

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.



1 Name of Local Government Officer
Shannon D. Allen

2 Office Held
Superintendent

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 and each family relationship with vendor named in item 3.

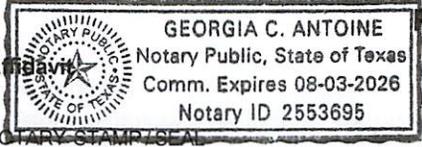
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted 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.

Shannon Allen
Signature of Local Government Officer



Please complete either option below:

(1) Affirmation

Sworn to and subscribed before me by Shannon Allen this the 15th day of July, 2025, to certify which, witness my hand and seal of office.
Georgia C. Antoine Georgia C. Antoine Coordinator
 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

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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	
RECEIVED JUL 15 2025	

1 Name of Local Government Officer Thomas P. Sigee, Sr.
2 Office Held Trustee
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A

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

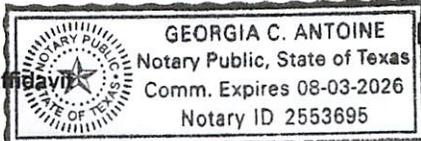
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted	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.

Thomas P. Sigee Sr.
Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Thomas P. Sigee, Sr. this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Georgia C. Antoine Georgia C. Antoine Coordinator
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

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OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2025

1 Name of Local Government Officer
Robert C. Dunn, Sr.

2 Office Held
Trustee

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 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 N/A Description of Gift _____

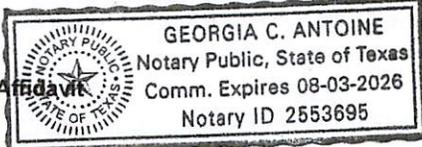
Date Gift Accepted N/A Description of Gift _____

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.

Robert C. Dunn
Signature of Local Government Officer



Please complete either option below:

(1) **Affidavit**

Sworn to and subscribed before me by Robert C. Dunn, Sr. this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Georgia C. Antoine Georgia C. Antoine Coordinator
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)

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OFFICE USE ONLY

Date Received

RECEIVED
JUL 15 2025

1 Name of Local Government Officer
Woodrow Reece, II

2 Office Held
Trustee

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 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 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.

Woodrow Reece, II
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Woodrow Reece, II this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Georgia C. Antoine Georgia C. Antoine Coordinator
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

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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.



1 Name of Local Government Officer
Yolanda N. Avery

2 Office Held
Trustee

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

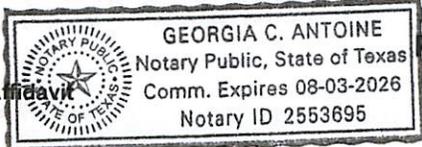
4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

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 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.

Yolanda Avery
Signature of Local Government Officer



(1) Affidavit

Please complete either option below:

Sworn to and subscribed before me by Yolanda N. Avery this the 15th day of July, 2025, to certify which, witness my hand and seal of office.
Georgia C. Antoine Georgia C. Antoine Coordinator
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)

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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.



1 Name of Local Government Officer
Joe A. Evans, Jr.

2 Office Held
Trustee

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 and each family relationship with vendor named in item 3.

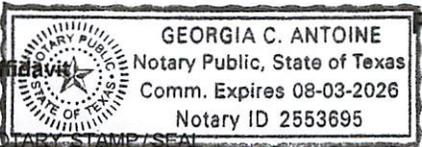
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted 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.

Joe A. Evans, Jr.
Signature of Local Government Officer



Please complete either option below:

(1) Affidavit Sworn to and subscribed before me by Joe A. Evans, Jr. this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Georgia C. Antoine Georgia C. Antoine Coordinator
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)

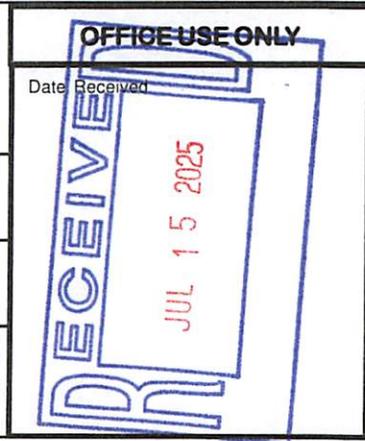
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This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.



1 Name of Local Government Officer
Matilda Hickman

2 Office Held
Trustee

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

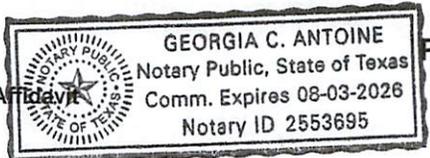
4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

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 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.

Matilda Hickman
Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Matilda Hickman this the 15th day of July, 2025, to certify which, witness my hand and seal of office.
Georgia C. Antoine Georgia C. Antoine Coordinator
 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_____.

 Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2025

1 Name of Local Government Officer
Denise Wallace-Spooner

2 Office Held
Trustee

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

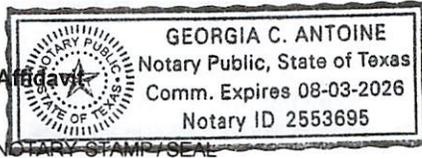
4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

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 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.

Denise Wallace-Spooner
Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Denise Wallace-Spooner this the 15th day of July, 2025, to certify which, witness my hand and seal of office.
Georgia C. Antoine Georgia C. Antoine Coordinator
 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)