FORM CIS

This questionnaire r	eflects changes mad	e to the law by H.B.	23, 84th Leg	., Regular Se	ssion.	OFFICE	USE ONLY
government officer	has become aware	local governmenta of facts that require Government Code	e the officer t			Date Received	
	overnment Office						
Garrett	Wilson						
2 Office Held							
Trunte	e - 12/ac	e 5					
3 Name of vendor	described by Secti	ons 176.001(7) and	176.003(a),	Local Gove	rnment		
Code							
***************************************							
4 Description of the with vendor name		it of each employm	ent or other	business re	lationship	and each far	nily relationship
		vernment officer a eds \$100 during th					
Date Gift Accep	ted	Description of Gi	ft				
Date Gift Accep	ted	Description of Gi	ft		······	***************************************	
Date Gift Accept	ed	Description of Gift			·····		
		(attach additiona	al forms as r	necessary)			
	also acknowledge the Government Code.	at this statement covers	s the 12-month	. L	X 6	on 176.003(a)(2	
		Please comp	lete eithe	r option b	elow:		
(1) Affidavit		, -					
NOTARY STAMP/SI	EAL						
Sworn to and subscribe	ed before me by			this	s the	day of	
20, to cert	ify which, witness my ha	and and seal of office.					
Signature of officer admini	stering oath	Printed name of offi	cer administerin	g oath		Title of office	er administering oath
			OR				:
(2) Unsworn Declara	ation						
My name is			, and	d my date of b	irth is		
My address is		Market Constitution of the					•
	(stre	•		(city)	, ,	(zip code)	` -,
Executed in	County, S	tate of	, on the	day of	month)	, 20 (year)	_,
				Signature of Lo	cal Governm	nent Officer (De	

FORM CIS

This questionnaire re	flects changes	nade to the law by	H.B. 23, 84th Le	g., Regular Sess	ion.	OFFICE	USE ONLY
This is the notice t government officer in accordance with 0	has become aw	are of facts that re	quire the officer			Date Received	
Name of Local G	overnment Off	icer	)				
Don	Ma I	mark	,				
Office Held	D Boa	nd Tr	ustee				
Name of vendor d	escribed by Se	ections 176.001(7)	and 176.003(a)	, Local Govern	ment		
Code							
Description of th	e nature and ex	tent of each emplo	ovment or othe	r business rela	tionship	and each fam	nily relationship
with vendor nam			,				,
List diffs accept	ed by the local	government offic	er and any fam	ily member if	angrega	te value of th	e gifts accepted
		cceeds \$100 durin					
D. 1. 075 A		<b>5</b>	. 0.0				
		Description of					
Date Gift Accept	ed	Description of	of Gift			the day of the section of the sectio	
Date Gift Accepte	ed	Description of	Gift				
		(attach add	itional forms as	necessary)			
		ember (as defined by e that this statement o e.	_	n period described	d by Section	-	(B), Local
		Please co	mplete eith	er option be	low:		
(1) Affidavit			•	•			
NOTARY STAMP/SE	EAL						
Sworn to and subscribe	ed before me by			this	the	day of	F
20, to certi	ify which, witness n	ny hand and seal of offi	ce.				
Signature of officer adminis	stering oath	Printed name	of officer administer	ing oath		Title of office	r administering oath
			OR				
(2) Unsworn Declara	tion						
My name is			, a	nd my date of birt	th is		*
My address is						· ·	
		(street)		(city)	, ,	(zip code)	`
Executed in	Coun	ty, State of	, on the	day of (m	ionth)	, 20 (year)	-
				Signature of Loca	al Governo	nent Officer (Do	clarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the	w by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local go government officer has become aware of facts in accordance with Chapter 176, Local Govern	nat require the officer to file this statemer	# 11ate Received
1 Name of Local Government Officer		7
JOE TZAWELL		
2 Office Held		
BOERNE ISD TRUMEE PLACE .		
3 Name of vendor described by Sections 176		<del>_</del>
Code	5 ((/) a.i.a // 6/6000(a), 200a/ Governmen	
NA		
4 Description of the nature and extent of eac	employment or other business relations	ship and each family relationship
with vendor named in item 3.		
5 List gifts accepted by the local government	officer and any family member if aggr	rogate value of the gifts accepted
5 List gifts accepted by the local government from vendor named in item 3 exceeds \$10		
	·	, , , , ,
Date Gift Accepted Descr	tion of Gift	
Date Gift Accepted Descr	tion of Gift	
^/ /	$\mathcal{O}(1)$	***
· · · · · · · · · · · · · · · · · · ·	on of Gift	
(atta	n additional forms as necessary)	
also acknowledge that this sta Government Code.	ment covers the 12-month period described by S	Section 176.003(a)(2)(B), Local  cal Government Officer
Plea	e 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 se	l of office.	
Signature of officer administering oath Print	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)		rate) (zip code) (country)
Executed in County, State of		
	(month)	(year)
	Signature of Local Go	vernment Officer (Declarant)

FORM CIS

This questionnaire	reflects changes mad	e to the law by H.B. 23	i, 84th Leg., Regular	Session.	OFFICE	E USE ONLY
government office	r has become aware	local governmental e of facts that require the Government Code.	-	_	Date Received	
1 Name of Local	Government Officer		/			
	Kich	ard D-	leng.			
2 Office Held	Boen	e Trustee	Place	7		
3 Name of vendor Code	described by Section	ons 176.001(7) and 17	76.003(a), Local Go	vernment		
4 Description of t with vendor nar		it of each employmen	t or other business	relationshi	o and each far	nily relationship
		vernment officer and eds \$100 during the				
Date Gift Accep	ited	Description of Gift				
Date Gift Accep	ited	Description of Gift				
Date Gift Accep	ted	Description of Gift		<u> </u>		
		(attach additional	forms as necessary	1		
		er (as defined by Section at this statement covers the	ne 12-month period des	cribed by Sect		)(B), Local
		Please comple	te either option	below:		
(1) Affidavit			•			
NOTARY STAMP/S	EAL					
Sworn to and subscrib	ed before me by			this the	day of	
20, to cer						
Signature of officer admin	istering oath	Printed name of officer	administering oath		Title of office	er administering oath
		ō	R			
(2) Unsworn Declar	ation					
My name is			, and my date of	of birth is		
My address is						**************************************
_	(stre	•	(city)		(zip code)	` ',
Executed in	County, S	tate of,	on the day o	f(month)	, 20 (year)	<b>-</b> '
			Signature of	Local Govern	ment Officer (De	

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflec	ts changes made to the law by H.B.	23, 84th Leg., Regular Sess	ion.	OFFICE	USE ONLY
government officer has	ne appropriate local governmenta become aware of facts that require pter 176, Local Government Code	e the officer to file this state	local ment	Date Received	
1 Name of Local Gove		•			
Thomas	as Price				
2 Office Hold					
Sur	rerintendent				
	ribed by Sections 176.001(7) and	176.003(a), Local Govern	ment		
Code	NA				
	ature and extent of each employm	ent or other business rela	ionship	and each fan	nily relationship
with vendor named i	n Item 3. W/A				
5 List gifts accepted b	by the local government officer a	nd any family member, if	aggrega	te value of th	ne gifts accepted
from vendor named	in item 3 exceeds \$100 during th	e 12-month period descri	bed by S	ection 176.0	03(a)(2)(B).
Date Gift Accepted _	Description of Gi	ft		2	
Date Gift Accepted _	Description of Gi	ft			
Date Gift Accepted	Description of Gift				
		al forms as necessary)			
	o acknowledge that this statement covers vernment Code.	The	12	n 176.003(a)(2)	
	Please comp	lete either option bel	ow.		
(1) Affidavit	i iodoo oomp	ioto citiloi option bei	O 10 .		
(-)					
NOTARY STAMP/SEAL					
Sworn to and subscribed be	efore me by	this	he	day of	
	nich, witness my hand and seal of office.				,
Signature of officer administering	g oath Printed name of offi	cer administering oath		Title of office	er administering oath
<b>一位的一种,并将与中心</b>	<b>经验证的</b>	OR			这是是是更多是
(2) Unsworn Declaration	A Comment of the Comm				
My namo is		and my data of high	- !-		
			1 IS		
, add 000 10	(street)	,, (city)	(state)	(zip code)	(country)
Executed in	County, State of	1 7	,	, ,	, ,,
		(me	onth)	(year)	-
		Signature of Loca	Governm	ent Officer (De	clarant)

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filling this form are provided on the next page.)

This questionnaire re	flects changes made to	the law by H.B. 23,	34th Leg., Regular S	ession.	OFFICE	USE ONLY
government officer	o the appropriate loc nas become aware of Chapter 176, Local Go	facts that require the			Date Received	
1 Name of Local G	overnment Officer					
Carlin	R. Frial					
2 Office Held		<del></del>				
BISD 1	rustee, Place	. 1				
	escribed by Sections	s 176.001(7) and 176	.003(a), Local Gov	ernment		
Code						
4 Description of th with vendor nam	e nature and extent o ed in item 3. 人	feach employment o	or other business r	elationship	o and each fan	nily relationship
5 List gifts acceptor from vendor nan	ed by the local gover ned in item 3 exceeds	nment officer and a \$ \$100 during the 12	ny family member month period des	, if aggrega cribed by	ate value of th Section 176.0	ne gifts accepted 03(a)(2)(B).
Date Gift Accept	ed [	Description of Gift				
Date Gift Accept	ed [	Description of Gift		***************************************		
Date Gift Accepte	edDe	escription of Gift			Waster and the second s	
		(attach additional for	ms as necessary)			
	to each family member ( also acknowledge that the Government Code.		12-month period descr	ibed by Secti		(B), Local
		Please complete	either option	below:		
(1) Affidavit		•	·			
NOTARY STAMP/SE	AL					
Sworn to and subscribe	d before me by		ti	nis the	day of	
	fy which, witness my hand					
Signature of officer adminis	tering oath	Printed name of officer ac	Iministering oath		Title of office	r administering oath
	No. 1, sept. N	OR	-			٠.
(2) Unsworn Declara	tion					
My name is			, and my date of	birth is		•
My address is		***************************************				·
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State	of, o	n the day of _	(month)	, 20 (year)	e.
			Signature of I	ocal Govern	ment Officer (De	clarant)

#### LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made t	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	cal governmental entity that the following local facts that require the officer to file this statement overnment Code.	Date Received
Name of Local Government Officer	20 a Aut	1
17 VIV 152A GOV	Zalez-Cooper	-
2 Office Held	1	
Name of vendor described by Section	s 176.001(7) and 176.003(a), Local Government	
Code	s 170.001(7) and 170.003(a), Local Government	
N/	A	
with vendor named in item 3.	of each employment or other business relationsh	
5 List gifts accepted by the local gove	rnment officer and any family member, if aggress \$100 during the 12-month period described by	gate value of the gifts accepted
Date Gift Accepted	Description of GiftN/A	
Date Gift Accepted	Description of Gift	
Date Gift Accepted D	escription of Gift	
	(attach additional forms as necessary)	
to each family member	of perjury that the above statement is true and correct. I ack (as defined by Section 176.001(2), Local Government Cook this statement covers the 12-month period described by Section 13-month period described by Section 14-month period described by Section 14-month period described by Section 15-month period 15-month period described by Section 15-month period 1	de) of this local government officer. I
	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		,
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		ħ
My name is MANT TU CONZULT	COOU , and my date of birth is	04-13-1969
My address is 105 Stonelyato	NOTTH BUENNE TX	. 18006. BUS
Executed inCounty, Stat	$(A \times A) = (A \times A)$	e) (zip code) (country)
	Signature of Local Gove	Stell
	Signature or coear Gove	rnment Officer (Declarant)

FORM CIS

This questionnaire reflec	ts changes made to the law by H.B. 23, 84th Le	g., Regular Session.	OFFICE USE ONLY
government officer has	ne appropriate local governmental entity that become aware of facts that require the officer pter 176, Local Government Code.		Date Received
1 Name of Local Gove	rnmenţ Officer		
office Held	Davila-Burneti		
BISD	Trustee Place 3		
3 Name of vendor desc Code	eribed by Sections 176.001(7) and 176.003(a)	), Local Government	
4 Description of the na with vendor named	ature and extent of each employment or othe in item 3.	r business relationshi	ip and each family relationship
	by the local government officer and any fam		
from vendor named	in item 3 exceeds \$100 during the 12-month	r 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)	
	o acknowledge that this statement covers the 12-mon vernment Code.		Government Officer
	Please complete eithe	er option below:	
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed by	efore me by	this the	day of
	hich, witness my hand and seal of office.		
Signature of officer administering	ng oath Printed name of officer administer	ring oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration	1		
My name is Jessi C	a Davila - Burnutt	und my date of birth is	011411975
My address is 8255	5 Colonizi Woods, G	Buerne . Tx	73015 BLONGER
Executed in <u>SLXAV</u>	(street) County, State of (), (), on the	(city) (state	(zip code) (country) (S+-, 20 2 (year)
		Signature of Local Gover	nment Officer (Declarant)