## City of San Marcos City Council/Council Appointee/P&Z Commissioner Annual Financial Disclosure Form

NOTES  1. This report covers the reporting per 2. Do not leave items blank. If item 3. Attach information on additional process.	is not applicable, mark N.	A or NONE.	•
Name: Ed MihZ/Ka	· NIN		
Residence address: 517 WEST  Title of position held with the City: Co	HOOKINS S	TREET SANMAI	COSTX7866
Title of position held with the City: Ci	ty Council Mesa	KER Place 3	
Name of spouse:	/	NA	or NONE
Names of all dependent children:			or NONE
Names under which you, your spouse, or as 1.	ny of your dependent child	dren do business: NA	or NONE
2.			
3.			
Category I — At least \$100.0 Category II — At least \$10,00 Category III — At least \$20,00 Category IV — At least \$50,00 Category V — At least \$75,00 Category VI — \$100,000.00 or (For example: \$100.000.00 or (For example)	00.00 but less than \$20,00 00.00 but less than \$50,00 00.00 but less than \$75,00 00.00 but less than \$100,00 more – MUST report to \$125,000 would be reported	0.00 0.00 0.00 00.00 nearest \$100,000.00 to \$100,000)	orting period by
you, your spouse, or any of your depend			or NONE
Name & full address of income source	Nature of income [e.g., salary, dividends, rent, etc.]	Amount of income [by reporting category]	Income of [e.g., self, spouse, or dependent child]
TEXAS STATE UNIVERSITY 601 UNIVERSITY DRIVE SAMMARCOSTEXAS 178666	SALARY	I	self
Nichola Stadt 5 17 w. Horking St. 5 AN WARCOS TX78666	RENT	エ	self
Phil DUNCAN REPRESENTATUE ROGERS AND KIRBY 7210 N. 16th St	Annuities	10	self
PhOENIX ARIZONIA 85020			

2. Identify each option held, own children during the reporting per	-	, your	spouse,		dependent NONE
Nature of option [real estate, stock, etc.]	Amount of transactio [by reporting category]	n		full address of ansaction	other parties
,					
3. Identify each business entity, a dependent children was a partner beneficiary during the reporting p	, manager, officer, member			directors, prop	
Name & full address of business	or nonprofit entity or union	Pos	sition held	ì	·
LBJMUSEUM, OF SAN 131 p. Guadalupe S SANMARCOSTX 7866	MARCOS F.	F	10851	lept	
			•		
4. Identify each business entity dependent children had an owner during the reporting period:				nore than \$100	
Name & full address of business or nonprofit entity or union	Description of ownership interest [e.g., owner, partner, stockholder]	inter	ership est eporting	Number of shares held/shares issued [if applicable]	Net gain or loss from sale of stock [by reporting category]

5. Identify any real property had an interest as owner, be or board member, officer or	eneficial owner (holder o	of a 1	nortgage), business	own	er (partner in	a partnership; ler:
Full address or legal description	Name & full address of owner(s) [if other than you, your spouse or children]	[b	air market value y reporting category] nd present use	pro ren [by	leased perty, annual tal amount reporting gory]	Homestead exemption on this property?
517W. Hopkinsst SAN MARCOS TX 78666		R	UI \$200,000 ESIJE MCE			YES
					·	
6. Identify persons, busine children owed a debt of mor related within the second dereported as required by law)  Name & full address of perguarantor to which debt was	e than \$100.00 during the egree of consanguinity of the consension	ne rej	porting period (not i	nclue polit	ding debts ow	ed to persons which were NE  repayment rting period
BROMDWAY BANK 301 N C.M. HIEN BIK SAN WARCOS TX 7	2Kway 1866		II		I	
BROADWAY BANK 301 N. C.M. AllENT SAN WARCOS TX	78666		並		士	
7. Provided this information owed you, your spouse, or ar period (not including debts of	ny of your dependent ch	ildre	n a debt of more tha	ın \$1	00.00 during	the reporting y or affinity:
Name & full address of pers guarantor that owed the deb	ot		reporting category]	d	mount of reparting reporting cate	g period
Chris PEREZ ZOIB NORTHUIEW SANNTROSTX	Dr 78666		I		Ø	

Name & full address of person, business guarantor that owed the debt	s entity or	Amount of debt [by reporting category]	Amount of repayment during reporting period [by reporting category]
9 Identify the governor of each gift on account	lotion o	f cife from our converse	£
8. Identify the source of each gift or accuraceived during the reporting period by y by another person for the use and benefincluding (1) a gift received from a relating intestate succession or as distribution from ancestor):	ou, your spit of you, you if given	pouse, or any of your de your spouse, or any of p because of kinship, or (	pendent children, or received your dependent children (no (2) a gift received by will, by
Name & full address of source of gift(s)	Descript	ion of gift(s)	Amount or value of gift(s) [by reporting category]
P. Provided this information is not privilegentity during the reporting period, list all concome during the reporting period:	ged by law.	, if you were the owner o	f 5% or more of any business eived at least 10% of its gross NA or NONE
Name and full address of customer			

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

N 00 11 1 1		NA or NONE
Name of franchise holder	Description of financial interest	
	[stock, mortgage, note etc.]	[by reporting category]
		1
. Identify any transaction duri ildren with any holder of any fr	ng the reporting period by you, your spo anchise issued by the City, other than as a	use, or any of your dependent customer or patron:
1. Identify any transaction duri nildren with any holder of any fr	ng the reporting period by you, your spo anchise issued by the City, other than as a	use, or any of your dependent customer or patron:  NA or NONE
1. Identify any transaction duri nildren with any holder of any from the name of franchise holder	anchise issued by the City, other than as a	customer or patron:  NA or NONE
nildren with any holder of any fr	ng the reporting period by you, your spo anchise issued by the City, other than as a  Description of transaction	customer or patron:  NA or NONE  Value of transaction
ildren with any holder of any fr	anchise issued by the City, other than as a	customer or patron:  NA or NONE
ildren with any holder of any fr	anchise issued by the City, other than as a	customer or patron:  NA or NONE  Value of transaction
ildren with any holder of any fr	anchise issued by the City, other than as a	customer or patron:  NA or NONE  Value of transaction
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nildren with any holder of any fr	anchise issued by the City, other than as a	customer or patron:  NA or NONE  Value of transaction
nildren with any holder of any fr	anchise issued by the City, other than as a	customer or patron:  NA or NONE  Value of transaction

AFFIDAVIT I 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-mouth period described by Section 176.003(a), Local Government Code.

ELIZABETH TREVINO
Notary ID #126292938
My Commission Expires
November 3, 2023

Signature of Local Government Officer/Appointed Official

AFFIX NOTARY STAMP / SEAL ABOV	A	FFIX	NO	TARY	STAMP	/	SEAL	ABOVI	3
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Sworn to and subscribed before me, by	y the said Ed Mihallania certify which, witness my hand and seal	, this the _ of office.	15th	day of
Elizabet Treuno	Elizabeth Treuno	Interior	Dearty	City 6

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath