

AUG 20 2011

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

City of San Marcos

- Notes:** 1. This report covers the reporting period from January 1, 2010 to December 31, 2010.  
2. Attach information on additional pages if necessary.

Name: John Thomaides

Residence address: 813 ARIZONA ST  
SAN MARCOS TX 78666

Title of position held with the City: NA

Name of spouse (if applicable): Julie Soltero - Thomaides

Names of all dependent children (if applicable): NA

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

1. Alpha Pure Water
2. \_\_\_\_\_
3. \_\_\_\_\_

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

(1) Category I –	At least \$100.00 but less than \$10,000.00
(2) Category II –	At least \$10,000.00 but less than \$20,000.00
(3) Category III –	At least \$20,000.00 but less than \$50,000.00
(4) Category IV –	At least \$50,000.00 but less than \$75,000.00
(5) Category V –	At least \$75,000.00 but less than \$100,000.00
(6) Category VI –	\$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)
<u>Alpha Pure Water</u> <u>813 ARIZONA ST</u> <u>SAN MARCOS, TX 78666</u>	<u>Profit</u>	<u>III</u>

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
<u>NA</u>		

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
NA	
Alpha Pure Water	OWNER

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)
Alpha Pure WATER	Sole Proprietor	IV	100%	NA

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?
813 Arizona St SAN MARCOS TX 78666		\$ 100K		N
802 W Hopkins SAN MARCOS TX 78666		\$ 200K		Y

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)
ON Seperate Sheet		

<u>Name, adress of business to which debt is owed</u>	<u>Amount of debt by category</u>	<u>Amout of repayment by category</u>
Flagstar Bank PO Box 371891 Pittsburg, PA 15250	IV	I
Toyota Financial Services PO BOX 5855 Carol Stream, IL 60197	II	I
Capitol One Visa PO BOX 60599 City of Industry CA 91716	II	I
Bank Of America Mastercard PO BOX 15019 Wilmington DE 19850	I	I
HSBC Best Buy PO BOX 49353 San Jose CA 95161	I	I

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)
NA		

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)
NA		

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
NA

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)
NA		

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)
NA		

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.



*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Local Government Officer/Appointed Official

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Thomaidis, this the 26 day of August, 2011, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* \_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath  
Jamie Lee Pettigrew Walshak      City Clerk