

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

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

Kami Yeilding

2 Office Held

Teacher - JHS

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

Kroger

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

mother

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 _____

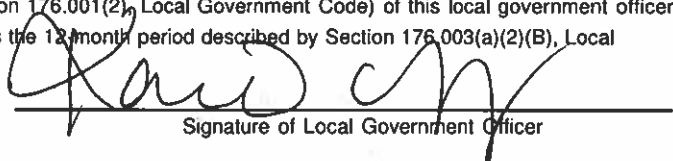
Date Gift Accepted N/A Description of Gift _____

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.


Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, 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 Kami Yeilding, and my date of birth is 8/14/89.

My address is 220 Preston Dr., Cleburne TX, 76033, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Johnson County, State of Texas, on the 23 day of August, 2021.

(month)

(year)


Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Tonya Gschnell

2 Office Held

Secretary

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

Home Depot

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

Tyler Gschnell - Son

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 N/A Description of Gift N/A

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.

Tonya Gschnell
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 Tonya Gschnell, and my date of birth is 12.17.70
My address is 5808 CR 913, Godley, TX, 76044 Johnson
(street) (city) (state) (zip code) (country)

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

Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Angela Padgett

2 Office Held

Director of Elementary Curriculum

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

Tractor Supply Company

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

Ex husband - Shane, Manager TSC Mansfield

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 _____

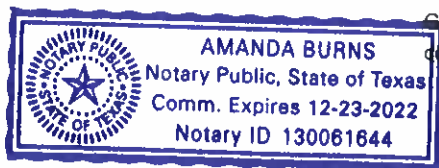
Date Gift Accepted _____ Description of Gift _____

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.



Angie Padgett

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Angie Padgett, this the 30 day of Sept., 2019, to certify which, witness my hand and seal of office.

Amanda Burns
Signature of officer administering oath

Amanda Burns
Printed name of officer administering oath

notary public
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Debra Linville

2 Office Held

Principal Secretary at Joshua High School

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

Wal-Mart

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

My son works at Wal-Mart Distribution Center in Cleburne

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 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.



Debra Linville
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debra Linville, this the 24th day of Aug, 20 16, to certify which, witness my hand and seal of office.

Sherrie L. Morton Sherrie Morton Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

SuAnn Howington

2 Office Held

Principal Secretary/Bookkeeper

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

SuAnn Howington, Tupperware

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

Income From Tupperware Fundraisers

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 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.



SuAnn Howington
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SuAnn Howington, this the 2nd day of September, 20 16, to certify which, witness my hand and seal of office.

Susan Swinney
Signature of officer administering oath

Susan Swinney
Printed name of officer administering oath

Notary
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Candace Christopher

2 Office Held

Technology Secretary

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

HEB

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

Son works at HEB.

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 _____

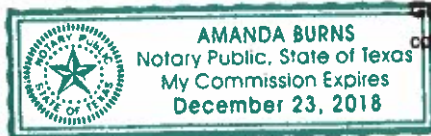
Date Gift Accepted _____ Description of Gift _____

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.



Candace Christopher
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candace Christopher, this the 14th day of June, 2016, to certify which, witness my hand and seal of office.

Amanda Burns
Signature of officer administering oath

Amanda Burns
Printed name of officer administering oath

notary
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Candace Christopher

2 Office Held

Technology Secretary

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

Staples Office Supplies

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

Sister is employed at Staples.

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.



Candace Christopher

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candace Christopher, this the 9 day of June, 20 16, to certify which, witness my hand and seal of office.

Melinda Caldwell

Signature of officer administering oath

Melinda Caldwell

Printed name of officer administering oath

Notary

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Candace Lea Christopher

2 Office Held

Technology Department Secretary

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

McAlister's

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

Daughter

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 _____

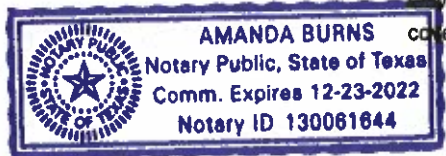
Date Gift Accepted _____ Description of Gift _____

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.



Candace Lea Christopher
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candace Christopher, this the 24 day of October, 2019, to certify which, witness my hand and seal of office.

Amanda Burns
Signature of officer administering oath

Amanda Burns
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

Kim Kelly

2 Office Held

Secretary

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

Mallory's Screen print

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

Peggie Jones - 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 _____

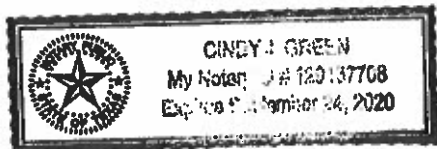
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 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.



Kim Kelly

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kim Kelly, this the 10 day of October, 2017, to certify which, witness my hand and seal of office.

Cindy J. Green

Signature of officer administering oath

Cindy J. Green

Printed name of officer administering oath

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Tammy Watts

2 Office Held

Principal - North Joshua Elementary

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

Office Depot

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

Husband works as an Office Depot Logistics Manager

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).

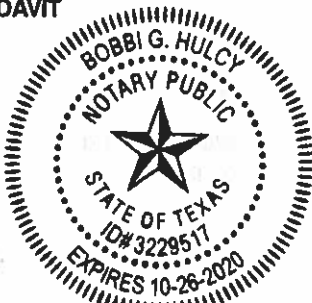
Date Gift Accepted _____ Description of Gift _____

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.

Tammy L. Watts

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tammy L. Watts, this the 23 day of August, 20 19, to certify which, witness my hand and seal of office.

Bobbi G. Hulcy

Signature of officer administering oath

Bobbi G. Hulcy

Printed name of officer administering oath

Notary

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Kristen Willis

2 Office Held

teacher @ NMS

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

Dean Willis

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

husband

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.

Kristen Willis

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, 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 Kristen Willis, and my date of birth is 9/21/21

My address is 520 Marybeth Dr, Burleson, TX, 76028 USA.
(street) (city) (state) (zip code) (country)

Executed in Johnson County, State of TX, on the 21 day of September, 2021.
(month) (year)

Kristen Willis
Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Hattie Roberts

2 Office Held

Teacher

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

Brian Roberts / Matmesters

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

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 _____

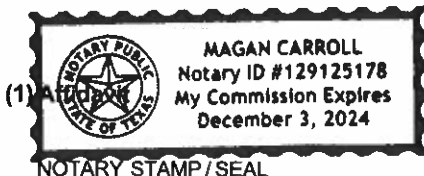
(attach additional forms as necessary)

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.

Hattie Roberts

Signature of Local Government Officer



Please complete either option below:

Sworn to and subscribed before me by Hattie Roberts this the 4th day of November, 2021, to certify which, witness my hand and seal of office.

Magan Carroll

Signature of officer administering oath

Magan Carroll

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)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

RALPH GARRETT

2 Office Held

Construction teacher

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

C & S Trailer

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

Jordan Garrett is my son & a sales manager

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 0

Date Gift Accepted _____ Description of Gift 0

Date Gift Accepted _____ Description of Gift 0

(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 of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, 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 RALPH GARRETT, and my date of birth is 02-21-1962

My address is 105 San Marino, Joshua, TX, 76058, US

(street)

(city)

(state)

(zip code)

(country)

Executed in Joshua County, State of TX, on the 9 day of Dec, 2021

(month)

(year)

Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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1 Name of Local Government Officer

Crystal Villanueva

2 Office Held

Equity Compliance and Textbook Security ^{CV}
Secretary

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

~~Eduardo Villanueva~~ ~~Kristobal Rios~~
~~Javier Villanueva~~
~~Marina Harlin~~ Wal Mart

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

Eduardo Villanueva Kristobal Rios
Javier Villanueva
Marina Harlin

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).

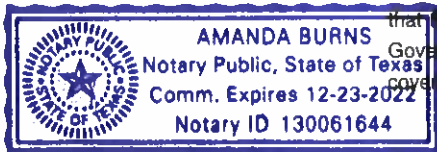
Date Gift Accepted _____ Description of Gift _____

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]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Crystal Villanueva, this the 30 day of Sept., 20 19, to certify which, witness my hand and seal of office.

Amanda Burns
Signature of officer administering oath

Amanda Burns
Printed name of officer administering oath

notary public
Title of officer administering oath

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

That Goodling

2 Office Held

Joshua ISD Coach

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

Capelli Sport

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

Employee of Capelli

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 8/20/23 Description of Gift Gift card for capelli clothing and samples \$ 1925.28
Date Gift Accepted _____ Description of Gift _____
Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

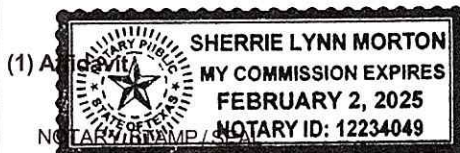
6 SIGNATURE

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.

Thad Goodling

Signature of Local Government Officer

Please complete either option below:



Sworn to and subscribed before me by Thad Goodling this the 8 day of November

2023, to certify which, witness my hand and seal of office.

Sherrie Morton

Sherrie Morton

Notary

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)

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

Teri Smoot

2 Office Held

Band Director

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

Stephen Smoot

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Spouse relationship - Mr Smoot would provide a specialized service of low brass masterclasses.

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 n/a Description of Gift n/a

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.

Teri Smoot

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, 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 Teri Smoot, and my date of birth is 12-21-1978.

My address is 7480 County Road 802, Burleson, TX, 76028, US.
(street) (city) (state) (zip code) (country)

Executed in Johnson County, State of TX, on the 16 day of August, 2024.
(month) (year)

Teri Smoot

Signature of Local Government Officer (Declarant)

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

Lori Steppick

2 Office Held

Nichols Middle School Teacher and Cheer Coach

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

Rylie Tieding

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

Lori Steppick is the mother of Rylie Tieding.

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.

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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 Lori Steppick, and my date of birth is 3-4-72.

My address is 3817 Ponderosa Circle. Cleburne, Tx., 76031., USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Johnson. County, State of TX, on the 29. day of February., 20 24.

(month)

(year)

Signature of Local Government Officer (Declarant)