	6 Contributor address; City, State; Zip Code 5219 Tesoro P/2	\$506.51 F	ood
9 Principal occu	palion / Job file (See Instructions)	(It travel outside of Texas,	, complete Schedule T)
— Pimcipal occu	pallon / Job life (See instructions)	0 Employer (See Instructions)	
Dale	Full name of contributor Out-of-state PAC (1DH): Lavedo Fire PAC		n-kind contribution cription (if applicable)
10/15/16	Contributor address; City; State; Zip Code 5219 Tesoro P12	\$1,000 E	ivent
	Caredo, TX 78041	(If travel outside of Texas.	complete Schedule T)
Principal occu	pation / Job tille (See Instructions)	Employer (See Instructions)	
Dale	Full name of contributor out-of-state PAC(ID).		n-kind contribution cription (if applicabte)
10/15/16	Contributor address; City; State; Zip Code	\$110.00 R	ent
	Laredo, TX 78040	(If travel outside of Texas.	. complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		n-kind contribution cription (if applicable)
10/19/10	Contributor address; City: State; Zip Code 5219 Tesoro Plz	#1, 281.201 P	rinting
	Laredo, TX 78041	(If Iravel oulside of Texas,	complete Schedule T)
Principal ocrau	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PACKID#		n-kind contribution cription (if applicable)
10/21/10	Contributor address; City: State: Zip Code 52 19 Tesoro Plz	19190	i io
	Laredo, TX 78041	((()	annual de Colonia I a 75
Principal occu	pation / Job title (See Instructions)	(If travel outside of Texas. Employer (See Instructions)	complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME	Poberto Balli		3 ACCOUNT # (EI	hics Commission Filers)
4 Date	5 Full name of contributor [out-of-state PAC(IDN)] Lavedo Fire PAC)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/29/14	6 Contributor address; City; State; Zip Code 5219 Tesovo Plz		\$2.138.00	Labor
	Laredo, TX 78041		(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	oalion / Job lille (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID\$;	j	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contribulor address; City; State; Zip Code			
			(If travet outside o	of Texas, complete Schedule T)
Principal occup	pation / Job fille (See Instructions)	Employer (See	instructions)	
Dale	Full name of contributor out-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Confributor address: City; Slate; Zip Code			
Dringing Long	valion (Job lillo (See Instrudiose)	Employer (See		of Texas, complete Schedule T)
Principal occus	pation / Job title (See Instructions)	Employer (See	insi polions)	
D ate	Full name of contribulor Out-of-state PAC (IDR:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address, City; State; Zip Code			
Principal occup	palion / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Dale	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code		(f Iravel outside o	 - Texas, com#lete S chedule T)
Principal occup	pation / Job tille (See Instructions)	Employer (See		
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDULE	ASNEEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicilalion/Fundra Food/Beverage Expense Travel In DisInct Polling Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Lo ising Expense Tra Co trict Rental Expense O1	an Repayment/Reimbursement ansportation Equipment & Related Expense antributions/Donations Made By Candidale/Officeholder/Political Committee there (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 10 01 1 10	5 Payer name Little Caesar's Pizza				
6 Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 Payee address; City: Stale: Zip Code 2020 Santa Maria Ave Lavedo, TX 78040				
8 PURPOSE	(a) Category (See categories listed at the let) of this schedule)	(b) Description flft	ravel autsido of Texas. Complete Schedule T)		
●F EXPENDITURE	Event	Food			
9 Complete NLY if direct expenditure to benefit C/C	Candidate / Otficeholder name OH	Office sought	Office held		
Date 10 01 16	Payee name Distrutacos Los Avando	15			
Amount (\$)	Payee address: City; State; Zip Code				
\$193.70	3218 San Bernardo Ave. Laredo, TX 78040				
PURPOSE	Category (See calegories listed at tha top of this schedule)		raval outside of Texas, complete Schedule T)		
OF EXPENDITURE	Event	Food	Beverages		
Complete <u>MLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
10/08/16	Payee name Academ y				
Amount (\$)	Payee address; City; Stale; Zip Code	7 14			
#323.45	10820 International P Laredo, TX 78045	olva			
PURPOSE	Category (See categories listed all the top or lhis schedule)	Description (II)	ravel outside of Toxas, complete Schedule T)		
OF EXPENDITURE	Event	Baskel	ball		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	Office held		
Date 10 0 0 115	Payee name Champion Trading				
Amount (\$)	Payee address: City: State: Zip Code 1205 Iturbide. Laredo, TX 78640				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if	Favel outside of Texas, complete Schedute T)		
OF EXPENDITURE	Advertising	Caps			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
	ATTACHADDITIONAL COPIES OF THIS	SCHEDULEASNE	EEDED		

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/I The Instruction Guide explains how to	ontract Labor Localising Expense Trick trick Rental Expense O	oan Repayment/Reimbursement ansportation Equipment & Related Expense contributions/Bonalions Made By Candidate/Officeholder/Political Committee THER (enier a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)
10 10 110	5 Payee name Provalue Media		
6 Amount (\$)	7 Payee address; City: State: Zip Code 1202 E. Del Mar Blvd Lavedo, TX 7804)	Ste. loy	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (III	travel outside of Texas. complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10/11/14	Payee name Miguel Inclan		
Amount (\$)	Payee address: City: State: Zip Code 607 San Agustin Laredo TX 78040		
PURPOSE OF EXPENDITURE	Category (See categories listed at the lop of this schedule)	Description (III	travel outside of Texas, comptole Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 10 12 116	Payer name Miguel Inclan		
Amount (\$)	Payee address: City: State, Zip Code 607 San Agustin Lavedo, TX 78040		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (III)	traval outside of Texas, comptole Schedula T)
Comblete Ni Y if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 16 12 110	Payee name Tere Arias		
Amount (\$)	Payee address; Gity: State; Zip Code 1915 Bay let Lavedo, TX 78640		
PURPOSE OF EXPENDITURE	Category (Seo categories distod at the top of this schoole) Advertising	Description (III	tiavel outside of Texas, complete Schedule Ti
Complete NLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
B	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

Gift/Awards/Memorials Expense Legal Services Solicitation/Fund Food/Beverage Expense Polling Expense Prinling Expense Office Overhead	Contract Labor draising Expense et district d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donalions Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)
5 Payee name Henri Kahn Ins.		
7 Payee address; City: Stale: Zip Code 112 Del Ct. Lavedo, TX 7804		
(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
Event	Ins	yance
Candidate / Officeholder name OH	Office sough	ot Office held
Payeename Texa Inflatable Rei	ntals	
Payee address: City: State; Zip Code		
Laredo, TX 78046		
Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complots Schedule T)
Event	Chairs	Tables ventals
Candidate / Officeholder name OH	Office sough	
Payee name		
Norma Deleon		
Payee address; City; State; Zip Code		
Lavedo, TX 78040		
Category (Sec categories listed at the top of this schedule)	Description	(If Iravel outside of Texas, complete Schedule T)
Event	Music	
Candidale / Officeholder name	Office sough	of Office held
Joang Martinez		
Payee address: City: State; Zip Code		
Lavedo, TX 78043		
Category (See categories tisted at the top of this schedulo)	Description	(If travel outside of Texas, complete Schedule T)
	Description	(If travet outside of Texas, complete Schedule T)
	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Prinling Expense Prinling Expense Prinling Expense Prinling Expense The Instruction Guide explains how to the Instruction Guide explains ho	Legal Services Food/Beverage Expense Pooling Expense Poling Expense Printing Expense Travel In District Travel Out of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this fo 2 FILER NAME Roberto Balli 5 Payee name Henri Kahn Ins. 7 Payee address; City: Stale: Zip Code 112 Del Ct. Lavedo, TX 1804 (a) Category (See categories listed at the top of this schedule) Event Candidate / Officeholder name OH Payee name Texas Inflatable Rentals Payee address: City: Stale: Zip Code 20 Century Blvd. Lavedo, TX 1804 Category (Sue categories listed at the top of this schedule) Event Candidate / Officeholder name OH Payee name Norma Deleon Payee address: City: State: Zip Code Lavedo, TX 18040 Category (Sue categories listed at the top of this schedule) Event Candidate / Officeholder name OH Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Payee name Norma Deleon Payee address: City: State: Zip Code Lavedo, TX 18040 Category (See categories listed at the top of this schedule) Event Candidate / Officeholder name Office sough OH Payee name Toang Martinez Payee address: City: State: Zip Code

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gitt/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains how to	ontract Labor L aising Expense T C trict Rental Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee iTHER (enier a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME Roberto Balli		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 10/20/10	5 Payee name Tere Arias				
6 Amount (\$) #180.00	7 Payee address; City; State; Zip Code 1915 Barlet Lavedo TX 78040				
8 PURPOSE	(a) Calegory (See categories listed at the top of this schedule)	(b) Description (II	Ifavel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising	Embroi	dery		
9 Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date 10/2.4/16	Payee name ImPrint	= = = = = = = = = = = = = = = = = = =			
Amount (\$)	Payee address; City; State; Zip Code				
\$569.03	P.O. BOX 358 Marble head, OH 43440				
PURPOSE	Category (See categories fisted at the lop of this schedule)	Description (II	travel outside of Toxas, complete Schedule T)		
OF EXPENDITURE	Advertising	Footbo	alle		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	plete ONLY if direct Candidate / Officeholder name Office sought Office held				
Date 10 24 16	Payeename Guerra Communicat	ons.			
Amount (\$)	Payee address; City; State; Zip Code				
\$1,100.00 6402 N. Bartlett, Ste. 1 Laredo, TX 7804					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Toxas, complete Schedule 1)		
O F EXPENDITURE	Advertisins	Radio	Remotes		
Complete QNJ Y if direct candidate / Office holder name office sought office held expenditure to benefit C/OH					
Dale 10/24/16	Payeename Webb County Electic	ons offi	``C.P.		
Amount (\$)	Payee address: City; State; Zip Code				
#B5.00	Laredo, TX 7804 Category (Sea categories listed at the lap of lihis schedule)				
PURPOSE OF EXPENDITURE	Category (Sea categories listed at the law of this schedule) Polling Expense	Description (IF	travel outside of Texas, complete Schedule T}		
Complete ONLY if direct					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitallon/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead	Contract Labor raising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F	The Instruction Guide explains how to		m. 3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/24/16	5 Pavee name			
6 Amount (\$)	Farnily Dollar 7 Payee address; City: State: Zip Code 4420 San Bernardo			
\$11.91	Laredo, TX 78040	1		
8 PURPOSE OF EXPENDITURE	(a) Category (Sec calegories listed at the top of this schedure) Event	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		
Date 10 24 110	Payee name Home Depot			
Amount (\$)	Payee address; City; State; Zip Code 5710 San Bernardo Ave.			
\$23.17	Laredo, TX 78040			
PURPOSE OF EXPENDITURE	Category (Sen categories listed at the top of this schedule) Supplies	Description (Nitravel outside of Texas, complete Schodula T)	
Complete ONLY if direct expenditure to benefit C/C	Candida le / Officeholder name DH	Office sought	Office held	
10 24 16	Payee name Sam's Club			
4 102 44	Payee address; City: State: Zip Code 4810 San Bernarde A Laredo, TX 78041	ve.		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduta)		Heraver outside of Texas, complete Schndula T) Beverages	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		
Date 10 25 16	Payee name HEB		-	
Amouni (\$)	Payee address; City: State; Zip Code 2310 Sounders, Lavedo, TX 78040			
PURPOSE OF EXPENDITURE	Food Beverages	Pood Food	Pravel outside of Texas, complete Schedule T) Beverages.	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
A.TTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solidation/F Food/Beverage Expense Travel In Oil Polling Expense Travel Out 0	pes/Contract Labor Lundraising Expense Tolerick of District ead/Rental Expense (oan Repaymen#Reimbursement fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not fisted above)	
	The instruction duide explains no	w to complete this form		
1 Total pages Schedule F	2 FILER NAME Roberto Ball		3 ACCOUNT # (Ethics Commission Filers)	
4 Dale	5 Payee name McDonald's			
6 Amount (\$)	7 Payee address, City; Slate; Zip Code			
#45.30	1120 Santa Ursu Lavedo, TX 78			
8 PURPOSE	(a) Category (Siec categories listed at the top of this schedule)	(b) Description (t travel outside of Texas, complete Schedulo T)	
OF EXPENDITURE	Food	Break		
Complete <u>ONLY</u> if direat expenditure to benefit C/C	Candidate / Officeholder name	•ffice sought	Office held	
Date 10/27/10	Payee name Stripes			
Amount (\$)	Payee address; City: Stale; Zip Coo	ie		
\$16.23	2004 Santa Maria Ave Laredo, TX 78040	la Mariana		
PURPOSE	Calegory (See calegories listed at the top of this schedule)	Description (I	likivel outside of Texas , complete Schedule T)	
OF EXPENDITURE	Food	Tacos		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	●f [†] ice held	
0-1:: 1	Payee name			
10/28/10	Stripes			
Amount (\$)	Payee address: City; State; Zip Coo	le		
	2004 Santa Maria A			
\$ 21.65	2007 Santa Haria	VC		
	Lavedo, TX 78040			
PURPOSE	Category (See categories listed at the lep of this schedule)	Description (I	firavel outside of Texas, complete Schnolule T)	
OF EXPENDITURE	Food	Tacos		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soughl	Office held	
Date, I	Payee name			
10/29/110	HEB			
Amount (\$)	Payee address: City; Stale; Zip Cod	de		
	201 W. Del Mar Blvd.			
\$54.50	Lavedo, TX 7804			
PURPOSE	Category (See categories listed at the lob of this schedule	Description (ftrave outside of Texas, complate Schedule T)	
OF EXPENDITURE	Food Beverage	Food	· Drinks.	
Complete <u>INLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	•Ifice sought	●ffi ce held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS N	EEDED	