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.			OFFICE USE ONLY
government office	e to the appropriate local governmental er er has become aware of facts that require th h Chapter 176, Local Government Code.		
	Government Officer		7
Lau	ra Stewart		
2 Office Held			
Tru	stee		
3 Name of vendor Code	r described by Sections 176.001(7) and 17	5.003(a), Local Governme	nt
NIG	7		
	the nature and extent of each employment amed in item 3.	or other business relation	nship and each family relationship
	pted by the local government officer and		
from vendor n	amed in item 3 exceeds \$100 during the 1	2-month period described	by Section 176.003(a)(2)(B).
Date Gift Acce	pted WIA Description of Gift	NIA	
	· 11'10	MA	
Date Gift Acce	pted Description of Gift	10.11	
Date Gift Accep	pted / Description of Gift	NIT	
	(attach additional for	orms as necessary)	
TV0	to each family member (as defined by Section also acknowledge that this statement covers the Government Code.	e 12-month period described by	
(1) Affidavit NOTARY STAMP/	TRACEY DANETTE CAIN NOTARY PUBLIC 104 134347385 STATE OF TEXAS COMM. Exp. 05-08-2027	e either option belov	v:
Swom to and subscr	ibed before me by Carra Stevar	this the	5 day of June.
21	ertify which, witness my hand and seal of office.		
× (0000 00	in Tracey Can	^	HP pesistant
Signature of officer admi			Title of officer administering oath
	90		
(2) Unsworn Decla			
My name is		, and my date of birth is	
My address is			
	(street)		state) (zip code) (country)
Executed in	County, State of,	on the day of(month	, 20
		-	
		Signature of Local G	overnment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filling 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 is accordance with Chapter 176. I see I Government Code.	Date Received			
in accordance with Chapter 176, Local Government Code. Name of Local Government Officer				
Leanna Stafford				
2 Office Held				
Trustee				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government				
Code				
W/A				
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			
With Vendor named in item 3.				
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).			
Date Gift Accepted N/A Description of Gift N/A				
Date Gift Accepted N/A Description of Gift N/A				
Date Gift Accepted W A Description of Gift N A				
(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 Code also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local	e) of this local government officer. I			
TRACEY DAME PROMISE complete either option below: NOTARY PUBLIC ID# 134347385 State of Ireas Comm. Exp. 05-08-2027				
NOTARY STAMP/SEAL				
Sworm to and subscribed before me by Uana Stafford this the 5	day of June.			
20 QU, to certify which, witness my hand and seal of office.				
alacterain tracey (ain #	TR ASSISTANT			
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 Govern	nment Officer (Declarant)			