FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.			OFFICE USE ONLY		
This is the notice to the appropriate government officer has become aware in accordance with Chapter 176, Local	of facts that require the offi		Date Received		
Name of Local Government Officer	erty				
2 Office Held Bol	and Truste				
3 Name of vendor described by Section Code MA	ons 176.001(7) and 176.00	3(a), Local Government			
4 Description of the nature and exter with vendor named in item 3.			era e a		
5 List gifts accepted by the local go from vendor named in item 3 exce Date Gift Accepted	eds \$100 during the 12-mo	onth period described by	Section 176.003(a)(2)(B).		
Date Gift Accepted					
Date Gift Accepted			,		
Bute ant/locopied	(attach additional forms				
to each family memb	per (as defined by Section 176.0 at this statement covers the 12-	01(2), Local Government Code month period described by Sect Signature of Local of	· · · · · · · · · · · · · · · · · · ·		
	Please complete ei	ther option below:			
(1) Affidavit NOTARY STAMP/SEAL					
Sworn to and subscribed before me by		this the	day of,		
20, to certify which, witness my ha	and and seal of office.		ė į		
Signature of officer administering oath	Printed name of officer admin	istering oath	Title of officer administering oath		
	OR				
(2) Unsworn Declaration			×		
My name is Tony ME Carty	/	_, and my date of birth is	1-16-1985		
My address is Po Box (0)		Neches, TX	75779 USA		
(stre	eet)	(city) (state			
Executed in Ander Son County, S	State of / CXaS , on th	e 25 day of (month)	, 20		
		Signature of Local Govern	nment Officer (Declarant)		

FORM CIS

This questionnaire	reflects changes m	nade to the law by H	I.B. 23, 84th Leg	g., Regular Ses	sion.	OFFICE	USE ONLY
government office	r has become awa	te local governme are of facts that req cal Government Co	uire the officer	t the following to file this stat	g local ement	Date Received	
1 Name of Local	Government Offic	cer					
Lance Fredr	ickson						
2 Office Held							
School Boa	ard Member						
3 Name of vendor	described by Sec	ctions 176.001(7) a	ind 176.003(a)	, Local Gover	nment		
Code		` '		•			
4 Description of t with vendor nar	he nature and exi ned in item 3.	tent of each employ	yment or other	business rela	ationship	and each far	nily relationship
5 List gifts accep from vendor na	ted by the local o	government office ceeds \$100 during	r and any fam the 12-month	ily member, if period descr	aggrega ibed by S	te value of the Section 176.0	ne gifts accepted 103(a)(2)(B).
Date Gift Accep	ted <u>None</u>	Description of	Gift				
Date Gift Accep	ted	Description of	Gift				
		Description of G					
			onal forms as				
		mber (as defined by S that this statement cov		period describe	d by Section)(B), Local
		Please con	nplete eithe	r ontion be	low.		
(1) Affidavit				. 000001100			
NOTARY STAMP/SI	EAL						
Sworn to and subscrib	ed before me by			this	the	day of	
20, to cert							
Signature of officer admini	stering oath	Printed name of	officer administerir	ıg oath		Title of office	er administering oath
			OR				
2) Unsworn Declara	ition					_	
My name is			, an	d my date of bir	th is		·
Ny address is			,,		,,		
	•	treet)			, ,	(zip code)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
xecuted in	County,	State of	, on the	day of (m	ionth)	, 20 (year)	
				Signature of Loca	al Governm	ent Officer (Do	clarant)

FORM CIS

DISCLOSURE STATEMENT chapterestors for completing and hing the form are provided on the next page; This questionnaire reflects changes made to the law by HTD 23, 44th Leg., Regular Session. OFFICE USE ONLY This is the dolice to the appropriate local governmental entity that the following local government officer has become aware of facts that resource the officer to tile for stationard in accordance with Chapter 176, Local Government Code Name of Local Government Officer Office Held board member 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in Item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift _____ Date Gitt Accepted _____ Description of Gift ____ (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. If also acknowledge that this statement covers the 12-month period described by Section 176 003(a)(2)(B). Local Government Code. Rlease complete either option below: LINDA BROOKE MCCULLY
Idayli
Notary Public, State of Texas
Comm. Expires 05-20-2026 TÁTA STAMP / SHOLD IV ID 133772853 Sworn to and subscribed before me by Holly Nooly this the II day of July to certify which, witness my hand and seal of office. Notary Public.

Title of officer administering cath Linda B. McCusty
Printed name of afficer administering path Signature of officer administering of h OR (2) Unsworn Declaration , and my date of birth is My name is ___ My address is _____ (city) (state) (zip code) (street) Executed in _____ County, State of _____ on the ____ day of _____ (month)

Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

(Mistractions for completing the film are provided on the moxp				
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY			
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received			
Name of Local Government Officer Garald Brown				
2 Office Held				
Board Member Neches ISD				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	DESCRIPTION OF THE PROPERTY OF			
code None to MY Knowledge				
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Nonc to My Knowledge				
5 List gifts accepted by the local government officer and any family member, if aggreg	gate value of the gifts accepted			
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).			
Date Gift Accepted Description of Gift				
Date Gift Accepted Description of Gift				
Date Gift Accepted Description of Gift				
(attach additional forms as necessary)				
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each 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)(2)(B), Local Government Code ZELLA S. HURST Signature of Local Government Officer				
Comm. Expires 06-29-2022 Notary ID 1379396 Pease complete either option below: (1) Afridavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by $\frac{barald}{b}$ $\frac{E}{B}$ $\frac{B}{B}$ $\frac{B}{B}$ this the $\frac{2}{B}$.	3 red day of July			
20 _ 2 /, to certify which, witness my hand and seal of office.	J			
- Bella & Hurst Zella S. Hurst A	Votory Public			
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath			
e or	are transce			
(2) Unsworn Declaration				
My name is, and my date of birth is	·			
My address is,				
, ,	e) (zip code) (country)			
Executed in County, State of, on the day of (month)	, 20 (year)			
Signature of Local Gover	rnment Officer (Declarant)			

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	
Thomas Stewart	
2 Office Held	
School Board Member	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
4.1	
4 Description of the nature and extent of each employment or other business relationshi	p and each family relationship
with vendor named in item 3. Noいと	
5 List gifts accepted by the local government officer and any family member, if aggreg	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift Now	
Date Gift Accepted Description of Gift Nove	
(attach additional forms as necessary)	
ARY PUBLOS	a) of this local government officer. I
Please complete either option below: NOTARY 3 HAVIOR TO THE SWORM to anti-miles the by Thomas Step of the this the Complete either option below:	2 day of July.
20 , to certify which, witness my hand and seal of office.	•
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	-
(2) Unsworn-Declaration	
My name is, and my date of birth is	•
My address is	(country)
Executed in County, State of , on the day of (month)	
(month)	(year)
Signature of Local Gover	nment Officer (Declarant)

FORM CIS

(instructions for completing and ming this form are provided on the next pa	19e.)
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer. AMMAA K. KINCAAO	
Neches 15D School Board Member	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
code Grapeland 15D	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. NUML	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted MA Description of Gift MA	
Date Gift Accepted MA Description of Gift MA	
Date Gift Accepted NA Description of Gift NA	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this statement covers the 12-month period described by Section Government Code. Signature of Local Code.	e) of this local government officer. I tiom:176.003(a)(2)(B), Local
Please complete either option below: My Notary ID # 124064779 Expires December 30, 2021	
Sworn to and subscribed before me by Amanda K Kincade this the <u>3</u>	W day of JUY.
20 Al , to certify which, witness my hand and seal of office.	
Lion Warren LISA Wappen	Notaes
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR .	
(2) Unsworn Declaration	
Adv. name is	
My name is, and my date of birth is	
My address is,, (city) (state	,) (zip code) (country)
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Executed in County, State of, on the day of (month)	(year)
Signature of Local Govern	nment Officer (Declarant)

FORM CIS

. (netraetiene fer cempietin	g and imig and idini	are previous strates	
This questionnaire refle	OFFICE USE ONLY			
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.			Date Received	
1 Name of Local Gov				
basthas	C. Gordon			
2 Office Held	C. CIOROCOT			
Board TR	Lee			
3 Name of vendor des	scribed by Sections 176	.001(7) and 176.003	(a), Local Governn	nent
Code	9	, ,		
321 Cycles	uc ,			onship and each family relationship
with vendor named	d in item 3.			
F List gifts accented	by the local government	nt officer and any f	amily member, if a	ggregate value of the gifts accepted
from vendor name	d in item 3 exceeds \$10	0 during the 12-mo	nth period describ	ed by Section 176.003(a)(2)(B).
The State of the state of	*			
	Desc			
Date Gift Accepted	Desc	ription of Gift		
Date Gift Accepted	Descri	otion of Gift		
	(atta	ach additional forms	as necessary)	
ANG Notary My Cor	Government Code. ELA DOUGLAS ID #133351488	ase complete ei	Signature of	by Section 176.003(a)(2)(B), Local Local Government Officer
A Section of the Sect				
NOTARY STAMP/SEAL		3		
Sworn to and subscribed	before me by	han CGoc	don this th	ne 18th day of August,
20 23 , to certify	which, witness my hand and s	eal of office.		
Anala Dou	alors P	mada Davale	B	Noterry Admin Secretes
Signature of officer administe		ted name of officer admini	stering oath	Title of officer administering oath
	有限和对应 对数据的现在分词	OR		Control of the Contro
(2) Unsworn Declaration	on	*		
My name is	:		, and my date of birth	is
My address is			/-14. A ²	(atata) (rip anda) (anuntru)
	(street)		(city)	(state) (zip code) (country)
Executed in	County, State of _	, on the	e day of (mo	nth) (year)
		2 %	Signature of Local	Government Officer (Declarant)