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

NOTES
1. This report covers the reporting period from: January 1 - December 31, 2019
2. Do **not** leave items blank. If item is not applicable, mark NA or NONE.
3. Attach information on additional pages, if necessary.

Name: Mark Rockeymoore

Residence address: 308 Saltillo St

Title of position held with the City: City Council Place 4

Name of spouse: Rebecca Rockeymoore **NA or NONE** ☐

Names of all dependent children: Noah Rockeymoore **NA or NONE** ☐

Names under which you, your spouse, or any of your dependent children do business: **NA or NONE** ☐

1. Salud Healing Arts (spouse)
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 – **MUST** report to nearest $100,000.00
(For example: $125,000 would be reported to $100,000)

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: **NA 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]
City of San Marcos (City Council) 630 E Hopkins San Marcos TX 78666	Salary	III	$20,000 self
Del Valle High School 5201 Ross Road Del Valle TX 78617	Salary	IV	$55,000 self
Salud Healing Arts (spouse) 323 W Hopkins San Marcos TX 78666	Owner	III	$40,000

2. Identify each option held, owned, acquired or sold by you, your spouse, or any of your dependent children during the reporting period: **NA or NONE** ☑

Nature of option [real estate, stock, etc.]	**Amount of transaction** [by reporting category]	**Name & full address of other parties to the transaction**
Stock (To the Stars Academy of Arts and Sciences)	I	Computershare, 222 N Pacific Coast Highway, 3rd Floor, El Segundo, CA 90245

3. Identify each business entity, nonprofit entity or union in which you, your spouse, or any of your dependent children was a partner, manager, officer, member of the board of directors, proprietor or beneficiary during the reporting period: **NA or NONE** ☐

Name & full address of business or nonprofit entity or union	**Position held**
Salud Healing Arts (spouse) 323 W Hopkins San Marcos TX 78666	Owner
San Marcos Unitarian Universalist Fellowship 510 N Guadalupe San Marcos TX 78666	Trustee

4. Identify each business entity, nonprofit entity or union in which you, your spouse, or any of your dependent children had an ownership interest with a fair market value of more than $100.00 at any time during the reporting period: **NA or NONE** ☑

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]

5. Identify any real property in the City or ETJ in which you, your spouse, or any of your dependent children had an interest as owner, beneficial owner (holder of a mortgage), business owner (partner in a partnership; or board member, officer or owner of more than 5% of stock of a corporation), or a leaseholder:

NA or NONE ☐

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, annual rental amount** [by reporting category]	**Homestead exemption on this property?**
308 Saltillo St. San Marcos TX 78666		$185,000	N/A	N/A

6. Identify persons, business entities or guarantors to whom you, your spouse, or any of your dependent children owed a debt of more than $100.00 during the reporting period (not including debts owed to persons related within the second degree of consanguinity or affinity, or loans to a political campaign which were reported as required by law):

NA or NONE ☑

Name & full address of person, business entity or guarantor to which debt was owed	**Amount of debt** [by reporting category]	**Amount of repayment during reporting period** [by reporting category]

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 entity or guarantor that owed the debt	**Amount of debt** [by reporting category]	**Amount of repayment during reporting period** [by reporting category]

8. Identify the source of each gift or accumulation of gifts from one source of more than $100.00 in value received during the reporting period by you, your spouse, or any of your dependent children, or received by another person for the use and benefit of you, your spouse, or any of your dependent children (not including (1) a gift received from a relative if given because of kinship, or (2) a gift received by will, by intestate succession or as distribution from an inter vivos or testamentary trust established by a spouse or ancestor): **NA or NONE** ☑

Name & full address of source of gift(s)	**Description of gift(s)**	**Amount or value of gift(s)** [by reporting category]

9. Provided this information is not privileged by law, if you were the owner of 5% or more of any business entity during the reporting period, list all customers from whom the entity received at least 10% of its gross income during the reporting period: **NA or NONE** ☑

Name & 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 held** [stock, mortgage, note etc.]	**Value of financial interest** [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.

NOTARY PUBLIC STATE OF TEXAS
ELIZABETH TREVINO
Notary ID #126292938
My Commission Expires
November 3, 2023

Mark Anthony Rockeymoore Digitally signed by Mark Anthony Rockeymoore DN: cn=Mark Anthony Rockeymoore, o=Ethics Review Commission, ou, email=rahkyf@gmail.com, c=US Date: 2020.05.04 10:22:33 -05'00'

Signature of Local Government Officer/Appointed Official

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Anthony Rockeymoore, this the 4th day of May, 20 20, to certify which, witness my hand and seal of office.

Elizabeth Trevino	Elizabeth Trevino	Interim Deputy City Clerk
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath