ALL INFORMATION IS REQUIRED TO BE PE	ROVIDED UNLE	SS INDICAT	TED OP	TIONAL				1/201/
APPLICATION FOR A PLACE	ON THE CI	TY OF SA	AN M	ARCOS GE	NERAL ELECT	ION BAL	LOT	
TO: City Secretary/Secretary of Board								
I request that my name be placed on the	a abovo namo	d official b	allet as	a candidate	for the office in d	innend bala		
OFFICE SOUGHT (Include any place num							ICATE TERM	
l	our or other a	isch i Baisin	ng nan	iber, ir diry.,				
Citico	01.						FULL	
FULL NAME (First, Middle, Last)	PLAC.	e 4		DDINT NA	ME AS VOLUMAN		UNEXPIRED	********
				PRINT NAI	ME AS YOU WAN	I II IO API	PEAR ON THE B	BALLOT
Shave SCOTT				56	ANE SI	COTT	_	
PERMANENT RESIDENCE ADDRESS (Do I				PUBLIC M	ANE S	(Campaign	mailing address	ss, if available.)
Route. If you do not have a residence at which you resolve personal mail and leading			ddress	_				
at which you receive personal mail and lo		dence.)		50	1 Seco	40 S	7	
301 Second ST								
CITY	STATE	ZIP		CITY			CTATE	710
	SIMIE	ZIF		CITY			STATE	ZIP
PUBLIC EMAIL ADDRESS (If available)	tx	7866	6	SANI	MAKCOS		TX	78666
PUBLIC EMAIL ADDRESS (If available)	OCCUPA	ATION (Do		eve blank)	DATE OF BIRTH			TRATION VUID
Shane Scott FOR SANMAR	,						NUMBER (Op	otional) *
e amil. com	busi	vessme	AN/		12/09			
TELEPHONE CONTACT INFORMATION (O	ptional)		LENGT		NUOUS RESIDENC			
Home:				IN STATE		100000000000000000000000000000000000000	RRITORY FROM FICE SOUGHT IS	
Work:						OF	TICE SOUGHT IS	SELECTED
				44 ye	ear (s)		year (s	5)
Cell: 5/2-6/9-3911				5 mc	onth(s)		month	1(s)
If using a nickname as part of your name	to appear on t	he ballot,	you are	e also signing	g and swearing to	the follow	ing statements	: I further swear
that my nickname does not constitute a	slogan nor de	oes it indic	cate a	political, eco	nomic, social, or	religious v	iew or affiliation	on. I have been
commonly known by this nickname for at	least three ye	ars prior t	o this e	election.				
Before me, the undersigned authority, on	this day perso	onally app	eared (	name)	rane Sc	off	w	no being by me
here and now duly sworn, upon oath says		oriany appr	curcu	marriej			, wi	to being by the
51. 50.11				11.				
"I, (name) Shave Scott		11	, of _	Hau	X			Texas, being a
candidate for the office of City Cow of the United States and of the State of T			o Unit	SWe	ar that I will supp	ort and de	fend the Const	itution and laws
this state. I have not been finally convicted	ed of a felony	for which I	have r	not been par	doned or had my	full rights	of citizenship re	estored by other
official action. I have not been determine	ed by a final ju	dgment of	f a cour	t exercising	probate jurisdicti	on to be to	tally mentally	incapacitated or
partially mentally incapacitated without the	he right to vot	e. I am aw	are of t	the nepotism	n law, Chapter 57	3, Governn	nent Code.	100
I further swear that the foregoing stateme	ents included i	n my annli	ication	are in all this	ngs true and corr	act "		
Trainer swear that the foregoing statement	into included i	ii iiiy appii	Cation	are iii aii tiii	ngs true and corre	ect.		
			X					
					SIGNATURE	FCANDIDA	TE	
Sworn to and subscribed before me at	8:19 AM	, thi	s the _c	23 day of	V A	COASSILLY	JAMIEL	EE CASE
					0 0 1	10 A 6	Notary Publice	ALate of Texas es 03-04-2022
Sam POOL CONO			^	100	100. DC	THE OF THE	Notary ID	128198440
Signature of Officer Administering Oath <sup>4</sup>			itle of	Officer Admi	inistering Oath	"Mining	Motory to	
TO BE COMPLETED BY CITY SECRETARY OF	SECRETARY C	F BOARD:		Cincer Adim	Cath Gath	DO		
(See Section 1.007)	712	3 18			Samu	all'a	ase	
	Date Rece	eived		S	gnature of Secret	tary		
Voter Registration Status Verified				V				I

## CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

City Clerk

JUL 23 2018

**Gity of San Marcos** 

***************************************
Dale Hand-delivered or Postmarked
Date Processed
Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER  CANDIDATE  If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	POLITICAL COMMITTEE  If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
	die in earlier and	boxee , and e, men read and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.) FIRST	МІ
(PLEASE TYPE OR PRINT)	Sharle NICKNAME LAST SCOTT	SUFFIX (SR., JR., III, etc.)
4 TELEPHONE NUMBER	AREA CODE PHONE NUMBER	EXTENSION
OF CANDIDATE (PLEASE TYPE OR PRINT)	(512) 619-3911	
5 ADDRESS OF CANDIDATE	STREET / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE
(PLEASE TYPE OR PRINT)	301 Second ST S	AYMANCOS TX 78666
6 OFFICE SOUGHT BY CANDIDATE		
(PLEASE TYPE OR PRINT)	City council Place	ч
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)		
8 NAME OF CAMPAIGN	TITLE (Dr., Mr., Ms., etc.) FIRST	MI
TREASURER (PLEASE TYPE OR PRINT)	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	SCOTT	

P.O. Box 12070

### CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

#### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2)I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3)I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5)I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6)I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7)I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

www.ethics.state.tx.us Revised 11/23/2010

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

	-		-
NΙ		гт	767
l Nil		1 1	

1.	This	report	covers	the	rep	orting	, perio	d from	n:					

Do not leave items blank. If item is not applicable, mark NA or NONE.
 Attach information on additional pages, if necessary.

Residence address: 30/ Second ST SAN MALCOS TA	78660
Title of position held with the City: $\mathcal{U}/\mathcal{A}$	
Name of spouse: Anser Scott	NA or NONI
Names of all dependent children: Shelly i Sadie Scott	NA or NONI
Names under which you, your spouse, or any of your dependent children do business:	NA or NONE
1.	
2.	
3.	

NOTE - You may use the following reporting categories to describe amounts and values:

Category I — At least \$100.00 but less than \$10,000.00

Category II — At least \$10,000.00 but less than \$20,000.00

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

Category V — At least \$75,000.00 but less than \$100,000.00

Category VI — \$100,000.00 or more — report to nearest \$100,000.00

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 & 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]
GERMAN ELIFE 408 LOCKHANT ST SAN MAKCOS TX 78666	miti	I	Self
MCCOY COLP 1350 N. IH35 SAYMALLOS TX 78660	SALMY	TU	Spouse

Nature of option	Amount of transactio	n Name A	full address of	other parties
[real estate, stock, etc.]	[by reporting category]	I	ransaction	other parties.
				W 44 141 1111 1 1 1 1 1 1 1 1 1 1 1 1 1
. Identify each business entity, r				
ependent children was a partner,		of the board of	f directors, prop <b>NA or N</b>	
eneficiary during the reporting p	eriou:			ONE A
Name & full address of business of	or nonprofit entity or union	Position hel	d	
		1		
	· · · · · · · · · · · · · · · · · · ·			
ependent children had an owner			more than \$100.	.00 at any time
. Identify each business entity, lependent children had an owners luring the reporting period:	ship interest with a fair ma	rket value of	more than \$100.  NA or N	.00 at any time
ependent children had an owners uring the reporting period:  Name & full address of business	ship interest with a fair ma  Description of ownership	rket value of	NA or N  Number of	.00 at any time ONE  Net gain or
ependent children had an owners uring the reporting period:  Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership	NA or N  Number of shares	ONE Net gain or loss from
lependent children had an owner	ship interest with a fair ma  Description of ownership	rket value of	NA or N  Number of	.00 at any time ONE  Net gain or
ependent children had an owners uring the reporting period:  Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest	NA or N  Number of shares held/shares	ONE Net gain or loss from sale of stock
ependent children had an owners uring the reporting period:  Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest [by reporting	NA or N  Number of shares held/shares issued	ONE Net gain or loss from sale of stock [by reporting
ependent children had an owners uring the reporting period:  Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest [by reporting	NA or N  Number of shares held/shares issued	ONE Net gain or loss from sale of stock [by reporting]
ependent children had an owners uring the reporting period:  Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest [by reporting	NA or N  Number of shares held/shares issued	ONE Net gain or loss from sale of stock [by reporting]
ependent children had an owners uring the reporting period:  Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest [by reporting	NA or N  Number of shares held/shares issued	ONE Net gain or loss from sale of stock [by reporting]
ependent children had an owners uring the reporting period:  Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest [by reporting	NA or N  Number of shares held/shares issued	ONE Net gain or loss from sale of stock [by reporting

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5. Identify any real property had an interest as owner, be or board member, officer o	eneficial owner (holder o	of a mortgage), business	owner (partner in	a partnership; ler:
Full address or legal description 301 Second ST SAN MANGE + 78661	Name & full 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?
301 Second ST SAMMARCOS TY 78661	SHANE SCOTT	T T T T T T T T T T T T T T T T T T T	DV/A	yes
6. Identify persons, busine children owed a debt of more related within the second dereported as required by law  Name & full address of per guarantor to which debt was	te than \$100.00 during the egree of consanguinity of the consension of the consensio	ne reporting period (not	including debts ow political campaign NA or NO Amount of	ved to persons n which were ONE repayment orting period
7. Provided this information owed you, your spouse, or a period (not including debts	ny of your dependent ch	ildren a debt of more th	an \$100.00 during	the reporting ty or affinity:
Name & full address of perguarantor that owed the de		Amount of debt [by reporting category]	Amount of rep during reporting [by reporting cat	ng period
				The state of the s

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]
		}	
8. Identify the source of each gift or accureceived during the reporting period by y by another person for the use and benefineluding (1) a gift received from a relation intestate succession or as distribution from	ou, your s it of you, ve if giver	pouse, or any of your de your spouse, or any of your because of kinship, or (	pendent children, or received your dependent children (not 2) a gift received by will, by ast established by a spouse or
ancestor):  Name & full address of source of gift(s)	Descript	ion of gift(s)	NA or NONE  Amount or value of gift(s)
	1		[by reporting category]
9. Provided this information is not priviles entity during the reporting period, list all cincome during the reporting period:	-		
Name & full address of customer			/ Int
			-

s y

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]:

NA or NONE

Name of franchise holder	Description of financial interest held	Value of financial interest
	[stock, mortgage, note etc.]	[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:

NA or NONE

Name of franchise holder	Description of transaction	Value of transaction [by reporting category]

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-month period described by Section 176.003(a), Local Government Code.

JAMIE LEE CASE
Notary Public, State of Texas
Comm. Expires 03-04-2022
Notary ID 128198440
Notaly ID 120130440

Signature of Local Government Officer/Appointed Official

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Share Scott, this the 23rd day of day of 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:	
2	CANDIDATE NAME	MS/MRS/MR FIRST MI  Shave NICKNAME LAST SUFFIX	OFFICE USE ONLY Filer ID#  Date Recordity Clerk  JUL 23 2018	
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  301 SECOND ST  SAN MALCOS TY 7866 6	City of San Marco	
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION  (512) 6/9-39//	Receipt # Amount \$ Date Processed	
5	OFFICE HELD (if any)		Date Imaged	
6	OFFICE SOUGHT (if known)	City Council Place 4		
7	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME  SUAHE SCOTT	LAST SUFFIX	
8	CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE;  301 Second ST  SAN MALCOS TX 78666	ZIP CODE	
9	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (5/2) 6/9 - 39//		
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the T I am aware of my responsibility to file timely reports a the Election Code.		
		I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.	Code on contributions	
		Signature of Candidate	Date Signed	
GO TO PAGE 2				