

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Mark Rockeymoore** 15 Filer ID (Ethics Commission Filers)

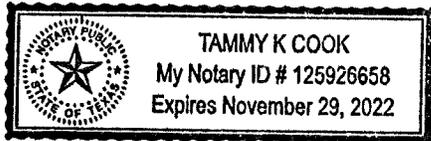
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2419.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 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



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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mark Rockeymoore, this the 5th day of October, 2020, to certify which, witness my hand and seal of office.

[Handwritten Signature] Signature of officer administering oath
 Tammy K Cook Printed name of officer administering oath
 Interim City Clerk Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Mark Rockeymoore		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1819.12
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 600
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mark Rockeymoore		3 Filer ID (Ethics Commission Filers)
4 Date 08/21/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kama Davis 6 Contributor address; City; State; Zip Code 1312 Perkins St, San Marcos TX 78666/Venmo Donation	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurt and Kate Waldhauser Contributor address; City; State; Zip Code 1103 Earle St, San Marcos TX 78666/Venmo donation	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Blackson Cogston Contributor address; City; State; Zip Code 808 Bluebonnet Drive San Marcos TX 78666/Venmo donation	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Oswalt Contributor address; City; State; Zip Code 1011 Hazelton, San Marcos TX 78666/Venmo Donation	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mark Rockeymoore		3 Filer ID (Ethics Commission Filers)
4 Date 09/10/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharri Boyett 6 Contributor address; City; State; Zip Code 2631 Oak Haven Drive San Marcos TX 78666/Venmo Donation	7 Amount of contribution (\$) 20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/14/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nina Ramos Contributor address; City; State; Zip Code 311 Jackman Street, San Marcos TX 78666/Venmo donation	Amount of contribution (\$) 10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dane Elbel Contributor address; City; State; Zip Code Venmo Donation	Amount of contribution (\$) 30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate Crosthwaite Contributor address; City; State; Zip Code 19 Old Shawnee Trail, Wimberley TX 78676/Venmo donation	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mark Rockeymoore		3 Filer ID (Ethics Commission Filers)
4 Date 09/20/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Shield-Polk	7 Amount of contribution (\$) 40
6 Contributor address; City; State; Zip Code Venmo Donation		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/20/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard Blumberg	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code Venmo Donation		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Halsey	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 1236 Belvin Street, San Marcos TX 78666/Venmo donation		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marissa Fehler	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 204B Little Ranches Road, Wimberley TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mark Rockeymoore		3 Filer ID (Ethics Commission Filers)
4 Date 09/21/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Cunningham	7 Amount of contribution (\$) 19.12
6 Contributor address; City; State; Zip Code Paypal donation		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Johnson	Amount of contribution (\$) 300
Contributor address; City; State; Zip Code PayPal Donation/1116 Martin Luther King Dr. San Marcos TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Telford	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 2303 Rattler Rd, San Marcos TX 78666/Paypal Donation		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Parker	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code Paypal Donation		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mark Rockeymoore		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry R. James Contributor address; City; State; Zip Code PO Box 1656 San Marcos TX 78667	7 Amount of contribution (\$) 300
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/05/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda K Smith Contributor address; City; State; Zip Code PO Box 1656 San Marcos TX 78667	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon and Charles O'Neill Contributor address; City; State; Zip Code 121 E Hillcrest San Marcos TX 78666	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel and Edwina Baethge Contributor address; City; State; Zip Code 1310 Belmont Dr San Marcos TX 78666	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Contributor address:

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mark Rockeymoore		3 Filer ID (Ethics Commission Filers)
4 Date 09/24/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Ogletree City; State; Zip Code 812 Hillyer San Marcos TX 78666	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	<input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Contributor address;	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Mark Rockeymoore		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 600	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Rocha	8 Amount of Contribution \$ 600	9 In-kind contribution description Graphic for campaign use
7 Contributor address; City; State; Zip Code 600 Boulder Bluff San Marcos TX 78666		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			