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	
RYAN ESKRIOGÉ	
2 Office Held	
2 Office Held School Board Truster	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code N/A	
•	n and seek femily valetionship
4 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	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 170.003(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 ack	
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 Sec	e) of this local government officer. I
Government Code.	
Signature of Local	Government Officer
Please complete either option below:	
(1) Affidavit	
NOTARY STAMP/SEAL Notary ID 126257968	
No in the last of	30th day of October.
Sworn to and subscribed before me by Kyan Eskridge this the	day of <u>October</u> ,
20, to certify which, witness my hand and seal of office.	
(Jennifer (Johnson (Jennifer (J	Executive ASSI.
	Title of officer administering oath
OR	
(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)
	U/
Signature of Local Gove	rnment Officer (Declarant)

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
Name of Local Government Officer ,	
Rick Harrell	, , , , , , , , , , , , , , , , , , ,
President - Board of TRustees	
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.	
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	ate value of the gifts accepted
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 170.003(a)(2)(b).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	7
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 ack	nowledge that the disclosure applies
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 12-month period described by Section 12-month period described by Section 176.001(2), Local Government Codalson 176.001(2), Local Gover	e) of this local government officer. I
Government Code.	1
Signature of Local	Government Officer
	. A la se i
Please complete either option below:	9
(1) Affidavit JENNIFER A. JOHNSON Notary Public, State of Texas	
NOTARY STAMP/SEAL Comm. Expires 10-18-2025 Notary ID 126257968	5th Sextenden
Sworn to and subscribed before me by Rick Harre this the	3 day of <u>September</u> ,
20, to certify which, witness my hand and seal of office.	- A V
Gennifer Gohnson Jenniter Johnson	Executive Asst.
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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 Cour	roment Officer (Declarant)

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
Name of Local Government Officer	
Sustin Strain	
2 Office Held	
Board of Trustee	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code V/A	- 1
	n and each family relationship
with vendor named in item 3.	C. T.
5 List gifts accepted by the local government officer and any family member, if aggreg	ate value of the gifts accepted
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 170.003(a)(2)(b).
Date Gift Accepted	n u 4
Date Gift Accepted Description of Gift V/A	
Date Gift Accepted Description of Gift N	
(attach additional forms as necessary)	
6 SIGNATURE 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 Codalso acknowledge that this statement covers the 12-month period described by Sec	
Government Code.	CHOIT 176.003(a)(2)(b), Local
Signature of Local	Government Officer
Please complete either option below:	~
(1) Affidavit JENNIFER A. JOHNSON Notary Public, State of Texas	
NOTARY STAMP/SEAL Notary ID 126257968	7
	25th on September
77	day or spice 100,
20, to certify which, witness my hand and seal of office.	Executive Asst.
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,,	-)
()	e) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Gove	rnment Officer (Declarant)

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
Name of Local Government Officer Stacie Warren	
office Held 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 relationshing with vendor named in item 3.	u l
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	gate value of the gifts accepted r Section 176.003(a)(2)(B).
Date Gift Accepted na Description of Gift na	, , , , , , , , , , , , , , , , , , ,
Date Gift Accepted	
Date Gift Accepted Description of Gift	en of a transfer
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), Lecal Government Codalso acknowledge that this statement covers the 12-month period described by Section 12-month period described by Section 12-month period described by Section 13-month period described by Section 14-month period by Section 14-month period described by Sect	b) of this local government officer. I
(1) Affidavit JENNIFER A. JOHNSON Notary Public, State of Texas Comm. Expires 10-18-2025	
Sworn to and subscribed before me by Stacie warren this the	5th day of September,
20 23 , to certify which, witness my hand and seal of office. Dennifer Johnson	Executive Asst.
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR OR	以 图的特殊的。
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,	
	te) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

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
Name of Local Government Officer CONFER HISER	
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.	
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)	
	e) of this local government officer. I
Please complete either option below: JENNIFER A. JOHNSON Notary Public, State of Texas Comm. Expires 10-18-2025 Notary ID 126257968	
Sworn to and subscribed before me by	5th day of September.
20_23, to certify which, witness my hand and seal of office. Den niles, Johnson Jennifer Johnson	Executive Asst.
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	特的数值被消费证明等。
(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) (month)	
1	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	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.	
Name of Local Government Officer	
_ Wheron Lona	
2 Office Held	
Crandall ISD Trustee	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
Borders & Long Vil Company	
Description of the nature and extent of each employment or other business relationshi with yendor named in item 3.	p and each family relationship
Part Owners - My husband & I own 50	of on many
5 List gifts accepted by the local government officer and any family member, if aggreg	ate 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).
No gitts have been accepted.	
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 ackr	nowledge that the disclosure applies
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 Sec Government Code.	tion 176.003(a)(2)(B). Local
Covernment code.	Kona
Signature of Local	Government Officer
Please complete either option below:	V
JENNIFER A. JOHNSON	
(1) Affidavit Notary Public, State of Texas	
NOTABY STAND (SEA) Notary ID 126257968	
NOTARY STAMP/SEAL NOTARY ID 120237500	ath 1
Sworn to and subscribed before me by Sharon Long this the /	2 day of September.
20 23, to certify which, witness my hand and seal of office.	• •
Jenniler Johnson Jennifer Johnson	2th day of September.
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	3
My address is,,	
(street) (city) (state	(zip code) (country)
Executed in County, State of, on the day of(month)	
(month)	(year)
Signature of Local Gover	nment Officer (Declarant)

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
Name of Local Government Officer	
Any Barber	
2 Office Held	
Crandall IsD School Board Trustee	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Rusted Rail Golf Club, LLC + Barber Specialties, Inc.	
Description of the nature and extent of each employment or other business relationship	p and each family relationship
with vendor named in item 3.	·
5 List gifts accepted by the local government officer and any family member, if aggreg	rate value of the diffs 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)	
	le) of this local government officer. I
Please complete either option below: JENNIFER A. JOHNSON Notary Public, State of Texas Comm. Expires 10-18-2025 Notary ID 126257968	
Sworn to and subscribed before me by Amy Barber this the	7th day of November,
20 23, to certify which, witness my hand and seal of office.	Even due de
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	anning out
(2) Unsworn Declaration	
My name is, and my date of birth is	·
My address is	
(carea)	te) (zip code) (country)
Executed in county, State of , on the day of(month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)