## 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 government officer has become aware of facts that require the officer to in accordance with Chapter 176, Local Government Code.                             | the following local<br>of ile this statement | Date Received FRANKLING                 |
| Name of Local Government Officer   |  | OUNT NO T                               |
| Scott News Sur   |  | i de d                                  |
| 2 Office Held  |  |   |
| Coursesinner P.L.3. FRANKI   | in Co.                                       | S ADE                                   |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government   |  |   |
| Code   |  | DEPUT                                   |
| Patriot SAND . GRAYE - DOUGE   | JOLIN JOE O.                                 | HENRY Selectionship                     |
| Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.   |  |   |
| Purchase of Rock Hauling of Saus   |  |   |
| 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).  |  |   |
| NA   |  |   |
| 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 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.   |  |   |
| May law law  |  |   |
| Signature of Local Government Officer  |  |   |
| KATIE ELLIOTT NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 12/15/27 NOTARY ID 126194438  Please complete either option below:  |  |   |
| NOTARY STAMP/SEAL  |  |   |
| Sworm to and subscribed before me by   |  |   |
| 20 45 to certify which, witness my hand and seal of office.  |  |   |
| VIMIN FINITH KIMIN BILIT   |  | MITTING TUDILO                          |
| Signature of officer administering oath Printed name of officer administering  | ng oath                                      | Title of officer administering oath     |
| OR   |  |   |
| (2) Unsworn Declaration  |  |   |
| My name is, and my date of birth is  |  |   |
|  |  |   |
| My address is  | (city) (star                                 | te) (zip code) (country)                |
| (street)   | (,)  | , |
| Executed in County, State of , on the  | (month)                                      | , 20<br>(year)                          |
|  | Singeture of Local Cour                      | ernment Officer (Declarant)             |
|  | SIGNATURE OF LOCAL GOVE                      | AURITOR OTHOS (DOSIGIANT)               |