

# 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

Nathan Wenske

2 Office Held

Trustee

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

Rock Hard Materials LLC

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

Owner gravel company

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 N/A

Date Gift Accepted N/A Description of Gift N/A

Date Gift Accepted N/A Description of Gift N/A

(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.

[Signature]  
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nathan Wenske this the 25<sup>th</sup> day of March

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

[Signature]  
Signature of officer administering oath



ANN SEIDENBERGER  
NOTARY PUBLIC  
STATE OF TEXAS  
ID # 520050-6

Printed name of officer administering oath My Comm. Expires 07-21-2023

OR

(2) Unsworn Declaration

My name is Nathan Wenske and my date of birth is 11-26-1981

My address is 5680 US Highway 77-A N Yocum TX 77995 USA

Executed in Lavaca County, State of TX, on the 25 day of March, 20 21

[Signature]  
Signature of Local Government Officer (Declarant)

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### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Johnny Turk

2 Office Held

Board Trustee

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

Monica Turk

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

WIFE

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 n/a

Date Gift Accepted ↓ Description of Gift ↓

Date Gift Accepted ↓ Description of Gift ↓

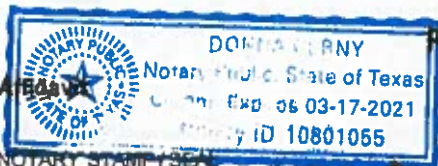
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge 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



Please complete either option below:

(1)

Sworn to and subscribed before me by Johnny Turk this the 8<sup>th</sup> day of March

2021, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Donna Cerny  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Robin Boswell

2 Office Held

BHISD Board of Trustees, Place 7

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

Sweet Home Sand & Gravel / Tammy Steinmann

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

Owner / sister-in-law

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 \_\_\_\_\_

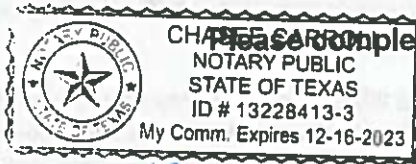
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 **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.

R. Boswell

Signature of Local Government Officer



**Please complete either option below:**

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robin Boswell this the 22nd day of Jan

202021, to certify which, witness my hand and seal of office.

Charles Carroll

Charles Carroll

Notary 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 \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Local Government Officer (Declarant)

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### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Jeff Points

2 Office Held

SHISD Board of Trustees Place 4

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

Double P Construction - Dawn Points

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

Owner - Spouse

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 \_\_\_\_\_

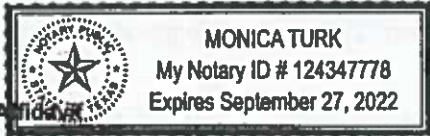
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 **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.

Jeff Points  
Signature of Local Government Officer



Please complete either option below:

**NOTARY STAMP / SEAL**

Sworn to and subscribed before me by Jeff Points this the 01 day of April

2021, 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 Jeff Points, and my date of birth is 7-16-67

My address is 1053 CR 395, Yoakum, Tx, 77915, Lavaca.

(street) (city) (state) (zip code) (country)

Executed in Lavaca County, State of Texas, on the 8<sup>th</sup> day of 3, 2021.

(month) (year)

Jeff Points  
Signature of Local Government Officer (Declarant)