ALL INFORMATION IS REQUIRED TO BE PE	ROVIDED UNLE	SS INDICATED OP	TIONAL			1/2017	
APPLICATION FOR A PLACE	ON THE CI	TY OF SAN M	ARCOS GENERAL ELECT	ION BAL	LOT		
TO: City Secretary/Secretary of Board							
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.							
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) INDICATE TERM							
CILY Council Place le							
FULL NAME (First, Middle, Last) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹							
MELISSA COILERN DERRICK MELISSA DERRICK							
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address							
at which you receive personal mail and lo			109 Kathny	n coi	36	9	
		derice.					
109 Kathryn COU				*		3	
7		\$	8				
			,				
CITY	STATE	ZIP	CITY		STATE	ZIP	
Jan MAKCOS	TY	78666	San MARCOS		TX	7866 U	
PUBLIC EMAIL ADDRESS (If available)		ATION (Do not lea			VOTED DECI	STRATIONINUS	
PODLIC LIVIAIL ADDRESS (II available)	OCCOPA	Small	DATE OF BIRTH		NUMBER (O	ptional) 2	
melissa c derrick @ g	mail. Co	m DW	ner 5/9	1 67			
TELEPHONE CONTACT INFORMATION (O	ptional)	LENGT	H OF CONTINUOUS RESIDENCE	, ,			
Home	***********		IN STATE		RRITORY FROM		
Work: >512-618-152	0		200	OF	FICE SOUGHT I	S ELECTED ³	
Work:			37 year (s) 30 year (s)		(s)		
Cell:			3		2		
If using a nickname as part of your name	to annear on t	he hallot you are	month(s)	the follow	mont		
that my nickname does not constitute a	slogan nor de	pes it indicate a	political, economic, social, or	religious v	ing statements view or affiliati	ion. I have been	
commonly known by this nickname for at	least three ye	ars prior to this e	election.				
Defere me the undersigned with with	Abia dan a		Malissa	Day	ick.w		
Before me, the undersigned authority, on here and now duly sworn, upon oath says	this day perso	onally appeared (name)	Lev	uce w	ho being by me	
			alauc.				
"I, (name) MELISSA DE	ekica	of _	HAYS			Texas, being a	
candidate for the office of C 1 + 4 (council	place	, swear that I will supp	ort and de	efend the Cons	titution and laws	
of the United States and of the State of To this state. I have not been finally convicted	exas. I am a ci	for which I have r	ed States eligible to hold such	office und	der the constitu	ation and laws of	
official action. I have not been determine	ed by a final ju	dgment of a cour	rt exercising probate jurisdicti	on to be to	otally mentally	incapacitated or	
partially mentally incapacitated without the	ne right to vot	e. I am aware of	the nepotism law, Chapter 57	3, Governr	ment Code.	,	
I further swear that the foregoing stateme	nte included i	n mu annliastian	and in all this as to facilities	//			
Truttier swear triat the foregoing stateme	ents included i	n my application	are in all things true and corre	ect."			
\mathbf{X} \mathcal{W}_{l}							
			SIGNATURE O	E CANDID	ΔTF		
Sworn to and subscribed before me at	1:03 3m	this the	day of the	2018			
0 - 0			0	- mill	JAN	LEE CASE	
Samuffel ase	,	Ci	tucloak	E STAR		ublic, State of Texas	
Signature of Officer Administering Oath ⁴		Title of	Officer Administering Oath	9		Expires 03-04-2022 y ID 128198440	
TO BE COMPLETED BY CITY SECRETARY OR	SECRETARY C	F BOARD:	January Court	1	Notar	y 10 120130440	
(See Section 1.007)	7/2	3/18	Samo	Till	able		
V	Date Rece	eived	Signature of Secre	tary			
Voter Registration Status Verified 🗀						- 1	

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

	City	of	San ered or Postm	Ma	rcc
ı	Date Har	nd-delive	ered or Postm	arked	. 00

Date Processed

Date Imaged

ACCOUNT NUMBER (Ethics Commission Filers) NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	2 TYPE OF FILER CANDIDATE POLITICAL COMMITTEE If filing as a candidate, complete boxes 3 - 6, then read and sign page 2. TITLE (Dr., Mr., Ms., etc.) MES FIRST MEUSSA MI C DEX. PLACE
	NICKNAME LAST SUFFIX (SR., JR., III, etc.)
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE PHONE NUMBER EXTENSION (512) 418 - 15 20
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET/POBOX; APT/SUITE#; CITY; STATE; ZIP CODE 109 Kathryn COVE, San MARCUS, TX 786666
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	City council Place le
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)	
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr (Ms), etc.) FIRST Blanco MI LOY O NICKNAME LAST SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

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:

- 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

Date

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

NOTES 1. This report covers the reporting per	eriod from: 9007 /	2017 - De 3/	2017
 Do not leave items blank. If item Attach information on additional p 	is not applicable, mark N.	A or NONE.	
3. Attach information on additional p	rages, if necessary, or use	Reyboard button ENTI	sic to expand heig/hem.
Name: Melissa Derrick			
Residence address: 109 Kathryn Co	ve	a dela dela dela dela dela dela dela del	
Title of position held with the City:	City Council Place 6		
Name of spouse: <u>Michael Potash</u>		NA or N	ONĘ 🗆
Names of all dependent children:Ja	ızzlynn Derrick, Dustin	Derrick NA or N	ONE 🗆
Names under which you, your spouse, or at 1. San Marcos Computers LLC 2. NOTE – You may use the following rep			
	st \$100.00 but less than \$		į
Category III - At lea	st \$10,000.00 but less that st \$20,000.00 but less that	า \$50,000.00	
	st \$50,000.00 but less than st \$75,000.00 but less than		
	000.00 or more – report to		
1. Identify each source of income amous	_		eporting period by A or NONE
Name & full address of income source	Nature of income [e.g., salary, dividends,	Amount of income [by reporting category	
•	rent etc 1	toy reporting category	or dependent childl

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]
San Marcos Computers LLC 2020 Old RR 12, San Marcos, TX 78666	Profit	III	Spouse
San Marcos Computers LLC 2020 Old RR 12, San Marcos, TX 78666	Profit	I	Self
City of San Marcos	Stipend	III	Self

Nature of option [real estate, stock, etc.]	Amount of transaction [by reporting category]		& full address of transaction	other parties	
3. Identify each business entity, dependent children was a partner beneficiary during the reporting p	, manager, officer, member		of directors, prop		
Name & full address of business	or nonprofit entity or union	Position he			
Greater San Marcos Partnership			City Council Board Position – both GSMP & CVB - Self		
Convention and Visitor's Bureau					
Community Action		City Counc	il Board position		
San Marcos Commission on Youth	and Children	City Counc	il Board position		
4. Identify each business entity, lependent children had an owner luring the reporting period:			more than \$100		
Name & full 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/shares issued [if applicable]	Net gain or loss from sale of stock [by reporting category]	
San Marcos Computers LLC	Owner/Operator	VI	N/A	N/A	

Full address or legal description	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, an rental amou [by reporting category]	nt on this
2020 Old RR12	Donna Dorian – 1808 Mustang Ln., San Marcos, TX 78666		\$14, 440.00	N/A
nildren owed a debt of m lated within the second	ness entities or guarantors to fore than \$100.00 during the degree of consanguinity or a w):	reporting period (not	including deb political can	ots owed to person
nildren owed a debt of malated within the second ported as required by la	degree of consanguinity or w): erson, business entity or	reporting period (not	including deb political carr NA o Amount ry] Amount during	ots owed to person inpaign which we in NONE int of repayment is reporting period
nildren owed a debt of melated within the second ported as required by la Name & full address of paguarantor to which debt	degree of consanguinity or w): erson, business entity or	reporting period (not affinity, or loans to a	including deb political carr NA o Amount ry] Amount during	ets owed to persor inpaign which wer r NONE
nildren owed a debt of malated within the second ported as required by la Name & full address of parantor to which debt american Express: P.O. Box	degree of consanguinity or well: erson, business entity or was owed	Amount of debt [by reporting catego	including deb political carr NA o Amount ry] Amount during	ots owed to person inpaign which we r NONE nt of repayment reporting period

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:

NA or NONE

Name & full 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]

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]
. Identify the source of each gift or accurace during the reporting period by y another person for the use and beneficulating (1) a gift received from a relating testate succession or as distribution from accestor):	ou, your spit of you, you if given	oouse, or any of your de your spouse, or any of because of kinship, or	ppendent children, or receivyour dependent children (2) a gift received by will,
Name & full address of source of gift(s)	Descripti	on of gift(s)	Amount or value of gift(s
Provided this information is not privileg tity during the reporting period, list all crome during the reporting period:			
ame and full 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):

NA or NONE

Name of franchise holder	Description of financial interest he	ld Value of financial interest
	[stock, mortgage, note etc.]	[by reporting category]
		1

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 176.00) (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

FIX NOTARY STAMP/ SEAL ABOVE

Signature of Local Government Officer/Appointed Official

Sworn to and subscribed before me, by the said MOULSCA Denick, this the 30th day of 100 is a point of the said 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

	See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CA NA	NDIDATE ME	MS/MR FIRST MEUSSA MI C DERLICK NICKNAME LAST SUFFIX	OFFICE USE ONLY Bate Received Date Received
MA ADI	NDIDATE ILING DRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 109 Kerthryn Cove, San maecos, Ty 78666 AREA CODE PHONE NUMBER EXTENSION	8107 & 7 TO Date Hand delivers for Positiva Media
	ONE	(512) 618-1620	Date Processed
5 OFF HEL (if an		City Council Place 6	Date Imaged
-	FICE JGHT own)	City council place le	
	MPAIGN ASURER ME	Blanca Loya	LAST SUFFIX
TRE STR ADD	MPAIGN EASURER REET DRESS Ice or business)	GOS CONWOY DR. San MARCUS, TX	7866 U
	IPAIGN ASURER DNE	AREA CODE PHONE NUMBER EXTENSION (512) 644 - 7429	
10 CAN SIGN	DIDATE NATURE	I am aware of the Nepotism Law, Chapter 573 of the Text I am aware of my responsibility to file timely reports as the Election Code. I am aware of the restrictions in title 15 of the Election Coffrom corporations and labor organizations.	required by title 15 of
		\$ignature of Candidate	Date Signed
		GO TO PAGE 2	