

**City of San Marcos  
City Council/Council Appointee  
Annual Financial Disclosure Form**

**Notes:** 1. This report covers the reporting period from January 1, 2011 to December 31, 2011.  
2. Attach information on additional pages if necessary.

Name: **Wayne Becak**

**City Clerk**

Residence address: **1009 Stagecoach Trail, San Marcos, Texas 78666**

**OCT 11 2011**

Title of position held with the City: **Candidate for Place 4, City Council**

**City of San Marcos**

Name of spouse (if applicable): **Robyn Becak**

Names of all dependent children (if applicable): \_\_\_\_\_

Names under which you, your spouse, or any of your dependent children do business:

1. N/A

2. \_\_\_\_\_

3. \_\_\_\_\_

**Note – You may use the following reporting categories to describe amounts and values:**

- |                           |   |
|---------------------------|---|
| (1) <b>Category I</b> –   | At least \$100.00 but less than \$10,000.00         |
| (2) <b>Category II</b> –  | At least \$10,000.00 but less than \$20,000.00      |
| (3) <b>Category III</b> – | At least \$20,000.00 but less than \$50,000.00      |
| (4) <b>Category IV</b> –  | At least \$50,000.00 but less than \$75,000.00      |
| (5) <b>Category V</b> –   | At least \$75,000.00 but less than \$100,000.00     |
| (6) <b>Category VI</b> –  | \$100,000.00 or more - report to nearest \$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:

| Name, address of income source          | Nature of income (e.g., salary, dividends, rent, etc.) | Amount of income (by reporting category) |
|---|--|--|
| Broadway Bank 301 C.M.Allen Pkwy., SMTX | Retirement & 401 K                                     | V  |
| Pioneer Bank 102 Wonderworld Dr., SMTX  | Advisory Board fees                                    | I  |
| San Marcos CISD, 501 S. LBJ, SMTX       | Wife's salary  | IV                                       |
|   |  |  |

2. Identify each option held, owned, acquired or sold by you, your spouse, or any of your dependent children during the reporting period:

| Nature of option (real estate, stock, etc.) | Amount of transaction (by reporting category) | Name, address of other parties to the transaction |
|---|---|---|
| N/A   |   |   |
|   |   |   |
|   |   |   |

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:

| Name, address of business or nonprofit entity or union                         | Position held |
|--|---------------|
| Central Texas Medical Center Foundation<br>1301 Wonderworld Dr., SMTX 78666    | Chairman      |
| Hays County United Way<br>P. O. Box 1728 SMTX 78667                            | Board Member  |
| McCoy College Student Managed Investment Fund<br>601 University Dr. SMTX 78666 | Board Member  |

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:

| Name, 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/ number of shares issued (if applicable) | Net gain or loss from sale of stock (by reporting category) |
|--|---|---|--|---|
| N/A  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |

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:

| Address or legal description             | Name, 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? |
|--|--|---|---|---------------------------------------|
| 1009 Stagecoach Trail<br>San Marcos, Tx. |  | VI-Residence  |   | Yes                                   |
|  |  |   |   |                                       |
|  |  |   |   |                                       |

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):

| Name, 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) |
|--|--|---|
| Wells Fargo Home Mortgage<br>P.O. Box 660455, Dallas, Tx 75266-0455          | VI                                     | II  |
|  |  |   |
|  |  |   |

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:

| Name, 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) |
|--|--|---|
| N/A  |  |   |
|  |  |   |
|  |  |   |

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):

| Name, address of source of gift(s) | Description of gift(s) | Amount or value of gift(s) (by reporting category) |
|------------------------------------|------------------------|--|
| N/A                                |                        |  |
|                                    |                        |  |
|                                    |                        |  |

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 ten per cent of its gross income during the reporting period:

| Name, address of customer |
|---------------------------|
| N/A                       |
|                           |
|                           |

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):

| Name of franchise holder | Description of financial interest held (stock, mortgage, note etc.) | Value of financial interest (by reporting category) |
|--------------------------|---|---|
| N/A                      |   |   |
|                          |   |   |
|                          |   |   |

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:

| Name of franchise holder | Description of transaction | Value of transaction (by reporting category) |
|--------------------------|----------------------------|--|
| N/A                      |                            |  |
|                          |                            |  |
|                          |                            |  |

AFFIDAVITI 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.



*Wayne Becak*  
 \_\_\_\_\_  
 Signature of Local Government Officer/Appointed Official

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wayne Becak, this the 11 day of October, 2011, to certify which, witness my hand and seal of office.

*Jamie Lee Walshak*      Jamie Lee Pettibohn-Walshak      City Clerk  
 \_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath