LOCAL GOVERNMENT OFFICER CONFL DISCLOSURE STATEMENT (Instructions for completing and filing this form are pr		FORM CIS
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg.,	Pagular Sansian	TE USE ON BY
This is the notice to the appropriate local governmental entity that the government officer has become aware of facts that require the officer to in accordance with Chapter 176, Local Government Code.	ne following local	OF C
Name of Local Government Officer	FOR	14
Scott Wewsom 2 Office Held		
Commissione Pct 3		SINIA KILIN CO
Name of vendor described by Sections 176.001(7) and 176.003(a), L	ocal Government 교	A SHE
Rogers Construction Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.		
Fan. 15 member 5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted		
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		
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		
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 o	fficer administering oath
OR		
(2) Unsworn Declaration		
My name is, and, and	my date of birth is 04. 08-	80
My address is 3775 CR 5w 3010		2. Frankla
(street) (city) (state) (zip code) (country) Executed in Franklia County, State of 12x<3 , on the 14 day of 07 , 20 25 . (year)		
9	onature of Local Government Officer	(Declarant)