The C/OH-UC Instruction Guide explains how to complete this form.

2 CANDIDATE / OFFICEHOLDER NAME  
MISS/MR  
FIRST  
NICKNAME  
LABT  
SUFFIX  
TOM HALEPASKA

3 CANDIDATE / OFFICEHOLDER ADDRESS  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
104 PECOS; VICTORIA; TX; 77907

4 REPORT TYPE  
☑ Annual  
☐ Final Disposition

5 PERIOD COVERED  
Month Day Year  
1 1 2017 THROUGH 12 31 2017

6 TOTALS  
1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.  
$ 464.53

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.  
$ .35

7 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.

Tom Halepaska  
Signature of Candidate or Officeholder

APRIL HILBRICH  
Notary Public, State of Texas  
Comm. Expires 12-30-2020  
Notary ID 126762797

Sworn to and subscribed before me, by the said Tom Halepaska, this the 5th day of Jan, 2018, to certify which, witness my hand and seal of office.

April Hildreth  
Signature of officer administering oath  
Printed name of officer administering oath  
Notary