

# 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:

## OFFICE USE ONLY

Date Received

RECEIVED  
JUL 15 2026

BY: M. Salinas

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

STATE: ZIP CODE

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME                                                          | MS / MRS / MR<br>FIRST<br>Michael<br>LAST<br>Balajka<br>NICKNAME<br>MI<br>SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;<br>6149 FM 1590<br>APT / SUITE #;<br>Port Lavaca TX<br>CITY<br>STATE;<br>ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                         | AREA CODE<br>(361)<br>PHONE NUMBER<br>550 9656<br>EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6 CAMPAIGN TREASURER NAME                                                                | MS / MRS / MR<br>FIRST<br>Same<br>LAST<br>MI<br>SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);<br>Same<br>APT / SUITE #;<br>CITY;<br>STATE;<br>ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 8 CAMPAIGN TREASURER PHONE                                                               | AREA CODE<br>( )<br>PHONE NUMBER<br>Same<br>EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 9 REPORT TYPE                                                                            | <input type="checkbox"/> January 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> Runoff<br><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder-Only)<br><input type="checkbox"/> July 15<br><input type="checkbox"/> 8th day before election<br><input type="checkbox"/> Exceeded Modified Reporting Limit<br><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)                                                                                                                                                 |
| 10 PERIOD COVERED                                                                        | Month Day Year<br>02 / 23 / 24<br>THROUGH<br>Month Day Year<br>06 / 30 / 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 11 ELECTION                                                                              | ELECTION DATE<br>Month Day Year<br>/ /<br>ELECTION TYPE<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Runoff<br><input type="checkbox"/> Other Description<br><input type="checkbox"/> General<br><input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                   |
| 12 OFFICE                                                                                | OFFICE HELD (if any)<br>Comm Pct 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 13 OFFICE SOUGHT (if known)                                                              | Comm Pct 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | 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.<br>COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC<br>COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

18 SIGNATURE

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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, 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

OR

(2) Unsworn Declaration

My name is Michael Balalaika and my date of birth is 09/11/65

My address is 6149 FM 1090 Port Lavaca TX 77974

(street) (city) (state) (zip code) (country)

Executed in July County, State of TX, on the 15 day of July, 2026

Calhoun (month) (year)

*[Signature]*  
Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

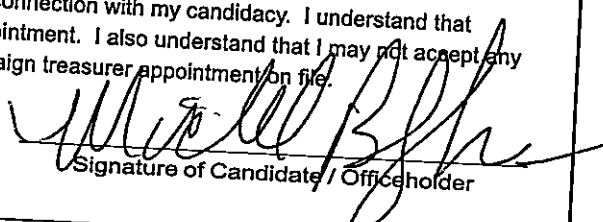
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (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