LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

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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 Offi	cer	
Bridget Goodlett		
2 Office Held		
Director of Child Nutrition Ser	vices	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
N/A		
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.		
N/A		
5 List cifts 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 IF NONE 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.	
JANNA GOODLETT Notary Public STATE OF TEXAS ID# 12992530-3 My Comm. Exp. Aug. 19, 20	Budgit Codlor Signature of Local Government Officer	
AFFIX NOTARY STAMP / SEAL A	Builday Goodlati	this the U
Sworn to and subscribed before me, by the said <u>Syraget Goodlett</u> , this the <u>day</u> of <u>September</u> , 20 <u>au</u> , to certify which, witness my hand and seal of office.		
Janna Yodlet	t Janna Goodlett A	dmin. Assistant
Signature of officer administering oat	th Printed name of officer administering oath T	itle of officer administering oath