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 | |
| Kami Veilding | = |
| 2 Office Held | |
| Teacher - JHS | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government | |
| Code Kroaf V | |
| 4 Description of the nature and extent of each employment or other business relationshi | n and each family relationship |
| 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 | 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 NA Description of Gift | |
| Date Gift Accepted NA 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 Code also acknowledge that this statement covers the 12 month period described by Sec | |
| Government Code. | 1001 176 003(a)(2)(B), Local |
| | |
| y Signature of Local | Government Officer |
| Please complete either option below: | |
| (1) Affidavit | |
| NOTARY STAMP/SEAL | |
| Swom 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 Rami Veilla, and my date of birth is | 5/4/89 |
| My address is 220 Preston Dr Cleburne TX | 76033 USA |
| (street) (city) (state |) (zip code) (country) |
| Executed in JOHN SOV County, State of Texas, on the 23 day of Angu | 5+, 20 a. |
| (month) | (year) |
| Signature of Local Covery | omen Officer (Declarant) |

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filling 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 |
| 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 | |
| Flome Depot | |
| 4 Description of the nature and extent of each employment or other business relationsh | n 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 aggree from vendor named in Item 3 exceeds \$100 during the 12-month period described by | |
| nom vendor named in hem a exceeds a roo 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) | |
| 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 Cod | le) of this local government officer. 1 |
| also acknowledge that this statement covers the 12-month period described by Sec Government Code. | Jilon 170.003(a)(z)(b), Local |
| (X Mua X /n | mell |
| 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 9/3 , God Gy . 7. | X. 76044 Johnson |
| (street) (city) (stat | e) (zip code) (country) |
| Executed in county, State of , on the day of | , 20 |
| (month) | (year) |
| Signature of Local Gove | rnment Officer (Declarant) |

FORM CIS

| (whether the state of the state | |
|--|--|
| 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 | |
| Angela Padgett | |
| 2 Office Held | |
| Director of Elementary Curriculum | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government | Code |
| Tractor Supply Company | |
| Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Ex Nusband - Shane, Manager TSC Mansfiel | p and each family relationship |
| List gifts accepted by the local government officer and any family member, if aggregation 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 that the disclosure applies to each family member (as define the disclosure appli | ned by Section 176.001(2), Local acknowledge that this statement (2)(2)(B), Local Government Code. |
| Sworn to and subscribed before me, by the said Angu Padatt of Sept. 20 19, to certify which, witness my hand and seal of office. | , this the day |
| Signature of officer administering oath Printed name of officer administering oath Ti | other public itle of office administering oath |

FORM CIS

| (modulation les completing and ming the formation of the Nox. 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 | |
| Debra Linville | |
| 2 Office Held | |
| Principal Secretary at Joshua High School |) |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government | Code |
| Wal-Mart. | |
| Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. | |
| My son works at Wal-Mart Distrik | bution Center |
| incleburne | , = . |
| 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 N/A Description of Gift | |
| Date Gift Accepted N/A Description of Gift N/A | |
| (attach additional forms as necessary) | |
| 6 AFFIDAVIT 1 swear under penalty of perjury that the above statement | is true and correct, I acknowledge |
| that the disclosure applies to each family member (as def | ined by Section 176.001(2), Local |
| Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(| = |
| SHERRIE L. MORTON | |
| MY COMMISSION EXPIRES | mirelle) |
| FEBRUARY 2, 2017 Signature of Local | Government Officer |
| AFFIX NOTARY STAMP / SEAL ABOVE | Odd |
| Swormo and subscribed before me, by the said Debra Kinville | , this theday |
| of | |
| Snurrie Morton Sherrie Morton | Notary |
| Signature of officer administering oath Printed name of officer administering oath | Title of officer administering oath |

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 | |
| SuAnn Howington | |
| 2 Office Hold Principal Secretary/Bookkeeper | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Suffin Howington, Tupperware | Code |
| Description of the nature and extent of each employment or other business relationship with vendor named in item 3. | p and each family relationship |
| INcome From Tupperware Fundraisers | |
| List gifts accepted by the local government officer and any family member, if aggregation wendor named in item 3 exceeds \$100 during the 12-month period described by | |
| Date Gift Accepted NIA Description of Gift | |
| Date Gift Accepted Description of Gift | |
| Date Gift Accepted N/A Description of Gift | ************************************** |
| (attach additional forms as necessary) | |
| I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined as | ned by Section 176.001(2), Local acknowledge that this statement |
| Sworn to and subscribed before me, by the said Swann Howington of Scheme, 20 16, to certify which, witness my hand and seal of office. Signature of officer administering both Printed name of officer administering oath | title of officer administering oath |

| (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 | |
| Candace Christopher | |
| 2 Office Held | |
| Technology Secretary | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government | Code |
| HEB | |
| Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. | ip and each family relationship |
| Son worksat HEB. | |
| 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 |
| Hom vehicle hamed in item 3 exceeds \$100 during the 12-month period described by | - 300tion 110.000(a)(E)(B). |
| Date Gift Accepted Description of Gift | |
| Date Gift Accepted Description of Gift | <u></u> |
| Date Gift Accepted Description of Gift | |
| (attach additional forms as necessary) | 20 |
| AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as delevernment Code) of this local government officer. I als | ined by Section 176.001(2), Local |
| AMANDA BURNS overs the 12-month period described by Section 176.003 My Commission Expires December 23, 2018 | (a)(2)(B), Local Government Code. |
| Signature of Local | Government Officer |
| AFFIX NOTARY STAMP / SEAL ABOVE | |
| Sworm to and subscribed before me, by the said <u>Candace Churistopher</u> | this the Hth day |
| of, 20, to certify which, witness my hand and seal of office. | |
| Signature of officer administering oath Printed name of officer administering oath | notion u |

FORM CIS

| This questionnaire reflects changes ma | de to the law by H.B. 23, 84th Leg., Regular Session. | OFFICE USE ONLY |
|--|--|---|
| • • • | e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code. | Date Received |
| Name of Local Government Office | er | |
| Candoce (| Phri Stopher | |
| 2 Office Held | | |
| Technolog | gy Secretary | |
| Name of vendor described by Sec | etions 176.001(7) and 176.003(a), Local Government | Code |
| Staples Of | Cice Supplies | |
| Description of the nature and exte | nt of each employment or other business relationshi | p and each family relationship |
| | Sister is employed at | Stuples. |
| | overnment officer and any family member, if aggreg | |
| | | ,,,,, |
| Date Gift Accepted | Description of Gift | |
| Date Gift Accepted | Description of Gift | |
| Date Gift Accepted | Description of Gift | |
| 100 | (attach additional forms as necessary) | |
| MELINDA CALDWELL Notary Public, State of To My Commission Expire Nevember 25, 2018 | exas | ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code. |
| Sworn to and subscribed before me, by the of, 20, to | Coole a Chief dos | , this theqday |
| Melinda Caldull Signature of officer administering oath | e melinda Caldwell | Autary Title of officer administering oath |

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 | |
| Candace Lea Christopher | |
| 2 Office Held | |
| Technology Department Secretory | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government | Code |
| McAlisters | |
| Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. | p and each family relationship |
| 11 11 11 11 11 11 11 11 11 11 11 11 11 | w |
| Daughter | |
| 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 | e true and correct I acknowledge |
| I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define the disclosure applies the disclosure applies to each family member (as define the disclosure applies the disclosure applies the dis | ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code. |
| AFFIX NOTARY STAMP / SEAL ABOVE | , |
| of October, 20 19, to certify which, witness my hand and seal of office. | , this theday |
| Signature of officer administering oath Printed name of officer administering oath | otomy Public itle of officer administering oath |
| THE CANONIC CONTROL OF THE CONTROL O | |

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 | Pr |
| 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 | |
| Kim Kelly | |
| | |
| 2 Office Held | |
| Secretary | |
| | |
| 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 | p and each family relationship |
| with vendor named in item 3. Paggie gones - Sister inlaw | |
| 08 0 | |
| 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 | |
| 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. Lacknowledge |
| that the disclosure applies to each family member (as def | ined by Section 176.001(2), Local |
| Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(| |
| My Noter 3# 120 (37768 Explice 5 to Ambier 24, 2020 | • |
| Den Al | ay |
| Signature of Local | Government Officer |
| AFFIX NOTARY STAMP / SEAL ABOVE | |
| Sworn to and subscribed before me, by the said Kin Celly | , this the day |
| of | |
| [Linds] Sun [Linds] Green | |
| Signature of differ administering oath Printed name of officer administering oath | Title of officer administering oath |

| (Instructions for completing and filing the | is 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 |
| | ocal governmental entity that the following local of facts that require the officer to file this statement Government Code. | Date Received |
| 1 Name of Local Government Officer | | |
| Tammy Walts | X X | |
| 2 Office Held | | |
| | r Joshua Elementary | all |
| Name of vendor described by Sect | ons 176.001(7) and 176.003(a), Local Government | Code |
| Office Depot | | |
| Description of the nature and exten with vendor named in item 3. | t of each employment or other business relationshi | p and each family relationship |
| Husband works | as an Office Depot Logistic | s Manager |
| Date Gift Accepted | Description of Gift | |
| Date Gift Accepted | Description of Gift | |
| | (attach additional forms as necessary) | |
| AFFIX NOTARY STAMP (SEAL ABOV | | ned by Section 176.001(2), Local acknowledge that this statement |
| Sworn to and subscribed before me, by the | Towns 1 115 Hz | this the 23 day |
| A | ertify which, witness my hand and seal of office. | this the day |
| Signature of officer administering baln | Bobbi G. Hulcy Printed name of officer administering oath | Notas Title of officer administering oath |

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 | |
| Kristen Willis | |
| 2 Office Held | |
| teacher & NMS | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code | |
| Dean Willis | |
| 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 |
| by the series wanted in Nem o exceeds \$ 100 dailing 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) | ST. ST. ST. |
| I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this statement covers the 12-month period described by Section Government Code. Signature of Local Code Section 176.001(2), Local Government | e) of this 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 Kn5ten Willis, and my date of birth is | 9/2/21 |
| My address is 520 many beth Dr., Burleson, TX | . 76028 USA. |
| (street) (city) (state) Executed in OMSON County, State of , on the day of Scoton (mobile) | (country) |
| Kristen | Willis |
| Signature of Local Govern | ment 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 |
| 1 Name of Local Government Officer | |
| tatic laberts | |
| 2 Office Held | |
| Harner | |
| 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government | |
| Brian Roberts Matmiesters | |
| 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 | 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). |
| Data Off Assessed | |
| 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 Code |) of this local government officer. I |
| also acknowledge that this statement covers the 2 month/period described by Sect Government Code. | |
| Signature of Local (| Government Officer |
| MAGAN CARROLL Notary ID #129125178 My Commission Expires December 3, 2024 Please complete either option below: | |
| NOTARY STAMP/SEAL | 10 |
| Sworn to and subscribed before me by HOHL WOOLTS this the 4T | n day of November. |
| 20 <u>VI</u> , 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 | - xxii |
| (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 (month) | , 20, |
| (month) | (year) |
| Signature of Local Govern | ment Officer (Declarant) |

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

| | F97 | |
|---|---|--|
| 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 loca government officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code. | Date Received | |
| Name of Local Government Officer | | |
| RALPH GARRETT | | |
| Construction teacher | | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen Code | | |
| Cd S Trailer | | |
| Description of the nature and extent of each employment or other business relations with vendor named in item 3. Jordan Garvett is my S List gifts accepted by the local government officer and any family member, if aggre | | |
| List gifts accepted by the local government officer and any family member, if aggregion vendor named in item 3 exceeds \$100 during the 12-month period described in the second se | egate value of the gifts accepted by Section 176.003(a)(2)(B). | |
| Date Gift Accepted Description of Gift | | |
| Date Gift Accepted Description of Gift Description of Gift | | |
| Date Gift Accepted Description of Gift | | |
| (attach additional forms as necessary) | | |
| also acknowledge that this statement covers the 12-month period described by S Government Code. | ection 176.003(a)(2)(b), Local | |
| Signature of Loc | al Government Officer | |
| Please complete either option below: | | |
|) Affidavlt | | |
| NOTARY STAMP/SEAL | | |
| worn to and subscribed before me by this the | day of | |
| D, to certify which, witness my hand and seal of office. | | |
| nature of officer administering oath Printed name of officer administering oath | Title of officer administering oath | |
| THE PS I I WAS TO SELECT A PROPER OF THE SELECTION OF CAMPAIL A SELECTION | Sentence Malagoria Market | |
|) Unsworn Declaration | | |
| name is RALPH GARRETT, and my date of birth is 9 | 02-21-1967 | |
| vaddress is 105 san mading Joshua T | k. 76058, US. | |
| | ate) (zip code) (country) | |
| ecuted in Jahusa, County, State of TX, on the 9 day of Oamonth) | 20 21 (year) | |
| | | |
| Signature of Local Gov | vernment Officer (Declarant) | |

| (matroctions for completing and filling 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 | |
| Crystal Villanueva | |
| Equity Compliance and Textoo K Backrity Secretary | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Court Village Washington Washington Washington Washington | |
| Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Eduardo Villanuel Chishobal Ros Jauer Villanuel Chishobal Ros | p and each family relationship |
| marina Harlin | |
| 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) | |
| AMANDA BURNS Government Code) of this local government officer. I also Comm. Expires 12-23-2029 is the 12-month period described by Section 176.003(a Notary ID 130061644 Signature of Local Communications and the section 176.003 (a) Signature of Local Communications are section 176.003 (a) Signature of Local Communications are section 176.003 (a) | ned by Section 176.001(2), Local acknowledge that this statement (2)(2)(B), Local Government Code. |
| AFFIX NOTARY STAMP / SEAL ABOVE | |
| of Sept., 20 9, to certify which, witness my hand and seal of office. | , this the day |
| Amanda Bourns no Signature of officer administering oath Printed name of officer administering oath Ti | ot any pudic tle of officer administering oath |

FORM CIS

| This questions in all the | |
|--|-------------------------------------|
| 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 | |
| That Goodling | |
| 2 Office Held | |
| Joshua ISD Coach | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code | |
| Capelli Sport | |
| Description of the nature and extent of each employment or other business relationship | n and each family relationship |
| with vehiclor named in item 3. | p and each failing relationship |
| Employee of Capelli List gifts accepted by the local government officer and any family member, if aggreg | ato value of the site |
| 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 ca | pelli clothing and samples |
| 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 Section 176.001(2), Local Government Code. Signature of Local Government Code. | tion 176.003(a)(2)(B), Local |
| Please complete either option below: SHERRIE LYNN MORTON MY COMMISSION EXPIRES FEBRUARY 2, 2025 NO TARVIHAMP / NOTARY ID: 12234049 Sworn to and subscribed before me by | e day of Novembe |
| 2023, to certify which witness my hand and seal of office. Shervie 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) Executed in County, State of , on the day of | (zip code) (country) |
| (month) Signature of Local Govern | (year) |
| | mont officer (Decialant) |

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 | |
| Tea Smoot | |
| 2 Office Held | |
| Band Director | |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government | |
| Stephen Smoot | |
| Description of the nature and extent of each employment or other business relations with vendor named in item 3. Spouse relationship - Mr Smoot | hip and each family relationship |
| specialized service of low brass mosterclasses. | |
| 5 List gifts accepted by the local government officer and any family member, if aggree | egate value of the gifts accepted |
| from vendor named in item 3 exceeds \$100 during the 12-month period described by | y 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 act to each family member (as defined by Section 176.001(2), Local Government Coalso acknowledge that this statement covers the 12-month period described by S Government Code. Signature of Local Government Code. | de) of this 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 Buileson . I | X.76028.US |
| (street) , (city) (sta | ite) (zip code) (country) |
| Executed in SONYSOA County, State of, on the b day of Avan | 15t . 20 24. |
| (month) | MODEL (year) |
| Signature of Local Gov | ernment Officer (Declarant) |

FORM CIS

| | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
|-------------------------------|--|---------------------------------------|-------------------------------------|
| This questionnaire refl | lects changes made to the law by H.B. 23 | , 84th Leg., Regular Session. | OFFICE USE ONLY |
| government officer ha | the appropriate local governmental e as become aware of facts that require th hapter 176, Local Government Code. | | Date Received |
| 1 Name of Local Go | · · · · · · · · · · · · · · · · · · · | | |
| Lori Steppick | | | |
| 2 Office Held | | | |
| Nichols Middle S | School Teacher and Cheer Coach | | |
| 3 Name of vendor de Code | escribed by Sections 176.001(7) and 17 | 6.003(a), Local Government | |
| Rylie Tiedir | | | |
| with vendor name | | t or other business relationshi | o and each family relationship |
| | s the mother of Rylie Tieding. d by the local government officer and | any family member, if aggreg | ate value of the gifts accepted |
| | ed in item 3 exceeds \$100 during the 1 | | |
| | | | |
| | d Description of Gift _ | | |
| Date Gift Accepte | d Description of Gift _ | | |
| Date Gift Accepted | d Description of Gift | | |
| | (attach additional f | orms as necessary) | |
| | to each family member (as defined by Section also acknowledge that this statement covers the Government Code. | | |
| | | Signature of Local | Government Officer |
| | Please comple | te either option below: | |
| (1) Affidavit | · | · | |
| NOTARY STAMP/SEA | AL | | |
| Sworn to and subscribed | d before me by | this the | day of |
| | y which, witness my hand and seal of office. | | , |
| | , which, whilede my hand and esail of office. | | |
| Signature of officer administ | tering oath Printed name of officer | administering oath | Title of officer administering oath |
| | 0 | R | |
| (2) Unsworn Declarat | ion | | |
| My name isLori | Steppick | , and my date of birth is | 3-4-72 |
| | Ponderosa Circle. Cleburne | | <u>., 76031., USA</u> . |
| | (street) | (city) (state |) (zip code) (country) |
| Executed inJoh | (street) nnson. County, State of TX | on the day of February (month) | 7. 20 24 (year) |
| | | Signature of Local Govern | nment Officer (Declarant) |