CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr First Micki	<u>MI</u>	OFFICE USE ONLY Date Received
	NICKNAME LAST	SUFFIX	0 2
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO BOX [Mon.] 163	STATE; ZIPCODE STATE; ZIPCODE 78/12	Date Hand-delivered of Postmariles Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 512) 922-9591	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST INICKI NICKNAME LAST LAST	LSUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#;	city; state; Hadow Elmendors	TX 78/10
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 922-9891	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year /
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff 💢	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF known) COUNCILIN Sandy C	rember, City of Oaks derman
	GO TO PA		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	cki Lt	3911	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	16 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE GENERAL	COMMITTEE NAME			
	SPECIFIC COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$				
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
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.					
CORINE CASAS Notary Public, State of Texas My Commission Expires January 05, 2016 Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said Milli L. Ball, this the					
day of TWW, 20 /9 , to certify which, witness my hand and seal of office. Control of the Cont					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2	FILER NAME	Micki L Ball		3 ACCOUNT # (E	thics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
		6 Contributor address; City; State; Zip Code		Ø.	ϕ	
				/If trough outside 4	of Toyon, complete Schodule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	`	of Texas, complete Schedule T)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code		$ ot\!\!\!/ \mathcal{D}^{1} $	Ø	
					of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code				
					of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I	,		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code		Q .		
_	Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	. III.o.pai oocu	222		,		
	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			Ø	
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDO	SED CONTRIBUTIONS		SCHEDULE B
The	e Instruction Guide explains how to complete this form.	1 Total pages Sc	hedule B:
2 FILER NAME	Micki L Ball	3 ACCOUNT#(Ethics Commission Filers)
4 TOT	TAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒	+ + +	\$ Ø
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code	Ø	Ø
40 Daineira I	Ad Employer (e of Texas, complete Schedule T)
10 Principal occ	upation / Job title (See Instructions) 11 Employer (S	See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	Ø	4
Principal occ	upation / Job title (See Instructions) Employer ((If travel outside	e of Texas, complete Schedule T)
Date	Full name of pledgor) Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	ϕ	
Dringing on	Lunction / Joh title (See Instructions) Employer (e of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of pledgor	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	\$	
Principal occ	upation / Job title (See Instructions) Employer ((If travel outside	e of Texas, complete Schedule T)
- Inicipal occ	Employer (
Date	Full name of pledgor	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	Ø	
Principal occ	cupation / Job title (See Instructions) Employer ((If travel outsidents)	e of Texas, complete Schedule T)
гипорагосс	Employer (COO IIISTI GOTOTIO)	
If	ATTACH ADDITIONAL COPIES OF THIS SCHED contributor is out-of-state PAC, please see instruction guide for		g requirements.

P.O. Box 12070

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	ages Schedule E:
2 FILER NAME	Picki L Ball	3 ACCOL	JNT # (Ethics Commission Filers)
тота	L OF UNITEMIZED LOANS:		\$ Ø
5 Date of loan	7 Name of lender] out-of-state PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; 2	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal funds were deposited	d into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S		Ø
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were deposited	l into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupat	Lition (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPIL der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEEDED ruction guide for additional reporting re	quirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

(512) 463-5800

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	The Instruction Guide explains how to		ry not listed above)
1 Total pages Schedule F:	2 FILER NAME Micki L Ball		thics Commission Filers)
1 Date	5 Payee name		
Amount (\$)	7 Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, con	nplete Schedule T)
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, cor	mplete Schedule T)
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, co	mplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	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, co	mplete Schedule T)
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Salaries/Wages/Cot Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Re The Instruction Guide explains how to company to the company to th	tract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above) omplete this form.
1 Total pages Schedule G:	Micki L Ball	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OF EXPENDITURE

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Transportation Equipme Food/Beverage Expense Travel In District Contributions/Donations Polling Expense Travel Out Of District Candidate/Officehold		Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)	
1 Total pages Schedule H:	2 FILER NAME MICKI L	13911		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State	e; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	f this schedule) (b)	Description (If trav	rel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	(Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	<u> </u>	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILERNAME Micki L Ball	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 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			
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			
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			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		

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:					
2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)					
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; State; Zip Code		Ø		
	7 Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code				
	Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code	. , , , , , , , , , , , , , , , , , , ,	Ø		
	Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code		Ø		
	Purpose for which amount is received				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

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

The Instruction Gu	ide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME MICK! L BOIL					
4 Name of Contributor / Corporati	on or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure report	ted on:				
Schedule A	Schedule B Schedule C Schedule	D Schedule F Schedule G			
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E			
6 Dates of travel 7 Nam	e of person(s) traveling				
8 Depa	rture city or name of departure location				
9 Desti	nation city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporatio	n or Labor Organization / Pledgor / Payee				
Contribution / Expenditure report	ed on:				
Schedule A	Schedule B Schedule C Schedule	D Schedule F Schedule G			
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E			
Dates of travel Name	of person(s) traveling				
Departure city or name of departure location					
Destina	tion city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, sen	ninar, or other event)			
Name of Contributor / Corporation	on or Labor Organization / Pledgor / Payee				
Contribution / Expenditure report	ed on:				
Schedule A	Schedule B Schedule C Schedule	e D Schedule F Schedule G			
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E			
Dates of travel Name of person(s) traveling					
Departu	Departure city or name of departure location				
Destina	tion city or name of destination location				
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		4 ACCOUNT #	2 Tatal pages filed:
The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS)MRS/MR FIRST MICKNAME NICKNAME LAST	MI 	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX; APT / SUITE #; CITY; PO BOX 163 Elmendorf TX AREA CODE PHONE NUMBER (512) 922-9091 (MS / MRS / MR FIRST NICKNAME LAST COLUMN CONTROL OF THE PROPERTY O	STATE: ZIP CODE SUPPOSE EXTENSION MI SUFFIX	Date Hand-delivered Postmered Receipt # Amount Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street ADDRESS (NO PO BOX PLEASE); APT/SUITE & 23203 Hickory, Elmendurf TX	state; Shadow 78112	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 9791	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUG	H Month Day	Year
11 ELECTION	ELECTION DATE Month Primary Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	an A Sandy Oals
	GOTOP	AGE 2	_

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	Nida	LP211 15 AC	CCOUNT # (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 OF ICE OF SUPPORT THE CANDIDATE OF ICE OF SUCH 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 WA			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	\$ CX		
101/120	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
EXPENDITURE TOTALS	LS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ \$		
18 AFFIDAVIT			, , , ,		
MARIA ELENA HERRERA Notary Public STATE OF TEXAS My Comm. Exp. 07-26-2016 Maria Elena Herrera Notary Public STATE OF TEXAS My Comm. Exp. 07-26-2016 Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said Mill LYNN Dull , this the day of July , 20 14 , to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MICH	<u></u>	OFFICE USE ONLY		
NAME			Date Received		
	NICKNAME LAST	SUFFIX	0		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /POBOX; APT/SUITE#; CITY; PO BOX 163 EMENC	STATE; ZIP CODE STATE; ZIP CODE	Date Hand-delivered or Postma		
change of address			Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER $(5/2)$ $922-9091$	EXTENSION	Date Processed C		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MICKU' NICKNAME LAST BALL	MI	Date Imaged C		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#, 23203 HICKORY	Shadow Elmenduf	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 922-9091	EXTENSION			
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 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / Y		
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	an, Sandy Oaks		
		1 47904	Sur ay vais		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

14 C/OH NAME	nicki !	Ba11 "	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	,
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN REASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 77.7			11ZED \$ 77.7/
	4. TOTAL	POLITICAL EXPENDITURES	\$ 77.7/
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
18 AFFIDAVIT	LETICIA R. VILLAR Notary Public STATE OF TEXA My Comm. Eqs. July14	is true and correct and includes all me under Title 15, Election Code. S 2015	F perjury, that the accompanying report information required to be reported by Ball didate or Officeholder
AFFIX NOTARY STAM		me, by the said Micki L. Ball	, this the
	of July	, to certify which, witness	my hand and seal of office.
Signature of officer adm	Illand inistering oath	Printed name of officer administering oath	Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	Ms. Micki	\mathbf{L}	Date Received	
	NICKNAME LAST	SUFFIX	1 4	
	Ball		2014 C	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	A AUG	
OFFICEHOLDER MAILING ADDRESS	PO Box 163 Elmendor	f TX 78112	Date Hand-delivered of Postmarked	
change of address			Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	()		Date Processed	
6 CAMPAIGN	MS/MRS/MR FIRST	МІ	Date Imaged	
TREASURER NAME	Ms. Micki	L		
	NICKNAME LAST	SUFFIX		
	Ball			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	23203 Hickory Shadow	Elmendorf TX	78112	
(residence or business)	,			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	-	
TREASURER	(512) 922-9091			
PHONE	, , , , , , , , , , , , , , , , , , ,			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
	Source Section		treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		limit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	06 / 30 / 2014 THROUGH	08 / 01	2014	
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary	Runoff	General Special	
	08 / 09 / 2014			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
			a'	
		Alderman, G	City of Sandy Oaks	
	L			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Micki L Ball 15 ACCOUNT # (Ethics Co					;)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICE	HOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS	/		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THANES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		0.00	
	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 ITE		IZED \$	0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$	535.89	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD		AY \$	0.00	
		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	0.00	
19 AEEIDAV/IT					_

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 of Candidate or Officeholder

, to certify which, witness my hand and seal of office.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Mechi G. Ball

_, this the

Affar K Julian Ng Signature of officer administering og th

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 fo	1 Total pages Schedule A:				
2 FILER NAME Micki L Ball			3 ACCOUNT # (Ethics Commission Filers)				
4	Date	5 Full name of contributor □ out-of-state PAC(ID#: Sergio "Chico" Rodriguez Campaign)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
		6 Contributor address; City; State; Zip Code		500.00			
		638 Cantrell, San Antonio, TX 78221		(If travel outside	of Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code					
				(If travel outside o	of Texas, complete Schedule T)		
	Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code					
				(If travel outside	of Texas, complete Schedule T)		
Principal occupation / 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			 		
				(If travel outside	of Texas, complete Schedule T)		
	Principal occuj	pation / Job title (See Instructions)	Employer (See I				
	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	of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I	L	or revas, complete soriedule 1)		
<u> </u>							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	ounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equi sulting Expense Food/Beverage Expense Travel In District Contributions/Donat nt Expense Polling Expense Travel Out Of District Candidate/Office		oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) 1.	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
2	Micki L Ball			
4 Date 7/9/14	5 Payee name Vistaprint USA, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
62.99 Reimbursement from political contributions intended	95 Hayden Ave, Lexington, MA 02421			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (I	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing Expense		Business Cards	
Date 7/16/14	Payee name Office Depot			
Amount (\$) 14.72 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2321 SW Military, San Antonio, TX 78224			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
Printing Expense		Flyers		
Date 7/18/14	Payee name Office Depot			
Amount (\$)	Payee address; City; State; Zip Code			
70.35 Reimbursement from political contributions intended	3142 SE Military, San Antonio, TX 78223			
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete		If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense Flyers		Flyers	
Date 7/22/14	Payee name Office Depot			
Amount (\$) 39.26	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	2321 SW Military, San Antonio, TX 78224			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing Expense Flyers			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS N	EEDED	

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Revised 04/19/2013

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	counting/Banking Legal Services Solicitation/Fund onsulting Expense Food/Beverage Expense Travel In District vent Expense Polling Expense Travel Out Of D		Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe (Rental Expense OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
2	M	icki L Ball		
4 Date 7/23/14	5 Payee name Screen Impressions			
6 Amount (\$) 348.57	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	722 Five Palms, San Antoni	o, TX 7824	.	
8 PURPOSE OF	(a) Category (See categories listed at the top of	this schedule)	(b) Description (f travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Expens	se	Т	-shirts and Yard Signs
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code	and the second s	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	f this schedule)	Description (If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				