FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session	on. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following logovernment officer has become aware of facts that require the officer to file this statem in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	
Kim Crabb	
2 Office Held	
Iroard of trustees	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governm	nent
Code $\mathcal{N}_{\mathcal{N}}$	
Description of the nature and extent of each employment or other business relation with vendor named in item 3. W	
5 List gifts accepted by the local government officer and any family member, if ag from vendor named in item 3 exceeds \$100 during the 12-month period describe	
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 also acknowledge that this statement covers the 12-month period described by Government Code.	oy Section 176.003(a)(2)(B), Local
Signature of	Local Government Officer
Please complete either option below MARIELA N. CROCKETT My Notary ID # 133119392 Expires May 25, 2025	w:
Sworn to and subscribed before me by <u>kim CRABB</u> this the	e 26th- day of August,
20 24 , to certify which, witness my hand and seal of office.	
Justillo Calette MARIELA N. CROCKETT	PUBLIC NORMY
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,,	
· · · · · · · · · · · · · · · · · · ·	(state) (zip code) (country)
Executed in County, State of, on the day of (mor	nth) , 20 (year) .
Signature of Local	Government Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.					OFFICE USE ONLY		
government officer	to the appropriate local go has become aware of facts	that require the office			Date Received		
	Chapter 176, Local Government	ment Code.					
	iovernment Officer						
yvon	ne Hampton t, Mt Pleasant	>					
2 Office Held	And All	0	n				
Mesident	t, "Int Pleasant	150 School	Board				
3 Name of vendor of Code	described by Sections 176.	001(7) and 176.003(a), Local Govern	ment			
3045							
4 Description of th	e nature and extent of each	employment or othe	er business relat	tionship	and each fan	nily relationship	
with vendor nam				•			
5 List gifts accept	ed by the local governmen	t officer and any fan	nily member if	anaranat	e value of th	ne gifts accented	
	med in item 3 exceeds \$100						
Date Gift Accept	red Descri	ption of Gift					
Date Gift Accept	ed Descri	ption of Gift					
Date Gift Accept	ed Descript	tion of Gift					
	(attac	ch additional forms as	necessary)				
	to each family member (as defi also acknowledge that this stat Government Code.	-	th period described	by Section	_	(B), Local	
(1) Affidavit NOTARY STAMP/SE	MARIE My Nota Expire	LA N. CROCKETT ury ID # 133119392 es May 25, 2025	er option bel	ow:			
Sworn to and subscribe	ed before me by VONN	E HAMPTON)this t	the <u>26</u>	th day of	AUGVST,	
	ify which, witness my hand and se						
(horielo 1.	Jakuth MAR	LIELA N. GRO	POKETT	P	BUC .	VOTARY	
Signature of officer admini		ed name of officer administe			Title of office	er administering oath	
		OR					
(2) Unsworn Declara	ition						
-	the state of the s		and my date of birth	n IS		•	
My address is	/			/		(
European de de	(street)		(city)	` '	(zip code)	(country)	
Executed in	County, State of	, on the	day of (mo	onth)	, 20 (year)		
			Signature of Loca	l Covernm	ont Officer (De	colorant)	

FORM CIS

(weatherest of completing the limit growing the level	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		
1 Name of Local Government Officer			
Kennelle Clude Thomas			
2 Office Held			
Kenneth Clyde Thapsou 2 Office Held Board of Thoshe			
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government			
Code			
タレス Description of the nature and extent of each employment or other business relationshi	n and each family relationship		
with vendor named in item 3.	p and each failing relationship		
N(A			
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)			
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 Government Code. Signature of Local Code.	tion 176.003(a)(2)(B), Local		
(1) Affidavit (2) Affidavit (3) Affidavit (4) Affidavit (5) Affidavit (6) Affidavit (7) Affidavit (8) Affidavit (9) Affidavit (1) Affidavit (1) Affidavit (2) Affidavit (3) Affidavit (4) Affidavit (5) Affidavit (6) Affidavit (7) Affidavit (8) Affidavit (9) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (2) Affidavit (3) Affidavit (4) Affidavit (5) Affidavit (6) Affidavit (7) Affidavit (8) Affidavit (9) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (2) Affidavit (3) Affidavit (4) Affidavit (5) Affidavit (6) Affidavit (7) Affidavit (8) Affidavit (9) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (2) Affidavit (3) Affidavit (4) Affidavit (5) Affidavit (6) Affidavit (7) Affidavit (8) Affidavit (9) Affidavit (9) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (2) Affidavit (3) Affidavit (4) Affidavit (5) Affidavit (6) Affidavit (6) Affidavit (7) Affidavit (7) Affidavit (8) Affidavit (9) Affidavit (9) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (1) Affidavit (2) Affidavit (3) Affidavit (4) Affidavit (5) Affidavit (6) Affidavit (7) Affidavit (8) Affidavit (9) Affidavit (10)			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by VENNETH THOMPSON this the ZE	th.day of August,		
20 29 , to certify which, witness my hand and seal of office.	Λ.		
	VBUC NOTARY		
	Title of officer administering oath		
OR (2) Unequery Declaration			
(2) Unsworn Declaration			
My name is, and my date of birth is			
My address is,,	<i></i>		
	(zip code) (country)		
Executed in County, State of , on the day of (month)	, 20 (year)		
Signature of Local Covern	mont Officer (Declarent)		

FORM CIS

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This questionnaire reflects changes made to the law by H.B. 23, 8		OFFICE USE ONLY	
This is the notice to the appropriate local governmental ent government officer has become aware of facts that require the in accordance with Chapter 176, Local Government Code.	Date Received		
1 Name of Local Government Officer			
Luke Sandlin Anderson			
2 Office Held			
MPISD Trustee			
3 Name of vendor described by Sections 176.001(7) and 176.	003(a), Local Government		
Sandlen Motors Inc.			
4 Description of the nature and extent of each employment o	r other husiness relationshi	in and each family relationship	
with vendor named in item 3.		· · · · · · · · · · · · · · · · · · ·	
Adomatic sales & service through TIPS 5 List gifts accepted by the local government officer and ar	(Region 8) Contrac	+	
5 List gifts accepted by the local government officer and ar from vendor named in item 3 exceeds \$100 during the 12-	iy fam'ily member, it aggreg month period described by	pate 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 for	ms as necessary)		
also acknowledge that this statement covers the 1 Government Code.	Take anderen	tion 176.003(a)(2)(B), Local Government Officer	
Place complete	-		
(1) Affidavit MARIELA N. CROCKETT My Notary ID # 133119392 Expires May 25, 2025	either option below:		
Sworn to and subscribed before me by Live Amosas of	this the ZE	oth day of August,	
20 24 , to certify which, witness my hand and seal of office.	_	<u> </u>	
Choniela 1. (nodato Maniera 1	V. CROCKETT	PUBLIC NOTARY	
Signature of officer administering oath Printed name of officer administering oath	ninistering oath	Title of officer administering oath	
OR			
(2) Unsworn Declaration			
My name is	and my data of hirth is		
My address is,	, and my date of bitti is	•	
(street)	(city) (state)	_,,) (zip code) (country)	
Executed in, on		, , , , , , , , , , , , , , , , , , , ,	
	(month)	, 20 (year)	
	Signature of Local Course	amont Officer (Declarent)	

FORM CIS

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			OFFICE	USE ONLY	
I his is the notice	to the appropriate local	governmental entity tha	t the following local	Date Received	
in accordance with	r has become aware of fac Chapter 176, Local Gover	ts that require the oπicer	to file this statement		
		mment Code.		ļ	
	Government Officer				
1300	ldy Blok				
2 Office Held					
MPI	SD Board	Menber			
3 Name of vendor	described by Sections 17	6.001(7) and 176.003(a)	, Local Government		
Code					
4 Description of the	he nature and extent of ea	ch employment or other	business relationshi	p and each fam	ily relationship
with vendor nam	ned in item 3.				
5 List gifts accept from vendor na	ted by the local governmented in item 3 exceeds \$1	ent officer and any fam	ily member, it aggreg	ate value of the	e gifts accepted
	mou m nom o oxeces y .	oo daring the 12 month.	period described by	3600001110.00	13(a)(2)(D).
Date Gift Accep	ted Desc	cription of Gift			
	ted Desc				
	red Descr				
_ = ===================================					
		tach additional forms as	-,		
6 SIGNATURE	I swear under penalty of perj				
	to each family member (as dalso acknowledge that this st				
	Government Code.	Idlement covers the 12-month	period described by Seci	.10n 176.003(a)(2)(B), Local
		18	2 15/-		
			Signature of Local (Government Office	er
	Die				
		•	re ption below:		
(1) Affidavit		MARIELA N. CROCKETT My Notary ID # 133119392			
		Expires May 25, 2025			
NOTARY STAMP/SE	EAL				
Sworn to and subscribe	ed before me by <u>Bvo</u>	ou Blue	this the 26	- 1h 1	
		1	this the _	or or	uausi,
20 <u>24</u> , to cert	ify which, witness my hand and	seal of office.			
Signature of officer adminis	stering oath Prin	nted name of officer administeri	ng oath	Title of officer	administering oath
		OR			
(2) Unsworn Declara	ation				
My name is		, an	d 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 (Dec	larant)

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	-
Judd Marshall	
2 Office Held	
Superintendent	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen	nt
Code Dairy Queen	
4 Description of the nature and extent of each employment or other business relations with vendor named in item 3	ship and each family relationship
with vendor named in item 3. My Rather 10-law owns the	e Mit. Veryon OQ.
5 List gifts accepted by the local government officer and any family member, if aggr from vendor named in item 3 exceeds \$100 during the 12-month period described	regate value of the gifts accepted
nom vendor named in item 5 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)	
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 Local Code.	
(1) Affidavit NOTARY STAMP/SEAL Marie Complete either coption below: MARIELA N. CROCKETT My Notary ID # 133119392 Expires May 25, 2025	:
Sworn to and subscribed before me by Jupa Mars Hare this the	26th day of August,
20 24 , 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	
(2) Unsworn Declaration	
My name is, and my date of birth is _	•
My address is,,,	
	ate) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Gov	vernment Officer (Declarant)
Oliginature of Local Gov	ommon (Deciarant)

FORM CIS

i	reflects changes mad					OFFICE	E USE ONLY
government office	e to the appropriate er has become aware h Chapter 176, Local	of facts that requi	re the officer	t the followir to file this sta	ng local Itement	Date Received	
	Government Officer		nou	Dun	در_		
3 Name of vendor Code	described by Section	ons 176.001(7) an	d 176.003(a)	, Local Gove	rnment		
4 Description of with vendor na	the nature and exten med in item 3.	t of each employn	nent or othe	r business re	lationship	and each far	nily relationship
5 List gifts accept from vendor na	oted by the local go amed in item 3 exce	ernment officer and during t	and any fam he 12-month	ily member, i period desc	if aggrega ribed by S	ite value of the Section 176.0	ne gifts accepted 03(a)(2)(B).
Date Gift Accep	oted	Description of G	Aift				
Date Gift Accep	oted	Description of G	aift				
Date Gift Accep	ted	Description of Gift	t				
		(attach addition	nal forms as	necessary)			
6 SIGNATURE	I swear under penalty to each family memb also acknowledge tha Government Code.	er (as defined by Sec	tion 176.001(2), Local Govern	ment Code)	of this local go	vernment officer. I
				Signature	of Local G	overnment Offic	er
(1) Affidavit NOTARY STAMP/S	SEAL	Pleaseom	MARIELA N. C My Notary ID # Expires May	133119392	elow:		
Sworn to and subscrib	ped before me by	TUAN DUE	ENEZ	this	s the 76	h.day of	Auchen
	tify which, witness my ha			U III	- IIIC <u></u>	, vec . day 01 _ /	1000031
Signature of officer admir	istering oath	Printed name of of	ficer administeri	ng oath		Title of office	r administering oath
			OR				
(2) Unsworn Declar	ation						
My name is			, an	d my date of b	irth is		
My address is						· · · · · · · · · · · · · · · · · · ·	
	(stree	et)		(city)	(state)	(zip code)	(country)
Executed in	County, St	ate of	, on the	day of	month)	, 20 (year)	
				Signature of Lo	cal Governm	nent Officer (De	clarant)