



# 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

*TREPAC*

*Texas Association of Realtors PAC*

COMMITTEE ADDRESS

*P.O. BOX 2246  
Austin, TX 78768-2246*

COMMITTEE CAMPAIGN TREASURER NAME

*Martha Dent*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*P.O. BOX 2246  
Austin, TX 78768-2246*

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)

\$ *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

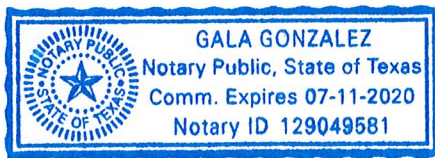
\$ *11,100.81*

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 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 *17th* day of *July*, 20 *17*, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

*Gala Gonzalez*  
Printed name of officer administering oath

*Texas Notary Public*  
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: <b>1</b>	
2 FILER NAME <b>Roberto Balli</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>04/06/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TREPAC Texas Association of Realtors PAC</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. BOX 2246; Austin, TX 78768-2246</b>		(If travel outside of Texas, complete Schedule T)	
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)
		(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#: _____) 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)	
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)	
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)	

**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.

<b>1</b> Total pages Schedule F: <p style="text-align:center;">2</p>	<b>2</b> FILER NAME <p style="text-align:center;">Roberto Balli</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center;">02/24/17</p>	<b>5</b> Payee name <p style="text-align:center;">Tere Arias</p>	
<b>6</b> Amount (\$) <p style="text-align:center;">\$160.00</p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center;">1915 Barlet; Laredo, TX 78040</p>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <p style="text-align:center;">Advertising Expense</p>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">T-shirts</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>Date</b> <p style="text-align:center;">02/28/17</p>	<b>Payee name</b> <p style="text-align:center;">Marisela Rodriguez</p>	
<b>Amount (\$)</b> <p style="text-align:center;">\$600.00</p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center;">3219 San Eduardo; Laredo, TX 78040</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center;">Advertising Expense</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">Ad</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>Date</b> <p style="text-align:center;">03/22/17</p>	<b>Payee name</b> <p style="text-align:center;">Holy Redeemer Church</p>	
<b>Amount (\$)</b> <p style="text-align:center;">\$100.00</p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center;">1602 Garcia St.; Laredo, TX 78040</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center;">Event Expense</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">Ad</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>Date</b> <p style="text-align:center;">04/10/17</p>	<b>Payee name</b> <p style="text-align:center;">Sam's Club</p>	
<b>Amount (\$)</b> <p style="text-align:center;">\$39.62</p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center;">4810 San Bernardo; Laredo, TX 78041</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center;">Event Expense</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">Snacks / Food</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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.

<b>1</b> Total pages Schedule F: <b>2</b>	<b>2</b> FILER NAME <b>Roberto Balli</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>04/11/17</b>	<b>5</b> Payee name <b>Miguel Indan</b>
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<b>6</b> Amount (\$) <b>\$37.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>007 San Agustin Ave.; Laredo, TX 78040</b>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Food</b>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/11/17</b>	Payee name <b>Miguel Indan</b>
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Amount (\$) <b>\$50.00</b>	Payee address; City; State; Zip Code <b>607 San Agustin Ave.; Laredo, TX 78040</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Food</b>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/06/17</b>	Payee name <b>DHgate.com</b>
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Amount (\$) <b>\$410.28</b>	Payee address; City; State; Zip Code <b>P.O. BOX 30592; SMB George Town Grand Cayman, Cayman, Islands</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Lights</b>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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