

**City of San Marcos
City Council/Council Appointee
Annual Financial Disclosure Form**

Notes: 1. This report covers the reporting period from January 1, 2008 to December 31, 2008.
2. Attach information on additional pages if necessary.

Name: Gaylord Bose

Residence address: 1926 Nevada Tx
San Marcos 78666

Title of position held with the City: City Council

Name of spouse (if applicable): Suzanne

Names of all dependent children (if applicable): _____

Names under which you, your spouse, or any of your dependent children do business:

1. _____
2. _____
3. _____

Note – You may use the following reporting categories to describe amounts and values:

- (1) **Category I** – At least \$100.00 but less than \$10,000.00
- (2) **Category II** – At least \$10,000.00 but less than \$20,000.00
- (3) **Category III** – At least \$20,000.00 but less than \$50,000.00
- **Category IV** – At least \$50,000.00 but less than \$75,000.00
- (5) **Category V** – At least \$75,000.00 but less than \$100,000.00
- (6) **Category VI** – \$100,000.00 or more - report to nearest \$100,000.

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1. Identify each source of income amounting to more than \$100.00 received in the reporting period by you, your spouse, or any of your dependent children:

Name, address of income source	Nature of income (e.g., salary, dividends, rent, etc.)	Amount of income (by reporting category)

2. Identify each option held, owned, acquired or sold by you, your spouse, or any of your dependent children during the reporting period:

Nature of option (real estate, stock, etc.)	Amount of transaction (by reporting category)	Name, address of other parties to the transaction

2008 Annual Financial Disclosure Form

Source of income amounting to more than \$100.00 in the reporting period

Name & address of income source	Nature	Amount
Gary Job Corp Center 2800 Airport Hwy Hwy 21 San Marcos, Texas 78667	Salary	\$36094.46
120 acres of farm land in Cass Co. Nebraska NW 1/4 SW 1/4 Section 34-10-11 E 1/2 SW 1/4 Section 34-10-11	Rent	\$9000.00
Farm Credit Service of America PO. Box 2409 Omaha, Nebraska 68103-2409	Dividends	\$178.73
Social Security		\$30,031.80
Randolph Brooks Federal Credit Union PO. Box 2409 Universal City, Texas 78148--2097	Dividends	\$785.85
U.S. Department of Agriculture Cass County FSA Office PO. Box 185 Weeping Water, Ne 68463	CPR Rentals	\$1,833.94
Trivent Financial for Lutherans 4321 N Ballard Road Appleton, Wis, 54919	Dividends	\$125.45
Quality Demonstration Service Inc. 7560 N Del Mar Avenue Fresno, Ca. 93711	Salary	\$1246.50

3. Identify each business entity, nonprofit entity or union in which you, your spouse, or any of your dependent children was a partner, manager, officer, member of the board of directors, proprietor or beneficiary during the reporting period:

Name, address of business or nonprofit entity or union	Position held

4. Identify each business entity, nonprofit entity or union in which you, your spouse, or any of your dependent children had an ownership interest with a fair market value of more than \$100.00 at any time during the reporting period:

Name, address of business or nonprofit entity or union	Description of ownership interest (e.g., owner, partner, stockholder)	Value of ownership interest (by reporting category)	Number of shares held/ number of shares issued (if applicable)	Net gain or loss from sale of stock (by reporting category)

5. Identify any real property in the City or ETJ in which you, your spouse, or any of your dependent children had an interest as owner, beneficial owner (holder of a mortgage), business owner (partner in a partnership; or board member, officer or owner of more than 5% of stock of a corporation), or a leaseholder:

Address or legal description	Name, address of owner(s) (if other than you, your spouse or children)	Fair market value (by reporting category) and present use	For leased property, annual rental amount (by reporting category)	Homestead exemption on this property?
Castle Forest		113,460		✓
Block B lot-2				

6. Identify persons, business entities or guarantors to whom you, your spouse, or any of your dependent children owed a debt of more than \$100.00 during the reporting period (not including debts owed to persons related within the second degree of consanguinity or affinity, or loans to a political campaign which were reported as required by law):

Name, address of person, business entity or guarantor to which debt was owed	Amount of debt (by reporting category)	Amount of repayment during reporting period (by reporting category)
Randolph Brook Federal Credit Union	40,869.82	11,346.91
P.O. Box 2097 Universal City	78148-2097	
Farm Credit Service of American	16,046.36	1730.53

P.O. Box 2409 Omaha, Nebr

7. Provided this information is not privileged by law, identify persons, business entities or guarantors who owed you, your spouse, or any of your dependent children a debt of more than \$100.00 during the reporting period (not including debts owed by persons related within the second degree of consanguinity or affinity):

Name, address of person, business entity or guarantor that owed the debt	Amount of debt (by reporting category)	Amount of repayment during reporting period (by reporting category)

8. Identify the source of each gift or accumulation of gifts from one source of more than \$100.00 in value received during the reporting period by you, your spouse, or any of your dependent children, or received by another person for the use and benefit of you, your spouse, or any of your dependent children (not including 1) a gift received from a relative if given because of kinship, or 2) a gift received by will, by intestate succession or as distribution from an inter vivos or testamentary trust established by a spouse or ancestor):

Name, address of source of gift(s)	Description of gift(s)	Amount or value of gift(s) (by reporting category)

9. Provided this information is not privileged by law, if you were the owner of 5% or more of any business entity during the reporting period, list all customers from whom the entity received at least ten per cent of its gross income during the reporting period:

Name, address of customer

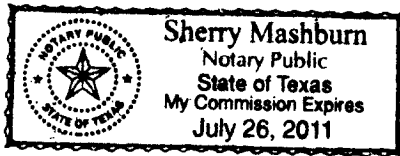
10. Identify any financial interest in any franchisee of the City held during the reporting period by you, your spouse, or any of your dependent children (note: franchise holders are A)Time Warner Cable, B) Pedernales Electric Cooperative, C) Bluebonnet Electric Cooperative, and D) CenterPoint Energy Entex):

Name of franchise holder	Description of financial interest held (stock, mortgage, note etc.)	Value of financial interest (by reporting category)

11. Identify any transaction during the reporting period by you, your spouse, or any of your dependent children with any holder of any franchise issued by the City, other than as a customer or patron:

Name of franchise holder	Description of transaction	Value of transaction (by reporting category)

AFFIDAVITI swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.



Gaylord Bose
Signature of Local Government Officer/Appointed Official

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GAYLORD BOSE, this the 18th day of May, 20 09, to certify which, witness my hand and seal of office.

Sherry Mashburn
Signature of officer administering oath

SHERRY MASHBURN
Printed name of officer administering oath

CITY CLERK
Title of officer administering oath