

**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

*Paula Bailey*

2 Office Held

*Board of Trustee*

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

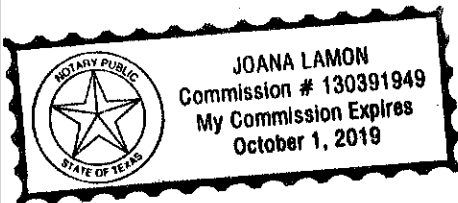
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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.



*Paula Bailey*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Paula Bailey*, this the *13* day of *September*, 20 *18*, to certify which, witness my hand and seal of office.

*Joana Lamon*  
Signature of officer administering oath

*Joana Lamon*  
Printed name of officer administering oath

*Admin. Asst.*  
Title of officer administering oath

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

*Tim Sprinkle*

2 Office Held

*Board Member - Vice Pres.*

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

*Sound Techs*

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.

*Audio Components*

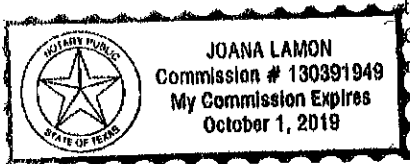
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in Item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted *N/A* Description of Gift *N/A*  
 Date Gift Accepted *N/A* Description of Gift *N/A*  
 Date Gift Accepted *N/A* Description of Gift *N/A*

(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.



*Tim Sprinkle*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Tim Sprinkle*, this the *9* day of *June*, 20 *16*, to certify which, witness my hand and seal of office.

*Joana Lamon*  
Signature of officer administering oath

*Joana Lamon*  
Printed name of officer administering oath

*Admin. Asst.*  
Title of officer administering oath

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

*Bud Boles*

2 Office Held

*Board Member*

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

*Fish + Still Equip*

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.

*EQUIPMENT SALES*

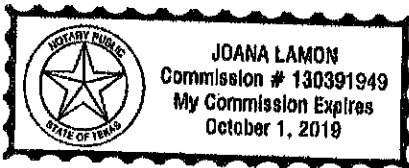
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in Item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted *N/A* Description of Gift *N/A*  
 Date Gift Accepted *N/A* Description of Gift *N/A*  
 Date Gift Accepted *N/A* Description of Gift *N/A*

(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.



*Bud Boles*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Bud Boles* this the *9* day of *June*, 20 *16*, to certify which, witness my hand and seal of office.

*Joana Lamon*  
Signature of officer administering oath

*Joana Lamon*  
Printed name of officer administering oath

*Admin. Asst.*  
Title of officer administering oath

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

**FORM CIS**

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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

Brant Lee

2 Office Held

Board Member

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

NA

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

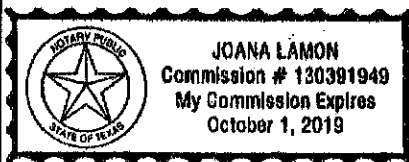
NA

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 N/A  
Date Gift Accepted N/A Description of Gift N/A  
Date Gift Accepted N/A Description of Gift N/A

(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.

*Brant Lee*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brant Lee, this the 9 day of June, 2016, to certify which, witness my hand and seal of office.

*Joana Lamon*

Signature of officer administering oath

Joana Lamon

Printed name of officer administering oath

Admin Asst

Title of officer administering oath

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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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

Kevin Dickinson

2 Office Held

Board Member

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

First Bank & Trust

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.

NOTE

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).

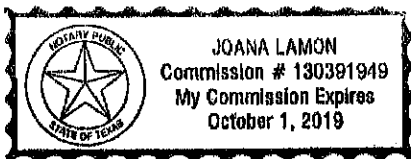
Date Gift Accepted N/A Description of Gift N/A

Date Gift Accepted N/A Description of Gift N/A

Date Gift Accepted N/A Description of Gift N/A

(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.

*[Handwritten Signature]*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Dickinson, this the 9 day of June, 2016, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Joana Lamon  
Printed name of officer administering oath

Admin Asst  
Title of officer administering oath

**LOCAL GOVERNMENT OFFICER  
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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Jeff Cordova

2 Office Held

Board Member

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

NA

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.

NA

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

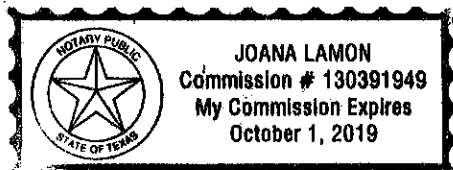
Date Gift Accepted NA Description of Gift \_\_\_\_\_

Date Gift Accepted NA 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.



Jeff Cordova  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Cordova, this the 12 day of July, 2018, to certify which, witness my hand and seal of office.

Joana Lamon  
Signature of officer administering oath

Joana Lamon  
Printed name of officer administering oath

Admin. Asst.  
Title of officer administering oath

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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	Date Received

1 Name of Local Government Officer  
*Sam Morehouse*

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*

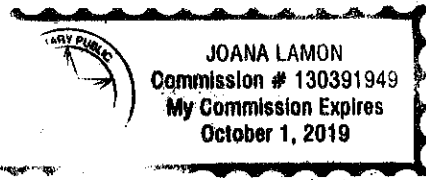
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted	<i>N/A</i>	Description of Gift	<i>N/A</i>
Date Gift Accepted	<i>N/A</i>	Description of Gift	<i>N/A</i>
Date Gift Accepted	<i>N/A</i>	Description of Gift	<i>N/A</i>

(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.



*[Signature]*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sam Morehouse*, this the *10* day of *May*, 20 *18*, to certify which, witness my hand and seal of office.

*[Signature]* *Joana Lamon Admin. Asst.*  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath