

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
 Mr. Mark C  
 NICKNAME LAST SUFFIX  
 Gleason

OFFICE USE ONLY

Date Received

City Clerk

OCT 05 2020

City of San Marcos

Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 909 Conway Drive  
 San Marcos TX 78666

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (217) 871-5535

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
 Angie  
 NICKNAME LAST SUFFIX  
 Ramirez

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 612 Barbara Drive San Marcos TX 78666

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (512) 738-1800

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 Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year    Month Day Year  
 07 / 20 / 2020    THROUGH    10 / 05 / 2020

11 ELECTION

ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     Other Description  
 11 / 03 / 2020     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

San Marcos City Council  
 Place 5

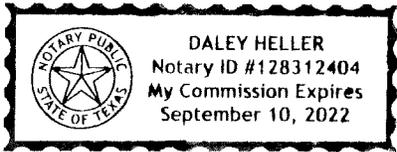
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b>		<b>15 Filer ID</b> (Ethics Commission Filers)
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	

**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.

*Mark Gleason*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MARK C. GLEASON, this the 5<sup>th</sup> day of OCTOBER, 2020, to certify which, witness my hand and seal of office.

*[Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

DALEY HELLER  
\_\_\_\_\_  
Printed name of officer administering oath

PASSPORT ADMIN  
\_\_\_\_\_  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Mark C Gleason

3 Filer ID (Ethics Commission Filers)

4 Date

8-14-20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carol Cape Overall

6 Contributor address; City; State; Zip Code

113 Camaroway San Marcos TX 78666

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

8-15-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dave Krusemark

Contributor address; City; State; Zip Code

12287 Monroe Rd. 959 <sup>Madison</sup> MO 65263

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

farmer

Employer (See Instructions)

Self employed

Date

8-6-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dianna Baker

Contributor address; City; State; Zip Code

727 Belvin St. San Marcos TX 78666

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

producer/writer/filmmaker

Employer (See Instructions)

self employed

Date

8-20-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gary Germer

Contributor address; City; State; Zip Code

1919 Los Santos San Marcos TX 78666

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

owner - Germer Insurance

Employer (See Instructions)

self employed

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:

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2 FILER NAME

Mark C Gleason

3 Filer ID (Ethics Commission Filers)

4 Date

8-26-20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kevin Carswell  
6 Contributor address; City; State; Zip Code

700 N LBJ Suite 100 San Marcos TX 78666

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

Owner - Mochas and Javas

9 Employer (See Instructions)

self employed

Date

8-25-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rodney Van Oudekerke  
Contributor address; City; State; Zip Code

323 Scott San Marcos TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

8-26-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Brian Olson  
Contributor address; City; State; Zip Code

421 W. San Antonio St San Marcos TX 78666

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

owner - Premier Cuts

Employer (See Instructions)

Self employed

Date

9-7-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bobby Warren  
Contributor address; City; State; Zip Code

126 S. LBJ San Marcos TX 78666

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Owner - San Marcos Athletic Club

Employer (See Instructions)

self employed

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

Mark Gleason

3 Filer ID (Ethics Commission Filers)

4 Date

9-7-20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Griffin Spell

6 Contributor address; City; State; Zip Code

1115 N. LBJ #A3 San Marcos TX 78666

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

consultant

9 Employer (See Instructions)

self employed

Date

9-7-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Charles Sims

Contributor address; City; State; Zip Code

304 Oak Ridge Dr San Marcos TX 78666

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

9-15-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tim Roach

Contributor address; City; State; Zip Code

237 Tallow Trail San Marcos TX 78666

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Tractor Company-owner

Employer (See Instructions)

self employed

Date

9-23-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ben Kvanli

Contributor address; City; State; Zip Code

602 I35N San Marcos TX 78666

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

FRS enrolled agent

Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

Mark C Gleason

3 Filer ID (Ethics Commission Filers)

4 Date

9-20-20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Berry James

6 Contributor address; City; State; Zip Code

PO Box 1656 San Marcos TX 78666

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

9-29-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Cathy Dillon

Contributor address; City; State; Zip Code

1000 Burleson San Marcos TX 78666

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

owner - Crystal River Inn

Employer (See Instructions)

Self employed

Date

9-29-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kathy Morris

Contributor address; City; State; Zip Code

802 Belvin San Marcos TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

Date

9-29-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Randall Morris

Contributor address; City; State; Zip Code

330 WonderWorld San Marcos TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

5

2 FILER NAME

Mark C Gleason

3 Filer ID (Ethics Commission Filers)

4 Date

10-4-20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Fraye Stokes

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

PO Box 629 San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

9-29-20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Travis Kelsey

Amount of contribution (\$)

\$275.00

Contributor address; City; State; Zip Code

629 E. Hopkins St. San Marcos TX 78666

Principal occupation / Job title (See Instructions)

owner - The Taproom + The Porch

Employer (See Instructions)

self employed

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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