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

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1. This report covers the reporting period from: January 1, 2017 to December 31, 2017

2. Do not leave items blank. If item is not applicable, mark NA or NONE.

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4	Affach	intormation	on additional	pages, if necessary.
J.	rituon	mommunon	on additional	pages, ii necessary.

Name: Rick Henderson	
Residence address: 236 BMEDEN BROOKE DRIVE	
Title of position held with the City:	
Name of spouse: Salara Taylor Henderson	NA or NONE
Names of all dependent children:	NA or NONE
Names under which you, your spouse, or any of your dependent children do business:	NA or NONE
1. Rick Henderson on Richano Henderson	
2. SALANA Henderson on SALAWA Taylor Henderson	
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 NA or NONE 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]
Texas State University 601 University Dizive SAN MARCOR, Tx 78666	Salany and overstonic classes	JV.	Self
SALANA Henderson, Realton DAMIRON GROWP REALTON 102 WONDERWOODLD OK#304 S.M. TX	Salus Commissions	III	spouse
COUNTYMANK PHINING LOGISTICS, LLC MOUNT VERNON, IN 47620	DIVIDEND ROYATY OUNEN	I. <\$,1000	Self

Nature of option [real estate, stock, etc.]	Amount of transactio [by reporting category]		full address of ansaction	other parties
,				
. Identify each business entity, r				
lependent children was a partner, peneficiary during the reporting p	eriod:		NA or N	
Name & full address of business	or nonprofit entity or union	Position held	d	
			144	
1				
Identify each business entity, lependent children had an owner luring the reporting period:				.00 at any tir
ependent children had an owner uring the reporting period: Name & full address of business			nore than \$100	ONE Net gain or loss from sale of stock
ependent children had an owner uring the reporting period: Name & full address of business or nonprofit entity or union Countymalk Refining Logistics	Ship interest with a fair ma 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
ependent children had an owner	Description of ownership interest [e.g., owner, partner, stockholder]	Value of ownership interest [by reporting category]	NA or N Number of shares held/shares issued	Net gain or loss from sale of stock [by reporting category]

5. Identify any real propert had an interest as owner, be or board member, officer o	eneficial owner (holder o	f a mortgage), business	owner (partner in	a partnership der:
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?
1105 CIMARION CRT. SAN MARCIE 78666	RICK HENDERSON 1105 CIMARION CET SANMARION, TK	\$ 200,000		yes
236 BRAEDEN Brake SAN MARCO, TX 78666		\$263,000		yes
related within the second d reported as required by law Name & full address of per guarantor to which debt wa	rson, business entity or	Amount of debt [by reporting catego	NA or NC	repayment orting period
7. Provided this information owed you, your spouse, or a period (not including debts Name & full address of per	ny of your dependent chi owed by persons related	ldren a debt of more th	an \$100.00 during	the reporting ty or affinity:
guarantor that owed the de		[by reporting category]	during reporti [by reporting ca	ng period

Name & full address of person, business guarantor that owed the debt	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 accuraceived during the reporting period by your by another person for the use and benefit including (1) a gift received from a relativistate succession or as distribution from ancestor):	ou, your s it of you, ve if given	pouse, or any of your dep your spouse, or any of yone because of kinship, or (2)	pendent children, or received your dependent children (no 2) a gift received by will, by
Name & full address of source of gift(s)	Descript	ion of gift(s)	Amount or value of gift(s) [by reporting category]
9. Provided this information is not privilegentity during the reporting period, list all coincome during the reporting period:			
Name & full address of customer			

		NA or NONE TAME
Name of franchise holder	Description of financial interest held [stock, mortgage, note etc.]	Value of financial interest [by reporting category]
	the reporting period by you, your spouse, o	
ildren with any holder of any franc	chise issued by the City, other than as a custo	mer or patron: NA or NONE
Name of franchise holder	Description of transaction	Value of transaction
value of franchise notice	Description of transaction	[by reporting category]
	f perjury that the above statement is true and corr (as defined by Section 176.001(2), Local Gover	
sclosure applies to a family member overnment officer. I also acknowled		rnment Code) of this local
sclosure applies to a family member overnment officer. I also acknowled 76.003(a), Local Government Code.	(as defined by Section 176.001(2), Local Gover	rnment Code) of this local
sclosure applies to a family member vernment officer. I also acknowled 6.003(a), Local Government Code. DALEY HELLER Notary ID #128312404	(as defined by Section 176.001(2), Local Governoge that this statement govers the 12-month per statement governous the 12-month governous the 12-mo	rnment Code) of this local riod described by Section
sclosure applies to a family member vernment officer. I also acknowled 6.003(a), Local Government Code. DALEY HELLER	(as defined by Section 176.001(2), Local Gover	rnment Code) of this local riod described by Section
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Sclosure applies to a family member overnment officer. I also acknowled 6.003(a), Local Government Code. DALEY HELLER Notary ID #128312404 My Commission Expires September 10, 2022 FFIX NOTARY STAMP / SEAL ABO	(as defined by Section 176.001(2), Local Governge that this statement govers the 12-month per Signature of Local Government OVE	rnment Code) of this local riod described by Section Officer/Appointed Official
DALEY HELLER Notary ID #128312404 My Commission Expires September 10, 2022 FFIX NOTARY STAMP / SEAL ABO worn to and subscribed before me, by the several properties of the second subscribed before me, by the several properties of the second subscribed before me, by the several properties of the second subscribed before me, by the several properties of the second subscribed before me, by the second subscribed before me, and the second sub	(as defined by Section 176.001(2), Local Governge that this statement govers the 12-month per Signature of Local Government	rnment Code) of this local riod described by Section Officer/Appointed Official

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath