

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">13</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>MR</u> FIRST      MI <div style="text-align: center; font-size: 1.5em;">Jaime</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Balli</div>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; font-size: 1.5em; transform: rotate(-90deg);">                     RECD JAN 15 2014                      KATHY JORDAN                      @ 12:58                 </div> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="font-size: 1.5em;">806 Beryl Cir. Weslaco, TX 78596</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.5em;">(956) 463-6311</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>MR</u> FIRST      MI <div style="text-align: center; font-size: 1.5em;">Carlos</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Charlie Tamez</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="font-size: 1.5em;">1022 S. Texas Blvd. Weslaco, TX 78596</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.5em;">(956) 973-1904</div>		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> <u>Final report (Attach C/OH - FR)</u>		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <div style="font-size: 1.5em;">07 / 01 / 2013      THROUGH      12 / 31 / 2013</div>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <div style="font-size: 1.5em;">03 / 04 / 2014</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <div style="font-size: 1.5em;">Hidalgo County Court At Law NO. 8</div>	

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

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

14 C/OH NAME Jaime 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 Jaime Balli, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Elba Garcia  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>1</u>	
2 FILER NAME <u>Jaime Balli</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  <u>Ø</u>	8 In-kind contribution description (if applicable)  <u>Ø</u>
9 Contributor's principal occupation <u>                    </u>		10 Contributor's job title <u>                    </u>	
11 Contributor's employer/law firm <u>                    </u>		12 Law firm of contributor's spouse (if any) <u>                    </u>	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)  <u>Ø</u>	In-kind contribution description (if applicable)  <u>Ø</u>
Contributor's principal occupation <u>                    </u>		Contributor's job title <u>                    </u>	
Contributor's employer/law firm <u>                    </u>		Law firm of contributor's spouse (if any) <u>                    </u>	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)  <u>Ø</u>	In-kind contribution description (if applicable)  <u>Ø</u>
Contributor's principal occupation <u>                    </u>		Contributor's job title <u>                    </u>	
Contributor's employer/law firm <u>                    </u>		Law firm of contributor's spouse (if any) <u>                    </u>	
If contributor is a child, law firm of parent(s) (if any)			

**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:	<b>2</b> FILER NAME <i>Jaime Balli</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <i>_____</i>	
<b>6</b> Amount (\$) <i>0</i>	<b>7</b> Payee address; City; State; Zip Code <i>_____</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>_____</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>_____</i>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>_____</i>	Office sought <i>_____</i>
	Office held <i>_____</i>	
Date	Payee name <i>_____</i>	
Amount (\$) <i>0</i>	Payee address; City; State; Zip Code <i>_____</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>_____</i>	Description (If travel outside of Texas, complete Schedule T) <i>_____</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>_____</i>	Office sought <i>_____</i>
	Office held <i>_____</i>	
Date	Payee name <i>_____</i>	
Amount (\$) <i>0</i>	Payee address; City; State; Zip Code <i>_____</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>_____</i>	Description (If travel outside of Texas, complete Schedule T) <i>_____</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>_____</i>	Office sought <i>_____</i>
	Office held <i>_____</i>	
Date	Payee name <i>_____</i>	
Amount (\$) <i>0</i>	Payee address; City; State; Zip Code <i>_____</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>_____</i>	Description (If travel outside of Texas, complete Schedule T) <i>_____</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>_____</i>	Office sought <i>_____</i>
	Office held <i>_____</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <u>1</u>	2 FILER NAME <u>Jaime Balli</u>	3 ACCOUNT # (Ethics Commission Filers) <u>-</u>
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4 Date <u>-</u>	5 Payee name <u>-</u>
--------------------	--------------------------

6 Amount (\$) <u>0</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>-</u>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>-</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>-</u>
--------------------------	--	---

Date <u>-</u>	Payee name <u>-</u>
------------------	------------------------

Amount (\$) <u>0</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>-</u>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date <u>-</u>	Payee name <u>-</u>
------------------	------------------------

Amount (\$) <u>0</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>-</u>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date <u>-</u>	Payee name <u>-</u>
------------------	------------------------

Amount (\$) <u>0</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>-</u>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>-</u>	Description (If travel outside of Texas, complete Schedule T) <u>-</u>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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 H: <u>1</u>		<b>2</b> FILER NAME <u>Jaime Balli</u>		<b>3</b> ACCOUNT # (Ethics Commission Filers) <u>                    </u>	
<b>4</b> Date <u>                    </u>		<b>5</b> Business name <u>                    </u>			
<b>6</b> Amount (\$) <u>                    </u>		<b>7</b> Business address; City; State; Zip Code <u>                    </u>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <u>                    </u>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <u>                    </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>                    </u>		Office sought <u>                    </u>	
Office held <u>                    </u>					
Date <u>                    </u>		Business name <u>                    </u>			
Amount (\$) <u>                    </u>		Business address; City; State; Zip Code <u>                    </u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>                    </u>		Description (If travel outside of Texas, complete Schedule T) <u>                    </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>                    </u>		Office sought <u>                    </u>	
Office held <u>                    </u>					
Date <u>                    </u>		Business name <u>                    </u>			
Amount (\$) <u>                    </u>		Business address; City; State; Zip Code <u>                    </u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>                    </u>		Description (If travel outside of Texas, complete Schedule T) <u>                    </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>                    </u>		Office sought <u>                    </u>	
Office held <u>                    </u>					
Date <u>                    </u>		Business name <u>                    </u>			
Amount (\$) <u>                    </u>		Business address; City; State; Zip Code <u>                    </u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>                    </u>		Description (If travel outside of Texas, complete Schedule T) <u>                    </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>                    </u>		Office sought <u>                    </u>	
Office held <u>                    </u>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
1	Jaime Balli	—
<b>4</b> Date	<b>5</b> Payee name	
—	—	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
⓪	— —	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
	—	—
Date	Payee name	
—	—	
Amount (\$)	Payee address; City; State; Zip Code	
⓪	— —	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	—	—
Date	Payee name	
—	—	
Amount (\$)	Payee address; City; State; Zip Code	
⓪	— —	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	—	—
Date	Payee name	
—	—	
Amount (\$)	Payee address; City; State; Zip Code	
⓪	— —	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	—	—

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: 1

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

4 Date  <u>—</u>	5 Name of person from whom amount is received  <u>—</u> ..... 6 Address of person from whom amount is received; City; State; Zip Code  <u>—</u>	8 Amount (\$)  <u>Ø</u>
7 Purpose for which amount is received  <u>—</u>		

Date  <u>—</u>	Name of person from whom amount is received  <u>—</u> ..... Address of person from whom amount is received; City; State; Zip Code  <u>—</u>	Amount (\$)  <u>Ø</u>
Purpose for which amount is received  <u>—</u>		

Date  <u>—</u>	Name of person from whom amount is received  <u>—</u> ..... Address of person from whom amount is received; City; State; Zip Code  <u>—</u>	Amount (\$)  <u>Ø</u>
Purpose for which amount is received  <u>—</u>		

Date  <u>—</u>	Name of person from whom amount is received  <u>—</u> ..... Address of person from whom amount is received; City; State; Zip Code  <u>—</u>	Amount (\$)  <u>Ø</u>
Purpose for which amount is received  <u>—</u>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME

Jaime Balli

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Jaime Balli</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>Not Applicable</u>		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel <u>                    </u>	7 Name of person(s) traveling <u>                    </u>	
	8 Departure city or name of departure location <u>                    </u>	
	9 Destination city or name of destination location <u>                    </u>	
10 Means of transportation <u>                    </u>	11 Purpose of travel (including name of conference, seminar, or other event) <u>                    </u>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>                    </u>		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel <u>                    </u>	Name of person(s) traveling <u>                    </u>	
	Departure city or name of departure location <u>                    </u>	
	Destination city or name of destination location <u>                    </u>	
Means of transportation <u>                    </u>	Purpose of travel (including name of conference, seminar, or other event) <u>                    </u>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>                    </u>		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel <u>                    </u>	Name of person(s) traveling <u>                    </u>	
	Departure city or name of departure location <u>                    </u>	
	Destination city or name of destination location <u>                    </u>	
Means of transportation <u>                    </u>	Purpose of travel (including name of conference, seminar, or other event) <u>                    </u>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

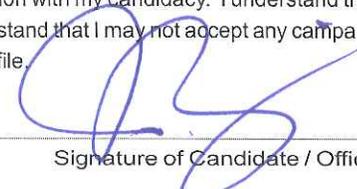
FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME <i>Jaime Balli</i>	2 ACCOUNT # (Ethics Commission Filers) —
-----------------------------------	---

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER  
\*\* Complete A & B below *only* if you are not an officeholder. \*\*

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

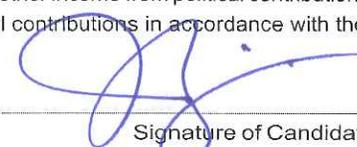
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER  
\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder