

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <input checked="" type="radio"/> MR      FIRST      MI      A <div style="text-align: center; font-size: 1.2em; font-weight: bold;">THOMAS</div> <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em; font-weight: bold;">TOM      HALEPASKA</div>	<b>OFFICE USE ONLY</b>	
<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: 1.2em; font-weight: bold;">104 PECOS    VICTORIA TX 77904</div>	Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED MAY 20 2019</div> <div style="font-weight: bold;">City Secretary</div>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em; font-weight: bold;">(361)      550-9157</div>	2:49 pm aJ Date Hand-delivered or Date Postmarked <div style="font-weight: bold;">MAY 20 2019      2:49 pm aJ</div>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / <input checked="" type="radio"/> MR      FIRST      MI      D <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <div style="font-size: 1.2em; font-weight: bold;">JEFF      CAND</div>	Receipt #	Amount \$
<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: 1.2em; font-weight: bold;">346 EDDIE ST.    VICTORIA TX    77905</div>	Date Processed	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em; font-weight: bold;">(361)      485-1051</div>	Date Imaged	
<b>9 REPORT TYPE</b>	<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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      Month    Day    Year <div style="font-size: 1.5em; font-weight: bold;">1 / 15 / 2019      THROUGH      5 / 17 / 2019</div>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <div style="font-size: 1.5em; font-weight: bold;">/ /</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <div style="font-size: 1.2em; font-weight: bold;">CITY COUNCIL DISTRICT 6</div>	<b>13 OFFICE SOUGHT (if known)</b> <div style="font-size: 1.5em; font-weight: bold;">NONE</div>	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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

GENERAL

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

\$ - 0 -

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

\$ - 0 -

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

CONTRIBUTION  
BALANCE

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

\$ - 0 -

OUTSTANDING  
LOAN TOTALS

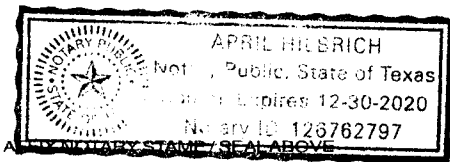
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

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.

Tom Halepaska  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Tom Halepaska, this the 20th day of May, 20 19, to certify which, witness my hand and seal of office.

April Hilbrich

Signature of officer administering oath

April Hilbrich

Printed name of officer administering oath

Notary

Title of officer administering oath