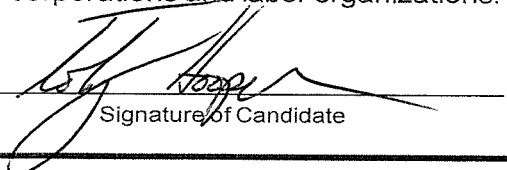


APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1	Total pages filed:	
2	CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX	Acct. #	Date Received		
		Mr. Toby C			City Clerk			
		Hooper			AUG 20 2010			
		City of San Marcos						
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		PO BOX 972, San Marcos, TX 78667-0972						
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	HD/PM			
		(512) 665-2627			Date Processed			
5	OFFICE HELD (if any)	N/A					Date Imaged	
6	OFFICE SOUGHT (if known)	Place 2 San Marcos City Council						
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Mr. Don		Singleton				
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		96 Elm Hill Court, San Marcos, TX 78666-3079						
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(512) 396-7106						
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.						
		I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.						
		I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						
		 Signature of Candidate				8-19-10		
						Date Signed		

GO TO PAGE 2

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

Notes: 1. This report covers the reporting period from January 1, 2009 to December 31, 2009.
2. Attach information on additional pages if necessary.

Name: Toby Hooper

Residence address: 118 Cypress Court,
San Marcos, TX 78667-3080

Title of position held with the City: Seek election to Place 2 San Marcos City Council

Name of spouse (if applicable): Mrs. Suad Hooper

Names of all dependent children (if applicable): Austin Hooper, Jannat Hooper

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

1. N/A
2. N/A
3. N/A

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)
Seton Healthcare 1345 Philomena, Austin, Tx	Salary	IV
Community Action, Inc. 101 Uhland Rd., San Marcos, TX	Salary	IV
Phillips-Van Heusen Corp. 1001 Frontier Rd., Bridgewater, NJ	Salary	I

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	N/A	N/A
N/A	N/A	N/A
N/A	N/A	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
Seton Healthcare 1345 Philomena St., Austin, Tx	Contract Manager
Community Action Inc. 101 Uhland Rd., San Marcos, Tx.	Child Development Coordinator
N/A	N/A

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	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	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?
118 Cypress Ct. San Marcos, Tx	N/A	VI Residence	N/A	Yes
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	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):

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)
American Honda Finance Corp. PO Box 7829, Philadelphia, PA 19101	I	I
Wells Fargo Home Mortgage PO BOX 660278, Dallas, TX 75266	VI	I
Security Service Federal Credit Union 16211 La Canterra Pkwy, SanAntonio, TX 78256-2419	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)
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	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	N/A	N/A
N/A	N/A	N/A
N/A	N/A	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
N/A
N/A

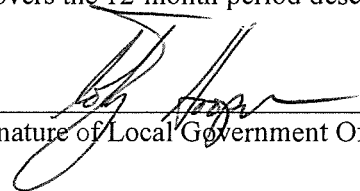
10. Identify any financial interest in any franchisee of the City held during the reporting period by you, your spouse, or any of your dependent children (note: franchise holders are A)Time Warner Cable, B) Pedernales Electric Cooperative, C) Bluebonnet Electric Cooperative, and D) CenterPoint Energy Entex):

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

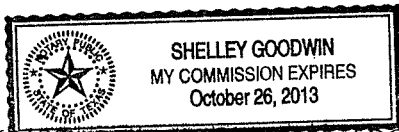
11. Identify any transaction during the reporting period by you, your spouse, or any of your dependent children with any holder of any franchise issued by the City, other than as a customer or patron:

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



 Signature of Local Government Officer/Appointed Official



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joby Hooper, this the 20th day of August, 2010, to certify which, witness my hand and seal of office.

Shelley Goodwin Shelley Goodwin Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath