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

RECEIVED AND ACCEPTED

JAN 2 2 2026

SUPERINTENDENT

1 **Name of Local Government Officer**

Johnny Knight

2 **Office Held**

Red Oak Isd School Board Place 4

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

Mentors Care and Tero Real Estate

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 is employee of mentor Care 2nd cousin employee of Tero

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 Johnny Knight and my date of birth is [redacted].

My address is [redacted] USA.

(street) (city) (state) (zip code) (country)

Executed in Ellis County, State of Texas, on the 22 day of January (month), 2026 (year).

Johnny Knight

Signature of Local Government Officer (Declarant)