CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	· MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Roberto		Date Received
NAME	NICKNAME LAST	SUFFIX	Date Received
		SOFFIX	9 6
	Balli		7 3
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	CO
OFFICEHOLDER MAILING			Data Hand delivered as Pastmarked
ADDRESS			Date Hand-delivered of Positilarked
change of address			N M
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER	THE HOMBER	EXTENSION	Data Davissand
PHONE	,		and the same of th
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	Mrs. Claudia	٧.	
10,1112	NICKNAME LAST	SUFFIX	
	Balli		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
ADDRESS			
(residence or business)			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	, , , , , , , , , , , , , , , , , , , ,		
PHONE			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
			(officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
	*	iiiiii	
10 PERIOD	Month Day Year	Month Day	Year
COVERED	01/01/2017 THROUGH	04/30/	2017
	01/01/2011	04/30/	2011
0 to 10000 to 10000 to 100 to 100 to	5,500,000,005		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Dates to the second of the s		
	Primary	Runoff	General Special
,			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
1.2 011102			
12	Laread CITY COUNCIT		
	Laredo City Council District 8		
	GO TO PAG	iE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		, 1	5 ACCOUNT # (Ethics Commission Filers)
Roberto Balli			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE COMMITTEE NAME TREPAC		
*	Texas Association of Realtors PAC		
	COMMITTEE ADDRESS SPECIFIC P. 6. BOX 2246		
	Austin, TX 78768-2246		
2		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	Martha Dent		
	P.O. BOX 2246		
		Austin, TX 78768-2246	,
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		V ¢
4	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 500.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$1,397.40		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 11, 100.81		
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			
GALA GONZALEZ me under Title 15, Election Cede. Notary Public, State of Texas			
Comm. Expires 07-11-2020 Notary ID 129049581			
- Mills		Anna Anna Anna Anna Anna Anna Anna Anna	didate or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE		
Sworn to and subscribed before me, by the said			
day of, 20, to certify which, witness my hand and seal of office.			
opphalla Gala Gonzalez Texas Notary Public			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	nedule A:
2 FILER NAME	Roberto Balli		3 ACCOUNT # (E	thics Commission Filers)
4 Date 04 06 17	5 Full name of contributor out-of-state PAC(ID#: TREPAC Texas Association of Realtors PAC 6 Contributor address; City; State; Zip Code P.O. BOX 2246; Austin, TX 78768-2246		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	,		(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	-		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
i iliopai occup	sation / sob the (see manuchons)	Employer (See 1	mstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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		(If travel outside a	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·	o. rondo, complete conedule 1)
	·			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above)		
1 Total pages Schedule F:	3 FILED NAME	2 ACCOUNT # (Ethics Commission Filers)	
2	Roberto Balli		
4 Date 02 24 17	Tere Arias		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 160.00	1915 Barlet; Laredo, TX 78040		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	T-shirts	
		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct			
02 28 17	Payee name Marisela Rodriguez		
Amount (\$)	Marisela Rodriguez Payee address; City; State; Zip Code		
H (ma	3219 San Eduardo: 1	Laredo, TX 78040	
\$600.00	,		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising Expense _ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 03 22 17	Payee name Healy Dedeehaey C	lavarida	
Amount (\$)	Holy Pedeemev C Payee address; City; State; Zip Code	NIGION	
	1602 Garaa St.; Larea	12 TX 78040	
\$100.00	II GAVE		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date , Payee name			
04/10/17	Sam's Club		
Amount (\$)	Payee address; City; State; Zip Code		
\$39.62	4810 San Bernardo; Laredo, TX 78041		
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Event Expense	Snacks Food	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Solicitation/Fundra Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)	
1 Total pages Schedule F:	r	· · · · · · · · · · · · · · · · · · ·	
2	2 FILER NAME Roberto Balli 3 ACCOUNT # (Ethics Commission Filers)		
4 Date 04 11 17	5 Payee name Miguel Indan		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
#37.50	607 San Agustin Ave.	; Laredo, TX 78040	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Event Expense	Food Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date 04/11/17	Payee name Miquel Indan		
Amount (\$)	Miguel Indan Payee address; City; State; Zip Code		
\$50.00	607 San Agustin Ave.;	Laredo, TX 78040	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date 06 06 17	Payee name DHgate. com Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code	T	
\$410.28	P.O. BOX 30592; SM Grand Cayman, Cayma	B George 1000 h	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Lights Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	DH		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

Austin, Texas 78711-2070