FORM CIS

, and the second of the next	age.)
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	
Judd IV/archall	
2 Office Held	
Superintendent 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Codo	
Dairy Queen (Mt. Vernon)	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
with vendor named in item 3. The owner is my father-in	1-19W
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 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 acknowledge	ovelogies that the discipance and its
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 Code Code Code Code Code Code Code	or) 75.003(a)(2)(B), Local
(1) Affidavit MAPIFLAN CROCKED Let either option below: My Notary ID # 133119392 Expires May 25, 2025 NOTARY STAMP/SEAL	Government Officer
Sworn to and subscribed before me by	5 th day of SEPTERBER
28 22 , to certify which, witness my hand and seal of office. Notice () October Marie A Crockett As	MINISTRATIVE ASSISTA
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	Paradament Criscopia (Newsons)
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,	
	(zip code) (country)
Executed in day of , on the day of(month)	, 20 (year)
Signature of Local Govern	iment 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	1
Like Sandlin Anderson	
2 Office Held	
MPISD Trustee	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	i
Code	
Sandlin Motor, Inc Sales & Anto Repair	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	· · · · · · · · · · · · · · · · · · ·
Sales Anto Regar - Like Anderson Duner operates List gifts accepted by the local government officer and any family member, if aggreg	~
List gifts accepted by the local government officer and any family member, if aggreg	gate 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)	
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	nowledge that the disclosure applies
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.	
	Government Officer
	GOVORNIONE OTHOGS
Please complete either option below:	
(1) Affidavit	
MARIELA N. CROCKETT	
NOTARY STAMP/SEAL My Notary ID # 133119392 Expires May 25, 2025	
	6th day of SEPTEMBER
20 <u>ZZ</u> , to certify which, witness my hand and seal of office.	
Grown Mariera Paciety April	VISTERTIVE ASSISTANT
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
PROBLEM CONTROL OF SECTION OF SEC	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,,	
	c) (zip code) (country)
Executed in County, State of, on theday of(month)	, 20 (year)
	(3)
Signature of Local Gover	nment Officer (Declarant)

FORM CIS

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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	
Pron in Dieno	
2 Office Held	
sofrest NO Tan	
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	
Description of the nature and extent of each employment or other business relationship 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 aggregation	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)	
6 SIGNATURE 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 Sect Government Code.	ion 176.003(a)(2)(B), Local
Signature of Local C	Government Officer
(1) Affidavit MARIELA N. CROCKETT My Notary ID # 133119392 Expires May 25, 2025 NOTARY STAMP/SEAL	
	th. day of SEPTEMBER,
20 72 , 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
OR .	The of other administering data
(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 (year)
Signature of Local Govern	ment Officer (Declarant)

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

FORM CIS

This questionnaire reflects changes made to the law by U.D. 00, 044, L D	
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	Date Received
in accordance with Chapter 176, Local Government Code.	
1 Name of Local Government Officer	
Keyneth C. Thompson	
2 Office Held	
Board of Trustee	
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.	
5 List gifts accepted by the local government officer and any family member if aggreg	
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)	
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 Government Code. Signature of Local of Signature of Local	e) of this local government officer. I
Please complete either option below:	
Afficial Rielan. Crockett My Notary ID # 133119392 NOTAFEXPRES May 25, 2025	
Swom to and subscribed before me by KENNETH THOMPSON this the 20	oth.day of Septenber
20 22, to certify which, witness my hand and seal of office.	
Junilo 12 Cooketto Marieua Crayett Aprinist	rative Assistant
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	- Area - Le - La Area - La 1971
(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
(month)	(year)
Signature of Local Govern	nment Officer (Declarant)

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

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	Date Received
in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	
2 Office Held	
MPISD Muster 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.	
5 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)	
6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ackr	nowledge that the disclosure annies
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.	ロメ
Signature of Local	Government Officer
Please complete either option below:	
(1) A Idalia MARIELA N. CROCKETT	
My Notary ID # 133119392	
NO TARKE STAMP / S Expires May 25, 2025	
Sworn to and subscribed before me by SANORA BIBLE this the ZE	th. day of Septenber,
76 Z2 , to certify which, witness my hand and seal of office.	
Morila Madetto Marieca Crackett Asmin	istrative Assistant
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
Normania and an also as the state of the sta	
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 .
(month)	(year)
Signature of Local Govern	nment Officer (Declarant)

FORM CIS

And the second s	
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 Kim Ccobb	
2 Office Held	
mPISD trustee	
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.	p 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	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	**************************************
Date Gift Accepted Description of Gift	Afternation of the Control of the Co
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 Sect Government Code. Signature of Local 6	tion 176.003(a)(2)(B), Local
Please complete either option below:	
MARIELA N. CROCKETT My Notary ID # 133119392 Expires May 25, 2025	th day of September,
20 22 , 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
OR	Title of officer administering dath
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,,	_,
) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Govern	nment Officer (Declarant)

FORM CIS

			- 5 - 7
This questionnaire refl	ects changes made to the law by H.B. 23	3, 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 Go			
2 Office Held	ary 10000		
· mP15	ddy Blut D TDrsoe		
	scribed by Sections 176.001(7) and 1	76.003(a), Local Government	
4 Description of the with vendor name	nature and extent of each employmen d in item 3.	t or other business relationshi	p and each family relationship
	d by the local government officer and ed in item 3 exceeds \$100 during the		
nom vondor name	A III Item o exoceds \$100 dailing the	iz-month period described by	Section 170.000(a)(2)(b).
Date Gift Accepted	d Description of Gift		
Date Gift Accepted	d Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional	forms as necessary)	
i	to each family member (as defined by Section also acknowledge that this statement covers the Government Code.	ne 12-month period described by Sec	
	Please comple	te either option below:	
	RIELA N. CROCKETT Notary ID # 133119392 Opires May 25, 2025	·	oth. day of Septence.
	boloro illo by	this the <u>-v</u>	MET COLLEGE
20 <u>22</u> , to certify	which, witness my hand and seal of office. MARLEA (Noula	VISTARINE ASSISTANT
Signature of officer administe			Title of officer administering oath
- 0.24 - 22 - 2480 O.M. (2000)		DR	anton Silani il minoro e atono necali vicem se vane
(2) Unsworn Declarati			
My name is		and my data of hirth is	•
My address is		, gird my date or bitti is	**************************************
iviy addices is	(street)	, (city) (state	e) (zip code) (country)
Executed in	County, State of	1 27	. 20
		(month)	, 20 (year)
		Signature of Local Gover	mment Officer (Declarant)

FORM CIS

		9			, ,	
This questionnaire r	eflects changes made to th	ie law by H.B. 23, 84	th Leg., Regular Sessi	on.	OFFICE	USE ONLY
government officer	to the appropriate local ; has become aware of fac Chapter 176, Local Gove	ts that require the o			Date Received	
	onapler 176, Local Gove	mmem Code.		-		
^	ne Hampton					
2 Office Held	ne stampion	<u> </u>				
	ent, Mt Pleas	east 15D L	beel Board			
3 Name of vendor of	described by Sections 17	76.001(7) and 176.0	03(a), Local Govern	nent		
Code						
4 Description of the	ne nature and extent of ea	ich employment or	other business relati	onship	and each fai	nily relationship
with vehicle han	ied iii itelii 3.					
	ed by the local governm					
from vendor nar	med in item 3 exceeds \$1	00 during the 12-m	onth period describ	ed by S	ection 176.0	003(a)(2)(B).
Date Gift Accept	ted Des	cription of Gift				
	ted Des					
	ed Desci					
	(at	ttach additional form	s as necessary)			
6 SIGNATURE	I swear under penalty of per to each family member (as a also acknowledge that this s Government Code.	defined by Section 176	.001(2), Local Government-month period described	nt Code) by Section	of this local go in 176.003(a)(2	overnment officer. I)(B), Local
My	ARIELA N. CROCKETT Notary ID # 133119392 Expires May 25, 2025	ease complete e	either option belo	ow:		
Sworn to and subscribe	ed before me by \sqrt{V}	ONNE HALL	this th	ne <u>76</u> t	لم. day of	SEPTERBEL
20 <u>22</u> , to cert	ify which, witness my hand and	seal of office.				
horiel /	Collette MA	inieux Cra	CERT AD	ni ~is	TRATIVE	morriseA
Signature of officer admini	stering oath Pr	inted name of officer adm	inistering oath		Title of offic	er administering oath
44134508731331487830	STANSON STANSON	OR		Andrew (1987)		Eller State Calledon Sancia a respecti
(2) Unsworn Declara	ition					
My name is			, and my date of birth	is		
My address is			······································	~~~~	*	·
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on 1	the day of (mo	nth)	, 20 (year)	 .
			Signature of Local	Governo	ant Officer (D	aciarant\
			CONTRACTOR OF CONTRACTOR	CRUVELLIN	5-311 \$ 1166 PL (1-1)	Especial Committee