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	Date Received
in accordance with Chapter 176, Local Government Code.	received
1 Name of Local Government Officer	4/18/24 Mg
Janis Holt	, ,
2 Office Held	
Silsbee ISD Trustee Place 2	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Hi-Tech Air & Water Purification Systems	
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
Owner	
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	
1/1	
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	
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.	tion 176.003(a)(2)(B), Local
HAMIS &	TOLT
Signature of Local	Government Officer
Please complete either option below:	
(1) Afficavit	
MISSY J. SUNDGREN My Notary ID # 130288124	
NOTARY STAMP SEAL Expires July 8, 2027	
CONTRACTOR VINCENSIA CONTRACTOR C	8 11.00
nil	8 day of June,
20 24, to certify which, witness my hand and seal of office.	. 1.1
Missy J Sundau Missy J Sundaren	Notary
Signature of office administering oath Printed name of officer administering oath	Title of officer administering oath
OR P	
(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	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	received .	
Derrell Ferguson	6 18 24 100	
2 Office Held	Ū-	
Silsbee ISD Trustee Place 1		
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
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	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)		
I swear under penalty of perjury that the above statement is true and correct. I ackr 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.	e) of this local government officer. I	
-	dovernment emoci	
Please complete either option below: (1) Affidavit MISSY J. SUNDGREN My Notary ID # 130288124 NOTARY STAME/ SEAL Expires July 8, 2027 Sworn to and subscribed before me by		
20 24, to certify which, witness my hand and seal of office. Night Sundare Signature of officer administering bath 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	e) (zip code) (country)	
Executed in county, State of , on the day of (month)	, 20 (year)	
	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	received
Kenneth "Bo" Rulon	Le/18/2024
2 Office Held	'mos-
Silsbee ISD Trustee Place 4	7
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
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	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)	
I swear under penalty of perjury that the above statement is true and correct. I ackreto 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 Signature of Local	e) of this local government officer. I
Please complete either option below:	
MISSY J. SUNDGREN My Notary ID # 130288124 Expires July 8, 2027	
Sworn to and subscribed before me by Kenneth Rulon this the 1	8 day of June,
20 24 , to certify which, witness my hand and seal of office. Miny Sudged Missy Sundayen Signature of officer administering gath Printed name of officer administering gath	8 day of <u>June</u> , Notary Title of officer administering oath
OR	
(2) Unsworn Declaration	ary the matter strength of the analysis of the second seco
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 Gover	

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	received
Dana Hancock	6 18 24 Mg
2 Office Held	
Silsbee ISD Trustee Place 3	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
4. Description of the mature and extent of each annulation at the description of the mature and extent of each annulation.	
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
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 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)	
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
(1) Affidavit MISSY J. SUNDGREN My Notary ID # 130288124 Expires July 8, 2027 NOTARY STANDARY STANDARY	
Sworn to and subscribed before me by Dana Hancock this the 18	8 day of June,
20 24 , to certify which, witness my hand and seal of office. Missy J Sundaren Signature of officer administering oath 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,,	
	(country)
Executed in county, State of , on the day of (month)	, 20 (year)
Signature of Local Govern	5000 500

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	
James "Jim" de Garavilla	received
2 Office Held	4 18 24 Mg
Silsbee ISD Trustee Place 5	
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)	
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 12-month period described by Section 12-month period described by Section 13-month period described by Section 14-month period described by Section 15-month period by Section 15-month period described by Section 15-month period by Section 15-mo	e) of this local government officer. I
Please complete either option below:	
MISSY J. SUNDGREN My Notary ID # 130288124 Expires July 8, 2027	a l
Sworn to and subscribed before me by	8 day of June,
20 24 , to certify which, witness my hand and seal of office. Missy J Sundaren Signature of officer administering outh 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	
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Gover	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 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	m received
Jonta Miller	10/18/24 MA
2 Office Held	
Silsbee ISD Trustee Place 6	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
4 Description of the nature and extent of each employment or other business relationship	n and a a la familia a latina a lain
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)	
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	
(1) Affidavit MISSY J. SUNDGREN My Notary ID # 130288124 Expires July 8, 2027 NOTARY STAMP 7 SEAL	
Sworn to and subscribed before me by <u>Unta Miller</u> this the <u>I</u>	8 day of June, ,
20 24 , to certify which, witness my hand and seal of office. Nigsy Sundaren Signature of officer administering oath 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,,,	
	e) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (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	~ received
Kenneth "Kenny" Fisher	10/18/24
2 Office Held	You I
Silsbee ISD Trustee Place 7	1193
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	, and the second
Code	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
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	Section 176.003(a)(2)(B).
Date Gift Accepted	
Date Gift Accepted Description of Gift	
Date Gift Accepted N N Description of Gift	
(attach additional forms as necessary)	
to each family member (as defined by Section 176.001(2), Local Government Cocalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocal Government Co	
(1) Affidavit MISSY J. SUNDGREN My Notary ID # 130288124 Expires July 8, 2027	
Sworn to and subscribed before me by Kenneth Fisher this the 1	8 day of June,
20 24 , to certify which, witness my hand and seal of office. Nisy Sunday Nisy Sunday Nisy Sunday Nisy Sunday Nisy Sunday Nisy Sunday Nisy Ninted 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 to the control of the contro	e) (zip code) (country) , 20 (year)
Signature of Local Gove	rnment Officer (Declarant)