FORM CIS

| 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 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.  | Date Received  |
| Name of Local Government Officer Chad Stein Derger  |  |
| ChadSteinberger  2 Office Held  Board Member  |  |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code   |  |
| Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.   | ip and each family relationship  |
| List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by  | jate value of the gifts accepted section 176.003(a)(2)(B).   |
| Date Gift Accepted Description of Gift  | A Service and Advisor of the Service |
| 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 ack to each family member (as defined by Section 176.001(2), Local Government Cocalso acknowledge that this statement covers the 12-month period described by Second Government Code.  Signature of Local My Notary ID # 10559665 Expires October 1, 2024  Signature of Local Government Code. | le) of this local government officer. I  |
| NOTARY STAMP/SEAL  Sworn to and subscribed before me by Chad Stinbergy this the O   | 15th day of Oct.   |
| 20_82, to certify which, witness my hand and seal of office. Burney Rushing Burney Rushing  | Notary Public  |
| Signature of officer administering oath Printed name of officer administering oath  | Title of office administering oath   |
| (2) Unsworn Declaration   |  |
| My name is, and my date of birth is   | <del>.</del>   |
| My address is   |  |
| (street) (city) (state of, on theday of(month)  |  |
|   | roment Officer (Declarant)   |

| (weekeelees of compounts and some are provided on the next per  | 290.7   |
|---|---|
| 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 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.  | Date Received   |
| Name of Local Government Officer  |   |
| Lraia Anderle   |   |
| 2 Office Held  Touchee 1/: Docident   |   |
| 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government  |   |
| Code MA   |   |
| Description of the nature and extent of each employment or other business relationship with vendor named in item 3.   | o and each family relationship  |
| 5 List gifts accepted by the local government officer and any family member, if aggreg<br>from vendor named in item 3 exceeds \$100 during the 12-month period described by   |   |
|   | Section 176.003(a)(2)(b).   |
| Date Gift Accepted None Description of Gift None  |   |
| 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 to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001 (2), Local Government Code.  Signature of Local Code | e) of this local government officer. I<br>ion 176.003(a)(2)(B), Local |
| Please complete either option below:  B JUHREE VAUGHN My Notary ID # 10559665  NOTAR STAND SEAL Expires October 1, 2024   |   |
| Sworn to and subscribed before me by Craix Panclerle this the 12  | th day of November  |
| 20  |   |
| Bohne Vando B Juhree Vangh  | Notery Public   |
| Signature of officer administering oath  Printed name of officer administering oath   | Title of officer administering oath                                   |
| _OR   |   |
| (2) Unsworn Declaration   |   |
| My address is 183 Berend Rd Windthorst . TX  (street) (gity) (state   | ) evember 12, 1974<br>  |
| Executed in County, State of Texas_, on the day of (month) / (month)  | (year)  |
| Signature of Local Govern   | nment Officer (Declarant)   |

| 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 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.   | Date Received                          |
| 1 Name of Local Government Officer Jennifer Barton   |  |
| Board Trustee  |  |
| 2 Office Held  |  |
| a News of warden described by Oastless 470 004/7) as 477 000/ )  |  |
| 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government<br>Code   |  |
| One Nine Solutions   |  |
| 4 Description of the nature and extent of each employment or other business relationshi<br>with vendor named in item 3.  | p and each family relationship         |
|  |  |
| 5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by   | ate value of the gifts accepted        |
| nom vendor named in item 5 exceeds \$100 daring the 12-month period described by   | Section 170.003(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)   |  |
| I swear under penalty of perjury that the above statement is true and correct. I acker to each family member (as defined by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period covers the 12-month period covers the 12-month period covers th | e) of this local government officer. I |
| NOTARY STAMP/SEAL  Sworn to and subscribed before me by Junifer Barton this the  | SHE day of Oct.                        |
| 20 22, to certify which, witness my hand and seal of office.  Burne Vaudu  | Johan Public                           |
| Signature of officer administering oath Printed 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) (city) (state   | e) (zip code) (country)                |
| Executed in County, State of, on the day of(month)   | , 20<br>(year)                         |
| Signature of Local Gover   | nment Officer (Declarant)              |

FORM CIS

| 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 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.   | Date Received                            |
| Name of Local Government Officer   |  |
| Cody Geis  |  |
| 2 Office Held  Trotec  |  |
| 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 relationshi with vendor named in item 3.   | p and each family relationship           |
| 5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by   |  |
|  | Section 170.003(a)(2)(b).                |
| Date Gift Accepted WA Description of Gift WA   |  |
| 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 ackrete to each family member (as defined by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2).  Government Code.  Signature of Local   | e) of this local government officer. I   |
| Pease complete either option below:  (1) Afficiant B JUHREE VAUGHN  My Notary ID # 10559665  Expires October 1, 2024  NOTIRY STAMP/SEAL  Sworn to and subscribed before me by Cody Cris this the   | H day of November                        |
| 20 22, to certify which, witness my hand and seal of office.  By Three Voust   | tean Public                              |
| Signature of officer administering oath  Printed name of officer administering oath  | Title of officer administering oath      |
| OR OR  |  |
| (2) Unsworn Declaration  | * 1                                      |
| My name is, and my date of birth is  | Tel, 4th, 1988                           |
| My address is 100 mxsquite Cn . Windthasb. To  |  |
| (street) (city) (state of Movement of Move | (zip code) (country)<br>20 2 2<br>(year) |
| Signature of Local Gover   | rnment Officer (Declarant)               |

| 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 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.   | Date Received                       |
| 1 Name of Local Government Officer   | ]                                   |
| Shawn Price  |                                     |
| 2 Office Held  |                                     |
| 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 relationsh with vendor named in item 3.  | ip and each family relationship     |
| 5 List gifts accepted by the local government officer and any family member, if aggree   |                                     |
| 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 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack   |                                     |
| to each family member (as defined by Section 176.001(2), Local Government Cocalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson 176.001(2), Local |                                     |
| Government Code.   | 0.1011 170.000(4)(2)(0), 1004       |
| Signature of Local   | Government Officer                  |
|  |                                     |
| B JUHREE VAUGHN Phrase complete either option below:  My Notary ID # 10559665  | ;                                   |
| (1) Affideate Expires October 1, 2024  | •                                   |
| NOTARY STAMP/SEAL  |                                     |
|  | st not.                             |
| Sworn to and subscribed before me by this the this thethis the this the this the this the this the this the this the   | day or <u>DO-</u> ,                 |
| House Various B. Jahrer Various  | Notary Public                       |
| Signature of officer administering oath  Printed name of officer administering oath  | Title of officer administering oath |
| OR   |                                     |
| (2) Unsworn Declaration  |                                     |
| My name is   |                                     |
| My name is, and my date of birth is  |                                     |
| (street) (city) (state   | e) (zip code) (country)             |
| Executed in County, State of, on the day of (month)  | , 20<br>(year)                      |
| (month)  | (year)                              |
| Signature of Local Gove  | roment Officer (Declarant)          |

| 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 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. |  |
| 1 Name of Local Government Officer   | ┥  |
| Matt Lindeman  |  |
| 2 Office Held  | ┥  |
| School Board Member  |  |
| 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  | it   |
| Windthorst Tire LLC  |  |
| Description of the nature and extent of each employment or other business relations with vendor named in item 3.   | •  |
| 5 List gifts accepted by the local government officer and any family member, if aggr   |  |
| 5 List gifts accepted by the local government officer and any family member, if aggiftom vendor named in item 3 exceeds \$100 during the 12-month period described   | regate value of the gifts accepted 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 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I a   | -  |
| to each family member (as defined by Section 176.001(2), Local Government C also acknowledge that this statement covers the 12-month period described by \$  |  |
| Government Code.   | \$   |
|  |  |
| Signature of Loc   | cal Government Officer   |
| B JUHREE VAUGHN (1) Attitude My Notary ID # 10559665 Expires October 1, 2024 NOTARY STAMP/ SEAL  | :  |
| MOTARY STANDY SEAL   | acth Oak   |
| Sworn to and subscribed before me by INOUTE Linclemann this the  | $\frac{\alpha s}{\alpha s}$ day of $\frac{\alpha s}{\alpha s}$ . |
| 20 02, to certify which, without my hand and seal of office. Bythus Vous Bythus Vaud   | 25th day of Oct. Notern Public                                   |
| Signature of officer administering oath Printed 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) (city) (st  | tate) (zip code) (country)                                       |
| Executed in County, State of , on the day of (month)   | ,                          |
| (month)  | , 20<br>(year)   |
| Signature of Local Go  | vernment Officer (Declarant)                                     |

FORM CIS

| 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 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.   | Date Received   |
| Name of Local Government Officer   |   |
| Dradley Wolf   |   |
| 2 Office Held  |   |
| School Brand Trustee Place 6   |   |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government   |   |
| N/A  |   |
| Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.   |   |
| List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by   | ate value of the gifts accepted Section 176.003(a)(2)(B). |
| Date Gift AcceptedNA Description of GiftNA   |   |
| Description of the   |   |
| **   |   |
| Date Gift Accepted NA Description of Gift NA   |   |
| (attach additional forms as necessary)   |   |
| I swear under penalty of perjury that the above statement is true and correct. I ackrete to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Sec Government Code.  Signature of Local  | e) of this local government officer. I                    |
| Please complete either option below:   |   |
| B JUHREE VAUGHN  NOTHER SERVICE SERVIC | th day of November  |
| 20 _ 22, to certify which, witness my hand and seal of office.  By Twheel Viller   | Notary Public   |
| Signature of officer administering oath Printed 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) (city) (state   | e) (zip code) (country)                                   |
| Executed in County, State of, on the day of(month)   | , 20<br>(year)  |
| Signature of Local Gover   | nment Officer (Declarant)                                 |

FORM CIS

| 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 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.   | Date Received                       |
| Name of Local Government Officer   |                                     |
| William Paul   |                                     |
| 2 Office Held  |                                     |
| 2 Office Held<br>Superinkendert  |                                     |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  |                                     |
| N/A  |                                     |
| Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.   | p and each family relationship      |
| 5 List gifts accepted by the local government officer and any family member, if aggreg   |                                     |
| 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   | <del></del>                         |
| (attach additional forms as necessary)   |                                     |
| to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sec Government Code.    1707   10000 Septical Signature of Local Signature of Local Septical Septica | -                                   |
| NOTARY STAMP/SEAL  |                                     |
| Sworn to and subscribed before me by William Paul this the 2   | 1 day of October.                   |
| 20 22, to certify which, witness my hand and seal of office.  Buthu Vaud Buth | 1 day of October.                   |
| Signature of officer administering oath Printed 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) (city) (state   | ) (zip code) (country)              |
| Executed in County, State of , on the day of (month)   | , 20<br>(year)                      |
| Signature of Local Cover   | nment Officer (Declarant)           |

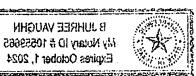
FORM CIS

| 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 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.   | Date Received  |
| Name of Local Government Officer   |  |
| Darla Tackett  |  |
| 2 Office Held  | , s  |
|  | 71 ac.   |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  |  |
| Description of the nature and extent of each employment or other business relationsh   | p and each family relationship                             |
| with vendor named in item 3.   |  |
| 5 List gifts accepted by the local government officer and any family member, if aggreg<br>from vendor named in item 3 exceeds \$100 during the 12-month period described by  | gate value of the gifts accepted 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)   |  |
| I swear under penalty of perjury that the above statement is true and correct. I ack to each family member (as defined by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 12-month period describ | e) of this local government officer. I                     |
| B JUHREE VAUGHN Pease complete either option below:  |  |
| (1) Affice Expires October 1, 2024  My Notary ID # 10559665  Expires October 1, 2024   |  |
| NOTARY STAMP/SEAL  | ist out  |
| Sworn to and subscribed before me by Darla Tackett this the 2  | day of OCT.  |
| 20 27, to certify which, witness my hand and seal of office.   | (1)  |
| 13 July Vaughor 1  | NOTOR Mudle  |
| Signature of officer administering oath Printed name of officer administering oath   | Title oldfficer administering cath                         |
| OR OR  |  |
| (2) Unsworn Declaration  |  |
| My name is, and my date of birth is  | •  |
| My address is,,  |  |
| (case)   | e) (zip code) (country)                                    |
| Executed in County, State of , on the day of (month)   | , 20<br>(year)   |
| Signature of Local Gove  | rnment Officer (Declarant)                                 |

| 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 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.   | Date Received                       |
| 1 Name of Local Government Officer   | <b>i</b>                            |
| Unniter 1. Forsuthe  |                                     |
| 2 Office Held Principal  |                                     |
| 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 relationsl with vendor named in item 3.  | nip and each family relationship    |
| List gifts accepted by the local government officer and any family member, if aggre  |                                     |
| from vendor named in item 3 exceeds \$100 during the 12-month period described b   | y Section 176.003(a)(2)(B).         |
| Date Gift Accepted Description of Gift   |                                     |
| Date Gift AcceptedDescription of Gift  |                                     |
| Date Gift Accepted Description of Gift   |                                     |
| (attach additional forms as necessary)   |                                     |
| to each family member (as defined by Section 176.001(2), Local Government Co also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 12-month period described by Section 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that the 176.001(2), Local Government Code also acknow |                                     |
| NOTARY STAMP/SEAL  Sworn to and subscribed before me by   Sworn to and subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this the   On the subscribed before me by   Tennifer Forsule this   Tennifer Forsul | 4th day of Oct.                     |
| 20 3 , to certify which, witness my hand and seal of office.  But we work as the seal of office.   | Notenz Public                       |
| Signature of officer administering oath Printed 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,,  |                                     |
| · · ·  | te) (zip code) (country)            |
| Executed in County, State of, on the day of (month)  | , 20<br>(year)                      |
| Signature of Local Gove  | ernment Officer (Declarant)         |

FORM CIS

| 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 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. | Date Received                        |
| Name of Local Government Officer   |                                      |
| HShly Sinneder   |                                      |
| 2 Office Held  |                                      |
| Elmuntary Principal  |                                      |
| 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 relationshi  | p and each family relationship       |
| with vendor named in item 3.   | p and dash laminy rotations.mp       |
| 5 List gifts accepted by the local government officer and any family member, if aggreg   |                                      |
| 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 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ackn  | nowledge that the disclosure applies |
| to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Sec Government Code.   | tion 176.003(a)(2)(B), Local         |
| Signature of Local   | Government Officer                   |
| B JUHREE VAUGHN My Notary ID # 10559665 Expires October 1, 2024  |                                      |
| Sworn to and subscribed before me by Ashley Schroeder this the 18  | 2th day of Oct.                      |
| 20, to certify which, witness my hand and seal of office.  | Mala Qui                             |
| Signature of officer administering oath  Printed name of officer administering oath  | Title of a considering and b         |
|  | Title of officer administering oath  |
| OR   |                                      |
| (2) Unsworn Declaration  |                                      |
| My name is, and my date of birth is  | ·                                    |
| My address is,,  |                                      |
| (street) (city) (state   |                                      |
| Executed in County, State of, on the day of(month)   | , 20<br>(year)                       |
|  | (7 /                                 |
| Signature of Local Gover   | nment Officer (Declarant)            |



Marie Schooler

FORM CIS

| 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 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.   | Date Received                          |
| Name of Local Government Officer   |  |
| Juhree Vaughn  |  |
| 2 Office Held  |  |
| Business manager   |  |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government   |  |
| Code N/A   |  |
| Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.   | p and each family relationship         |
| List gifts accepted by the local government officer and any family member, if aggreg   | ate 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)   | nowledge that the disclosure applies   |
| to each family member (as defined by Section 176.001(2), Local Government Code   | e) of this local government officer. I |
| also acknowledge that this statement covers the 12-month period described by Sec   | tion 176.003(a)(2)(B), Local           |
| Government Code.   |  |
| Signature of Local   | Government Officer                     |
| Please complete either option below:   |  |
| (1) Affidavit  |  |
| NOTARY PUBLIC  |  |
|  | in ad law inter ty considers tage      |
| Sworn to and subscribed before me by Juhree Vaughn this the Z  | day of October.                        |
| 20 22 , to certify which, witness my hand and seal of office.  | day of CADA                            |
| The ex D Crain Heather D. Crain  | Admin Asst                             |
| Signature of officer administering oath Printed name of officer administering oath   | Title of officer administering oath    |
| OR   |  |
| (2) Unsworn Declaration  |  |
| Remarks Agreement to the second of the secon |  |
| My name is, and my date of birth is  |  |
| My address is (street) (city) (state   | c) (zip code) (country)                |
|  | 20                                     |
| Executed in County, State of , on the day of (month)   | , 20<br>(year)                         |
| Signature of Local Gover   | roment Officer (Declarant)             |

Contract of

FORM CIS

| (included to the completing and the provided of the completing and the |   |
|--|---|
| 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 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.   | Date Received   |
| Name of Local Government Officer  CHRIS ALLAW THORETT  |   |
| 2 Office Held ATHLETIC DIRECTOR  |   |
| 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 relationshi<br>with vendor named in item 3.  |   |
| 5 List gifts accepted by the local government officer and any family member, if aggreg<br>from vendor named in item 3 exceeds \$100 during the 12-month period described by  | ate value of the gifts accepted 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)   |   |
| also acknowledge that this statement covers the 12-month period described by Sec<br>Government Code.  Signature of Local   | Government Officer  |
| (1) Affidave B JUHREE VAUGHN My Notary ID # 10559665 Expires October 1, 2024 NOTAR STAMP SEAL  | . 1/  |
| Sworn to and subscribed before me by   | 1 day of 0ct  |
| 20 20, to certify which, witness my hand and seal of office.   | Noter Public  |
| Signature of officer administering oath  Printed name of officer administering oath  | Title of officer administering oath                       |
|  | This of office, defining early                            |
| (2) Unsworn Declaration  |   |
| My name is, and my date of birth is  |   |
| My address is,,  |   |
| (street) (city) (state   | ,                   |
| Executed in County, State of , on the day of(month)  | , 20<br>(year)  |
| Signature of Local Gove  | rnment Officer (Declarant)                                |

| 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 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.   | Date Received   |
| Name of Local Government Officer   |   |
| Rakel Paul   |   |
| Director of Instructional Technology   |   |
| Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government   |   |
| Code   |   |
| Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.   |   |
| List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by   | ate value of the gifts accepted<br>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)   |   |
| to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 12-month period described by Section 12-month period described by Section 176.001(2), Local Government Code by Section 176.001( | e) of this local government officer. I stion 170,003(a)(2)(b), Local Government Officer |
| B JUHREE VAUGHN Plea se complete either option below:  My Notary ID # 10559665 Expires October 1, 2024  NOTARY STAMP/SEAL  |   |
| Sworn to and subscribed before me by <u>Rakel Paul</u> this the  | 19th day of Oct.  |
| 20 <u>22</u> , to certify which, witness my hand and seal of office.  B. Tuhwee, Vansh   | Notory Refle  |
| Signature of officer administering dath  Printed name of officer administering oath  | Title of officer administering oath   |
| OR   | BACK TO BE SHOWN  |
| (2) Unsworn Declaration  |   |
| My name is, and my date of birth is  |   |
| My address is  |   |
| (street) (city) (state of, on the day of   |   |
| Signature of Local Gove  | rnment Officer (Declarant)  |

FORM CIS

| 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 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.   | Date Received   |
| 1 Name of Local Government Officer   |   |
| DANIEL BARTON  |   |
| 2 Office Held  |   |
| DIRECTOR OF OPERATIONS   |   |
| 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  |   |
| ONENINE SOLUTIONS, LLC.  Description of the nature and extent of each employment or other business relationship  |   |
| 4 Description of the nature and extent of each employment or other business relationshi<br>with vendor named in item 3.  | o and each family relationship  |
| List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by   |   |
| Date Gift Accepted Description of Gift   |   |
| 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 this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code. | e) of this local government officer. I<br>ion 176.003(a)(2)(B), Local |
| B JUHREE VAUGHN  My Notary ID # 10559665  Expires October 1, 2024  Sworn to and subscribed before me by Daniel Barton  this the  | the day of Ort  |
| 20, to certify which, witness my hand and seal of office.  | day of Oct  |
| Signature of officer administering oath  Printed name of officer administering oath  | Title of officer administering oath                                   |
| OR   | The of officer administering dath                                     |
| (2) Unsworn Declaration  |   |
| My name is, and my date of birth is  | <u></u> .   |
| My address is,,  | _1'   |
| (street) (city) (state   | (zip code) (country)  |
| Executed in County, State of, on the day of (month)  | 20<br>(year)  |
| Signature of Local Govern  | oment Officer (Declarant)   |