

**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

**1 Name of Local Government Officer**

Carol Freeman

**2 Office Held**

Childress ISD Board of Trustees

**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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

**6 AFFIDAVIT**

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Carol Freeman*  
Signature of Local Government Officer

Sworn to and subscribed before me, by the said Carol Freeman, this the 13 day

of June, 2016, to certify which, witness my hand and seal of office.

*Haley D. Garrison*  
Signature of officer administering oath

Haley Garrison  
Printed name of officer administering oath

administrative assistant  
Title of officer administering oath

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**OFFICE USE ONLY**

Date Received

**1 Name of Local Government Officer**

Craig Darter

**2 Office Held**

Childress ISD Board of Trustees

**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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

**6 AFFIDAVIT**

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.



*Craig Darter*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Craig Darter, this the 13 day

16 2016, 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

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Gerardo Garcia

2 Office Held

Childress ISD Board of Trustees

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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 AFFIDAVIT

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.



*Gerardo Garcia*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gerardo Garcia, this the 13 day of June, 2016, to certify which, witness my hand and seal of office.

*Haley D. Garrison*      Haley Garrison      Administrative Assistant  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Mark Keys

2 Office Held

Childress ISD Board of Trustees

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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Mark Keys*  
\_\_\_\_\_  
Signature of Local Government Officer

Sworn to and subscribed before me, by the said Mark Keys, this the 13 day of June, 2016, to certify which, witness my hand and seal of office.

*Haley D. Garrison*  
\_\_\_\_\_  
Signature of officer administering oath

Haley Garrison  
\_\_\_\_\_  
Printed name of officer administering oath

Administrative Assistant  
\_\_\_\_\_  
Title of officer administering oath

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FORM CIS

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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

1 Name of Local Government Officer

Doug Daniel

2 Office Held

Childress ISD Board of Trustees

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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 AFFIDAVIT

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.



*Doug Daniel*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Doug Daniel, this the 13 day of June, 2016, to certify which, witness my hand and seal of office.

*Haley Garrison*  
Signature of officer administering oath

Haley Garrison  
Printed name of officer administering oath

Administrative Assistant  
Title of officer administering oath

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

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OFFICE USE ONLY	
Date Received	

1 Name of Local Government Officer  
*Edwin Meyer*

2 Office Held  
*Board of Justice's*

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.  
*N/A*

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 AFFIDAVIT  
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.



*Edwin Meyer*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Edwin Meyer* this the *21* day of *May*, 20 *18*, to certify which, witness my hand and seal of office.

*Haley Lemons*  
Signature of officer administering oath

*Haley Lemons*  
Printed name of officer administering oath

*Administrative Assistant*  
Title of officer administering oath

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

*Ken Harris*

2 Office Held

*Board Member*

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.

*N/A*

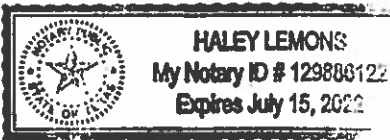
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

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 AFFIDAVIT**

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.



*Ken Harris*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ken Harris*, this the *21* day of *May*, 20 *18*, to certify which, witness my hand and seal of office.

*Haley Lemons*

Signature of officer administering oath

*Haley Lemons*

Printed name of officer administering oath

*Administrative Assistant*

Title of officer administering oath