

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Roy</u> MI: _____ NICKNAME: _____ LAST: <u>Baldevaz</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: _____ CITY; STATE; ZIP CODE <u>5366 FM 380 San Angelo, Tx 76905</u>	MAR 01 2016	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(325)</u> PHONE NUMBER: <u>234-1256</u> EXTENSION: _____	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Belinda</u> MI: _____ NICKNAME: _____ LAST: <u>Hernandez</u> SUFFIX: _____	Date Hand-delivered or Date Postmarked	Receipt #
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY; STATE; ZIP CODE <u>1929 Raney St #77 San Angelo, Tx 76901</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(325)</u> PHONE NUMBER: <u>650-9031</u> EXTENSION: _____	Amount \$	Date Processed
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>01 / 15 / 2016</u> <u>02 / 21 / 2016</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>03 / 01 / 16</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Constable Precinct #1</u>	13 OFFICE SOUGHT (if known) <u>Constable Precinct #1</u>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Roy Balderaz 15 Filer ID (Ethics Commission Filers)

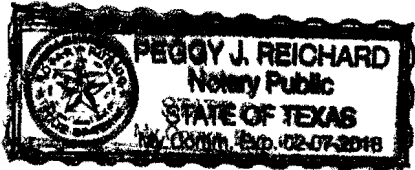
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2650.00 ^{BA}
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1781.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 868.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Roy Balderaz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROY BALDERAS, this the 1st day of March, 2016, to certify which, witness my hand and seal of office.

Peggy J. Reichard Peggy J. Reichard notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roy Balderaz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Deanda	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 3822 Sandstone Rd San Angelo, Tx 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfredo Hinojosa	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 28 W. 29th St. San Angelo, Tx 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupe Suarez	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3829 Inglewood Dr. San Angelo, Tx 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl McKinney	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 27 Sage Rd San Angelo, Tx 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Roy Balderaz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/28/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Nowlin</i> 6 Contributor address; City; State; Zip Code <i>1501 Shafter St. San Angelo, Tx 76901</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/29/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mickey Englert</i> Contributor address; City; State; Zip Code <i>3814 Lake Ridge Dr. San Angelo, Tx 76904</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Al Gonzales</i> Contributor address; City; State; Zip Code <i>265 Nottingham Tr. San Angelo, Tx 76901</i>	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tx Assoc. of Realtors Political Action Comm.</i> Contributor address; City; State; Zip Code <i>P.O. Box 2246 Austin, Tx 78768</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Roy Balderaz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/23/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hugo Rodarte</i> 6 Contributor address; City; State; Zip Code <i>1501 Pulliam St. San Angelo, Tx 76903</i>	7 Amount of contribution (\$) <i>600.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/24/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Alvarado</i> Contributor address; City; State; Zip Code <i>301 Douglas St. Hereford, Tx 79045</i>	Amount of contribution (\$) <i>200.00</i>
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 (\$)
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 (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Roy Baldez	3 Filer ID (Ethics Commission Filers)
4 Date 12/4/15	5 Payee name San Angelo MPO	
6 Amount (\$) 28.00	7 Payee address; City; State; Zip Code 1 N Abe St. San Angelo, Tx 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) mail box Rental	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/8/16	Payee name American Classifieds	
Amount (\$) 288.40	Payee address; City; State; Zip Code 15 W Tyler St. San Angelo, Tx 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/8/16	Payee name KQTC	
Amount (\$) 450.00	Payee address; City; State; Zip Code 601 Culwell St. San Angelo, Tx 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Radio Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Roy Balderaz</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/2/16</i>		5 Payee name <i>San Angelo standard Times</i>			
6 Amount (\$) <i>120.00</i>		7 Payee address; City; State; Zip Code <i>34 West Harris San Angelo, Tx 76903</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2/15/16</i>		Payee name <i>San Angelo standard Times</i>			
Amount (\$) <i>174.80</i>		Payee address; City; State; Zip Code <i>34 West Harris San Angelo, Tx 76903</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2/23/16</i>		Payee name <i>KSJT</i>			
Amount (\$) <i>600.00</i>		Payee address; City; State; Zip Code <i>San Angelo, Tx</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Radio Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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1 Total pages Schedule F1:	2 FILER NAME Roy Balderaz	3 Filer ID (Ethics Commission Filers)			
4 Date 2/29/16	5 Payee name San Angelo standard Times				
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 34 West Harris San Angelo, Tx 76903				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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