

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR **MR** FIRST **THOMAS** MI **A**
NICKNAME LAST SUFFIX
TOM **HALEPASKA**

OFFICE USE ONLY

Date Received **MAY 20 2019**
RECEIVED
City Secretary

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
107 PECOS VICTORIA, TX 77907

2:49 pm **at**
Date Hand-delivered or Date Postmarked
MAY 20 2019 2:49 pm

change of address

Receipt # Amount \$

4 REPORT TYPE

Annual Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year Month Day Year
1 / 15 / 2019 THROUGH **5 / 17 / 2019**

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.

\$ **465.26**

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

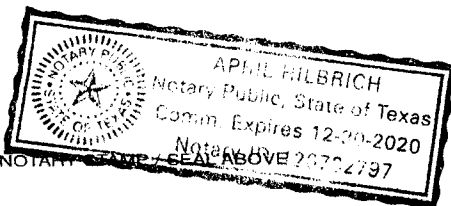
\$ **.17**

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



AFFIX NOTARY SEAL HERE

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

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME
THOMAS A TOM HAL EPASKA

9 Filer ID (Ethics Commission Filers)

10 Date 5-17-2019	11 Payee name OUR LADY OF VICTORY CHURCH	13 Amount (\$) 465.26
12 Payee address; City; State; Zip Code 1401 E MESQUITE VICTORIA, TX 77901		

14 Purpose of expenditure (See instructions regarding type of information required.)
DONATION TO CLOSE ACCOUNT

Check if travel outside of Texas. Complete Schedule T.

15 Is expenditure a contribution to a candidate, officeholder, or political committee?
 Yes
 No

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)

Check if travel outside of Texas. Complete Schedule T.

Is expenditure a contribution to a candidate, officeholder, or political committee?
 Yes
 No

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)

Check if travel outside of Texas. Complete Schedule T.

Is expenditure a contribution to a candidate, officeholder, or political committee?
 Yes
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)

Check if travel outside of Texas. Complete Schedule T.

Is expenditure a contribution to a candidate, officeholder, or political committee?
 Yes
 No

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED