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:

2

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr	Thomas	C

NICKNAME	LAST	SUFFIX
Tom	Repino	

OFFICE USE ONLY

Date Received

RECEIVED
OCT 2 8 2019
BY: KLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

___ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4803 Waterwood Pass Dr Sandy Oaks TX 78112

Date Hand-delivered or Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (210) PHONE NUMBER 260-4921 EXTENSION

Receipt #	Amount $

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mr	Thomas C	C

NICKNAME	LAST	SUFFIX
Tom	Repino	

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4803 Waterwood Pass Dr Sandy Oaks TX 78112

8 CAMPAIGN TREASURER PHONE

AREA CODE (210) PHONE NUMBER 260-4921 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 10 / Day 05 / Year 2019 THROUGH Month 10/ Day 29 / Year 2019

11 ELECTION

ELECTION DATE
Month 11 / Day 05 / Year 2019

ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other Description
☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

Alderman

13 OFFICE SOUGHT (if known)

Alderman

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
Thomas (Tom) Repino	

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.
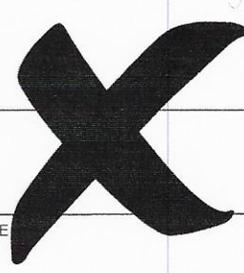
COMMITTEE TYPE

[ ] GENERAL

[ ] SPECIFIC

[ ] Additional Pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRE

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$	0.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	0.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$	0.00
4.	**TOTAL POLITICAL EXPENDITURES**	$	1,224.00

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0.00

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.00

18 AFFIDAVIT

NICOLE ESTRADA
Notary Public, State of Texas
My Commission expires
April 13, 2023
ID # 13018579-8

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.
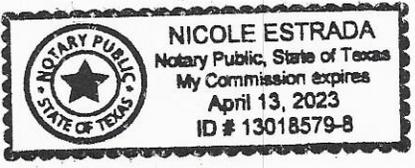
_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _Thomas Repino_ , this the _26th_ day of _October_, 20 _19_ , to certify which, witness my hand and seal of office.

M. Estrada
Signature of officer administering oath

Nicole Estrada
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Thomas (Tom) Repino	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		$
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		$
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS		$
4. ☐ SCHEDULE E: LOANS		$
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		$
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		$
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		$
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		$
9. ☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		$ 1,224.00
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		$
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		$
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		$

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
1	Thomas (Tom) Repino	

4 Date	**5** Payee name
08/27/2019	Build A Sign

6 Amount ($)	**7** Payee address; City; State; Zip Code
$334.00 ☐ Reimbursement from political contributions intended	1125AStonehollow Dr. STE.100 Austin TX 78758

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	**(b)** Description
Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
Thomas (Tom) Repino	Alderman	Alderman

Date	Payee name
10/09/2019	Thompson Printing Solutions

Amount ($)	Payee address; City; State; Zip Code
$890.00 ☐ Reimbursement from political contributions intended	San Antonio, Texas 78249

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	**(b)** Description
Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
Thomas (Tom) Repino	Alderman	Alderman

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	**(b)** Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
Thomas (Tom) Repino	Alderman	Alderman

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr
FIRST: Thomas
MI: C
NICKNAME: Tom
LAST: Repino
SUFFIX:

OFFICE USE ONLY

Date Received

RECEIVED
OCT 0 7 2019
BY: K Hilton

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

___ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4803 Waterwood Pass Dr Sandy Oaks TX 78112

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (210)
PHONE NUMBER: 260-4921
EXTENSION:

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr
FIRST: Thomas C
MI: C
NICKNAME: Tom
LAST: Repino
SUFFIX:

Receipt # | Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4803 Waterwood Pass Dr Sandy Oaks TX 78112

8 CAMPAIGN TREASURER PHONE

AREA CODE: (210)
PHONE NUMBER: 260-4921
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: 03 / Day: 06 / Year: 2017
THROUGH
Month: 9 / Day: 26 / Year: 2019

11 ELECTION

ELECTION DATE
Month: 11 / Day: 05 / Year: 2019

ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [✓] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any): Alderman

13 OFFICE SOUGHT (if known): Alderman

GO TO PAGE 2

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME	Thomas (Tom) Repino	15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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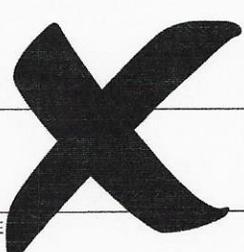
COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

☐ Additional Pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRE

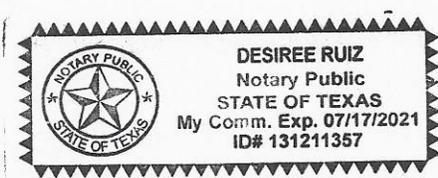|				
17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$	0.00
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EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$	0.00
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CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.00

18 AFFIDAVIT

DESIREE RUIZ
Notary Public
STATE OF TEXAS
My Comm. Exp. 07/17/2021
ID# 131211357

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said _Thomas Repino_, this the _5th_ day of _October_, 20 _17_, to certify which, witness my hand and seal of office.

_____	_Desiree Ruiz_	_Personal Banker Notary_
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Thomas (Tom) Repino	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 334.00
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
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1	Thomas (Tom) Repino	

4 Date	5 Payee name
08/27/2019	Build A Sign

6 Amount ($)
$334.00

☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code
1125A Stonehollow Dr. STE.100 Austin TX 78758

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
Thomas (Tom) Repino		

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)

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
Thomas (Tom) Repino		

Date	Payee name

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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
Thomas (Tom) Repino		

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