#### LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

This questionnaire ref	flects changes made to the law by H.B. 23, 84th Le	eg., Regular Session.	OFFICE USE ONLY
government officer h	the appropriate local governmental entity the las become aware of facts that require the office Chapter 176, Local Government Code.		Date Received
1 Name of Local Go	overnment Officer	to any a matanana na k	Albert gaveens and etests and
Matilda 'Tillie' Hid	kman	AL TELEPHENOUTH &	An otherwise property to a perturb of
2 Office Held	commenced and accommenced as a second and a second a second and a second a second and a second a second and a	A - k - Transporter Other	to Lautilia akti sanin da sibulia 9
Trustee, District	5		Mail among at a line complete the countries.
3 Name of vendor do Code	escribed by Sections 176.001(7) and 176.003(a	i), Local Government	altelion I
4 Description of the with vendor name	e nature and extent of each employment or other ed in item 3.	er business relationshi	p and each family relationship
from vendor nam	ed by the local government officer and any far ed in item 3 exceeds \$100 during the 12-mont ed Description of Gift	h period described by	Section 176.003(a)(2)(B).
	ed Description of Gift		
Date Gift Accepte	d Description of Gift (attach additional forms as	nooccan/)	endan edi 10 matejarre Gillari
	to each family member (as defined by Section 176.001) also acknowledge that this statement covers the 12-mo Government Code.	nth period described by Secondtilda C. Air	tion 176.003(a)(2)(B), Local
(1) Affidavat Com	ORGIA C. ANTOINE y Public, State of Texas m. Expires 08-03-2026 lotary ID 2553695 AL	er option below:	
Sworn to and subscribe	d before me by Matilda 'Tillie' Hickman	this the 20	th day of June
00	y which, witness my hand and seal of office.	Street and residence and	
De Dana	(I) (I) (Georgia C. Antoine	Coordinator for B	oard Affairs
Signature of officer adminis	001110111		Title of officer administering oath
Name and Address of the	OR		
(2) Unsworn Declara			i jest de comunicación de la com
My name is		and my date of birth is	
My address is	roma latini atti ilkoa matemi terca as antiend <mark>setti</mark>	e are more factor as se	<u>, 181 - , 184 </u>
	(street)	(city) (state	e) (zip code) (country)
Executed in	County, State of, on the _	day of(month)	, 20 (year)
	terra a propositato empresante a comental estas el comen	Signature of Local Gover	nment Officer (Declarant)

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				
Woodrow Reece, II				
2 Office Held				
Trustee, District 3				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	1			
Code				
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 aggre	gate 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 Coo	le) of this local government officer. I			
also acknowledge that this statement covers the 12-month period described by Se Government Code.	ction 176:003(a)(2)(B), Local			
	r Krack Tr			
Signature of Local	Government Officer			
Please complete either option below:				
(1) Affidavit Pills GEORGIA C. ANTOINE				
Notary Public, State of Texas Comm. Expires 08-03-2026				
NOTAN SMAN SEN STATE ID 2553695				
Sworn to and subscribed before me by Woodrow Reece, II this the 20	Oth day of June			
20, 23, to certify which, witness my hand and seal of office.				
Service Georgia C. Antoine Coordinator for I	Board Affairs			
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) (sta	te) (zip code) (country)			
Executed in County, State of , on the day of (month)	, 20 (year)			
(month)	(year)			
Signature of Local Gove	ernment 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.	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	
Stacey Lewis, Jr.	
2 Office Held	
Trustee, District 2	
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 relationship with vendor named in item 3.	and each family relationship
5 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 \$100 during the 12-month	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 acknown 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 Government Code.  Signature of Local Code.	o) of this local government officer. I ion 176.003(a)(2)(B), Local
GEC - GIA C. ANTOINE Notary F - Dia . State of Texas Comm. Ext. Ites 08-03-2026 Notary STAMP/SEAL  Please complete either option below: NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Stacey Lewis, Jr. this the 20th	h day of June,
20 23, to certify which, witness my hand and seal of office.	
Testina Coordinator for Bo	oard Affairs
"Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	<b>建筑地区</b> 农民
(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 (year)
-	nment Officer (Declarant)

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			
Denise Wallace-Spooner			
2 Office Held			
Trustee At-Large	fi.		
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 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)			
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.			
	Government Officer		
GEORGIA C. ANTOINE Notary Public, State of Texas Comm. Expires 08-03-2026 Notary ID 2553695			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by Denise Wallace-Spooner this the 20	oth day of June,		
20 23 to certify which, witness my hand and seal of office.			
Subvia Cantoune Georgia C. Antoine Coordinator for E	Board Affairs		
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	e) (zip code) (country)		
Executed in County, State of , on the day of (month)	, 20 (year)		
Signature of Local Gove	rnment Officer (Declarant)		

	•
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	
Joe A. Evans, Jr.	
2 Office Held	
Trustee, District 1	~ *
3 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 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	gate 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	
Pate 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	nowledge that the disclosure applies
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.	ction 176.003(a)(2)(B), Local
Tol Wa I I M	> P.
	Government Officer
GEORGIA C. ANTOINE Notary Public, State of Texas Comm. Expires 08-03-2026 Notary ID 2553695  NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Joe A. Evans, Jr. this the 20	oth day of June,
22	day of darie
20 23 to certify which, witness my hand and seal of office.	Doord Affaire
Signature of officer administering oath  Printed name of officer administering oath  Coordinator for E	Title of officer administering oath
OR	Title of officer administering datif
(2) Unsworn Declaration	
(2) Disworn 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)
(monin)	(yeai <i>)</i>
Signature of Local Gove	ernment Officer (Declarant)

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			
Thomas P. Sigee, Sr.			
2 Office Held			
Trustee, District 4	£		
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		
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)			
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			
GEORGIA C. ANTOINE Notary Public, State of Texas Comm. Expires 08-03-2026 Notary ID 2553695  NOTARY STAMP/SEAL			
Sworn to and subscribed before me by Thomas P. Sigee, Sr. this the 20	oth day of June		
20 23, to certify which, witness my hand and seal of office.			
Length Canting Georgia C. Antoine Coordinator for B	Board Affairs		
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 state of, on the day of (month)	te) (zip code) (country)		
(month)	, 20 (year)		
Signature of Local Gove	ernment Officer (Declarant)		

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			
Robert C. Dunn, Sr.			
2 Office Held	1		
Trustee At-Large	a a		
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 relationsh with vendor named in item 3.	ip and each family relationship		
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			
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 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-menth period described by Section 176.003(a)(2)(B), Local Government Code.  Signature of Local Government Officer  GEORGIA C. ANTOINE Notary Public, State of Texas Comm. Expires 08-03-2026 Notary ID 2553695			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by Robert C. Dunn, Sr. this the 2	Oth day of June,		
20 23, to certify which, witness my hand and seal of office.			
Leonard Contoure Georgia C. Antoine Coordinator for	Board Affairs		
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 content of, on the day of (month)	te) (zip code) (country), 20 (year)		
Signature of Local Gov	ernment Officer (Declarant)		