This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE HEE ONLY
This is the notice to the appropriate local governmental entity that the following local	OFFICE USE ONLY
government officer has become aware of facts that require the officer to file this statement	Date Received
in accordance with Chapter 176, Local Government Code.	
1 Name of Local Government Officer	
Michael V. BROWN	
2 Office Held	
DOARD / RUST 6t' 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
1/2.15 (2-201)	
VANS GROCERY 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.	e and daon failing 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	ъесноп 176.003(а)(2)(В).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge the statement is true and correct.	
to each family member (as defined by Section 176.001(2), Local Government Cod	
also acknowledge that this statement covers the 12-month period described by Sec Government Code.	ران ۱۱ ۱/ ۱/ ۱۵ (۱۵ (۱۵ (۱۵ (۱۵ (۱۵ (۱۵ (۱۵ (۱۵ (۱۵
III Of Storen	
Signature of Local	Government Officer
LEIGH A. BURLESANDON Complete either option below:	
Notary Public State of Texas	
(1) Affidavit Comm. Expires 10-05-2021	
Notary ID 131303695	
NOTARY STAMPASEAL	2rd 1
Sworn to and subscribed before me by Michael V. Brown this the 2	3 day of July,
20 2, to certify which, witness my hand and seal of office.	notony!
Keile & Blackmor Leigh A. Blackmon Ad	min. Secretary
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,	
(street) (city) (state	, , , , , , , , , , , , , , , , , , , ,
Executed in County, State of, on the day of(month)	, 20
(month)	(year)
Signature of Local Gover	rnment Officer (Declarant)

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. AMMAA K. KINCADO	
Neches 15D School Board Member	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Grapeland ISD	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. \$\text{\lambda} \text{\lambda} \text{\lambda}\$	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	
Date Gift Accepted NA Description of Gift NA	
Date Gift Accepted MA Description of Gift MA	2
Date Gift Accepted MA Description of Gift NA	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is true and correct. I ackrete to each family member (as defined by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2). Government Code. Signature of Local	e) of this local government officer. I
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 2	ay 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
Signature of officer administering oath Printed name of officer administering oath OR	This of emoti duministering odd
(2) Unsworn Declaration	
<u> </u>	
My name is, and my date of birth is	
My address is,	
(street) (city) (state	e) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Govern	nment Officer (Declarant)

This questionnaire reflects	changes made to the law by H.E	3. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has be		tal entity that the following local ire the officer to file this statement e.	Date Received
Name of Local Governi			
Thomas Stev	vart		
Office Held	4		
School Board	Member		
Name of vendor describ	ed by Sections 176.001(7) an	nd 176.003(a), Local Government	
None			
Description of the natu		ment or other business relationsh	p and each family relationship
with vendor named in i	item 3. None		
List gifts accepted by	the local government officer	and any family member, if aggree	gate value of the gifts accepted
from vendor named in	item 3 exceeds \$100 during t	the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted	Description of G	gift Nove	
Date Gift Accepted	Description of (Gift Nove	
		n Nove	
	(attach additio	nal forms as necessary)	
also a	cknowledge that this statement covernment Code.		
	White the state of	plete either option below:	22 day of July.
20 21 to certify which	h, witness my hand and seal of office.	Prater	,
Signature of officer administering of	eath Printed name of	officer administering oath	Title of officer administering oath
	A Committee of the Comm	OR	
(2) Unsworn Declaration			
My namo is		, and my date of birth is	
			,
wy address is	(street)	(city) (stat	e) (zip code) (country)
Executed in	,	, on theday of(month)	
		Signature of Local Gove	rnment Officer (Declarant)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICEUSEONLY
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	ALCO CONTROL C
Board Member Neches ISD	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
code None to my Knowledge	
Description of the nature and extent of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3. Nonc to My Knowledge	
List gifts accepted by the local government officer and any family member, if aggregation from vendor named in item 3 exceeds \$100 during the 12-month period described by the bound of the second of	gate value of the gifts accepted v Section 176.003(a)(2)(B).
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 ack to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code ZELLA S. HURST Notary Public, State of Texas Comm. Expires 06-29-2022 Notary ID 1379396 Notary ID 1379396 Notary ID 1379396 Respectively. The above statement is true and correct. I ack to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that this statement covers the 12-month period described by Se Government Code also acknowledge that the 12-month period described by Se Government Code also acknowledge that the 12-month period described by Se Government Code also acknowledge that the 12-month period described by Se Government Code also acknowledge that the 12-month period des	le) of this local government officer. I ction 176.003(a)(2)(B), Local
NOTARY STAMP/SEAL	nel .
Sworn to and subscribed before me by $\frac{Garald}{EBrown}$ this the 2	3 day of July,
20 21 , to certify which, witness my hand and seal of office. 20 21 , to certify which, witness my hand and seal of office. 20 21 , to certify which, witness my hand and seal of office.	Votary Public
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, and my date of birth is,	
(street) (city) (state	e) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
	rnment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

(Instructions for completing and filing this form are provided on the next page.)				
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				
Patricia Davilla				
2 Office Held	selection			
School Board Trustee				
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 relationshi with vendor named in item 3.	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				
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 covere—the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below: Signature of Local Government Officer Please complete either option below: NOTARY STAMP/SEAL				
Sworn to and subscribed before me by Patricia Davilla this the a	29th day of July			
20 21, to certify which, witness my hand and seal of office. 13 1 and: Dr. 5kell Brand: Dr. 5kell				
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath			
(2) Unsworn Declaration				
My name is, and my date of birth is				
	,			
	e) (zip code) (country)			
Executed in County, State of, on the day of(month)	, 20 (year)			
Signature of Local Gover	rnment Officer (Declarant)			