

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(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.

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.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Sheila M Birdwell

2 Office Held

Trustee

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

NONE

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

NONE

5 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 N/A Description of Gift _____

Date Gift Accepted N/A Description of Gift _____

Date Gift Accepted N/A 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 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.

Sheila M Birdwell

Signature of Local Government Officer

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Sheila Birdwell this the 26th day of October

20 21 to certify which, witness my hand and seal of office.

Pam Sanders

Signature of officer administering oath

Pam Sanders

Printed name of officer administering oath

Notary

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sheila M Birdwell and my date of birth is 3-29-1975

My address is 244 Birdwell Rd Bryson TX 76407 USA
(street) (city) (state) (zip code) (country)

Executed in Jack County, State of TX on the 21 day of Oct 20 21
(month) (year)

Sheila M Birdwell

Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Blake Brooks

2 Office Held

Board Member

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

None

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

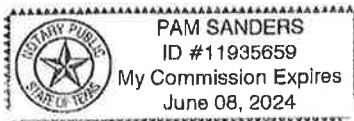
None

5 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	NA
Date Gift Accepted _____	Description of Gift	N/A
Date Gift Accepted _____	Description of Gift	N/A

(attach additional forms as necessary)

6 AFFIDAVIT



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.

[Handwritten Signature]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Blake Brooks, this the 31st day of August, 2020, to certify which, witness my hand and seal of office.

<i>[Handwritten Signature]</i>	<u>Pam Sanders</u>	<u>Notary</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Charles Hanger

2 Office Held

Board President

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

NONE

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

NONE

5 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).

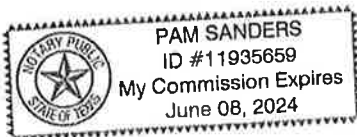
Date Gift Accepted *NONE* Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



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.

[Signature]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Charles Hanger*, this the *31st* day of *August* 20 *20*, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Pam Sanders

Printed name of officer administering oath

Notary

Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Frank Hefner

2 Office Held

Secretary BISSD Board

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

NONE

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

NONE

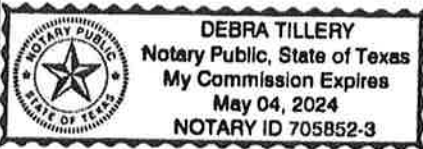
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____
Date Gift Accepted _____ Description of Gift _____
Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 **AFFIDAVIT**

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.



Frank Hefner
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank Hefner, this the 31st day of Aug, 2020, to certify which, witness my hand and seal of office.

Debra Tillery
Signature of officer administering oath

Debra Tillery
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Daniel Lewis

2 Office Held

BOARD member

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

None

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

None

5 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 _____

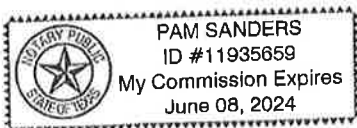
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

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.



Daniel Lewis
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Lewis, this the 31st day of August, 2020, to certify which, witness my hand and seal of office.

Pam Sanders Pam Sanders Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Greg London

2 Office Held

Supt.

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

NONE

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

NONE

5 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).

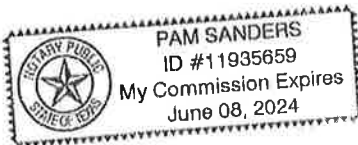
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



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.


Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg London, this the 31st day of Aug, 2020, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Pam Sanders
Printed name of officer administering oath

Notary
Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Travis Thorne

2 Office Held

Vice President

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

None

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

None

5 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 Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 **AFFIDAVIT**

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.



Travis Thorne

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Travis Thorne, this the 31st day of August, 2020, to certify which, witness my hand and seal of office.

Pam Sanders

Signature of officer administering oath

Pam Sanders

Printed name of officer administering oath

Notary

Title of officer administering oath