FORM CIS

This questionnaire re	flects changes made to	the law by H.B. 23, 8	4th Leg., Regular Sess	ion.	OFFICE	USE ONLY
This is the notice t government officer lin accordance with 0		Date Received				
	overnment Officer					
Sandr	a Bible 1 Board in 2 Board in 1 Board in 2 Board in 3 Board in 4 Board in 4 Board in 4 Board in 4 Board in 5 Board in 5 Board in 5 Board in 6 Board i					
2 Office Held						
5 choo	1 Board i	nember				
3 Name of vendor d	escribed by Sections	176.001(7) and 176.	003(a), Local Govern	ment		
Code						
4 December of the		anah ammiayananta	u athau hirainaaa ualai	L		ilu valatia wa bin
4 Description of th with vendor nam	e nature and extent of led in item 3.	eacn employment o	r otner business reiai	iionsnip	and each fam	ily relationship
	ed by the local govern ned in item 3 exceeds					
Date Gift Accept	ed De	escription of Gift				
Date Gift Accept	ed De	escription of Gift				
Date Gift Accepte	ed Des	cription of Gift				
		(attach additional forr	ms as necessary)			
	to each family member (a also acknowledge that this Government Code.	s statement covers the 1		by Section	n 176.003(a)(2)(B), Local
(1) Affidavit	F	Please complete	either option be MARIELA N. CROCKET My Notary ID # 13311939	T 12		
NOTARY STAMP/SE	EAL	6 th.	Expires May 25, 2029		_	
Sworn to and subscribe	ed before me by $\frac{\sqrt{5}}{\sqrt{2}}$	vora Bis	this t	the 29 t	h day of St	epterber.
20 25 , to certi	ify which, witness my hand a	nd seal of office.				
Signature of officer adminis	stering oath	Printed name of officer ad	ministering oath		Title of office	r administering oath
		OR				
(2) Unsworn Declara	tion					
My name is			, and my date of birt	h is		,
My address is				,,		
•	(street)		` • •	• •	(zip code)	` -,
Executed in	County, State	of, or	n the day of (m	onth)	, 20 (year)	
			Signature of Loca	al Governm	ent Officer (De	clarant)

FORM CIS

This questionnaire re	eflects changes made	e to the law by H.B.	23, 84th Leg	., Regular Sess	sion.	OFFICE	USE ONLY
This is the notice is government officer in accordance with	has become aware	of facts that require	e the officer t			Date Received	
	iovernment Officer		•				
July 1	/krehell						
2 Office Held	. , ,						
Superin	tendent						
3 Name of vendor of	escribed by Section	ons 176.001(7) and	176.003(a),	Local Govern	nment		
Code	A						
with vendor nan	(N/A					
	ed by the local gove ned in item 3 excee						
Date Gift Accept	ted	Description of Gi	ft				
Date Gift Accept	ted	Description of Gi	ft		**************************************		
Date Gift Accept	ed	Description of Gift					
		(attach additiona	al forms as i	necessary)			
		er (as defined by Secti at this statement covers		period described	d by Section		(B), Local
(1) Affidavit		Please	MARIELA N. My Notary ID Expires Ma	# 133 119392	low:		
NOTARY STAMP/SI	<u></u>					., _	
Sworn to and subscribe	-		SHALL	this	the <u>24</u>	<u> わん.</u> day of <u>ン</u>	eptember.
20 25 , to cert	ify which, witness my ha	and and seal of office.	A		ρ		
<u>Unaute</u>	Knowew	MARIELA	N. Cre		4 (Title of office	JORARY
Signature of officer admini	stering oath	Printed name of off		ng oath		Litle of office	er administering oath
(2) Unsworn Declara	ation		OR				
My name is			, an	d my date of bir	th is		·
My address is				*******	<i>-</i>	·	·
	(stre	•		(city)	(state)	(zip code)	(country)
Executed in	County, S	tate of	, on the	day of (m	nonth)	, 20 (year)	<u>.</u> -
				Signature of Loc	al Governo	nent Officer (De	(clarant)

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	
Audra Walker	
2 Office Held	
Director of Business	
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. N H	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
nom 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)	
Plase complitable it he groption below: My Notary ID # 133119392 Expires May 25, 2029	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Avora Waven this the 35	ith. day of SEPTETIBER,
20 2.5 , to certify which, witness my hand and seal of office.	Public Notary
Junile Mariera N. CERCIET	Public Notary
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	<u> </u>
My address is,,,	·
(street) (city) (state	, , , , , , , , , , , , , , , , , , ,
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Govern	nment Officer (Declarant)

FORM CIS

This questionnaire re	flects changes made to the law by H.B. 23	3, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer h	o the appropriate local governmental on the appropriate local governmental on the appropriate that require the contract of the appropriate that require the contract of the co		Date Received
	overnment Officer SluE		
	D Board Mens		
3 Name of vendor d Code	escribed by Sections 176.001(7) and 1	76.003(a), Local Government	
4 Description of the with vendor nam	e nature and extent of each employmer ed in item 3.	t or other business relationsh	p and each family relationship
from vendor nam	ed by the local government officer and ned in item 3 exceeds \$100 during the	12-month period described by	Section 176.003(a)(2)(B).
	ed Description of Gift		
	ed Description of Gift		
Date Gift Accepte	ed Description of Gift		
	(attach additional	forms as necessary)	
6 SIGNATURE	I swear under penalty of perjury that the above to each family member (as defined by Section also acknowledge that this statement covers to Government Code.	n 176.001(2), Local Government Cod he 12-month period described by Sec gignature of Local	e) of this local government officer. I
(1) Affidavit	*	MARIELA N. CROCKETT My Notary ID # 133119392 Expires May 25, 2029	
	0 0		- H C
	ed before me by DVODY 154	this the 22	th, day of Senenbec,
20 25 , to certi	fy which, witness my hand and seal of office.		
Signature of officer adminis	stering oath Printed name of office	r administering oath	Title of officer administering oath
		DR	
(2) Unsworn Declara	tion		
My name is		, and my date of birth is	·
My address is			
	(street)		e) (zip code) (country)
Executed in	County, State of	, on the day of (month)	, 20 (year)
		Signature of Local Gover	nment Officer (Declarant)

FORM CIS

This questionnaire refle	cts changes made to the	law by H.B. 23, 84th	Leg., Regular Session.	OFFICE USE ONLY
	hat the following local cer to file this statement	Date Received		
1 Name of Local Gove	ernment Officer	^ `		
	KD BOEN	im Crab	<u>ه</u>	
2 Office Held	·		2.4	
mb.	RD DOER	2 men	JE C	
3 Name of vendor des Code	cribed by Sections 176	6.001(7) and 176.003	(a), Local Government	
4 Description of the n with vendor named		h employment or ot	her business relationsh	ip and each family relationship
				gate value of the gifts accepted y Section 176.003(a)(2)(B).
Date Gift Accepted	Desc	ription of Gift		
Date Gift Accepted	Desc	ription of Gift		
Date Gift Accepted	Descrij	otion of Gift		
	(atta	ach additional forms	as necessary)	
to als	each family member (as de	efined by Section 176.00	11(2), Local Government Coconth period described by Ser	
	Ple	ase complete ei	her option below:	
(1) Affidavit			ARIELA N. CROCKETT y Notary ID # 133119392 Expires May 25, 2029	
	174	No.	السيسسي	Secondo
Sworn to and subscribed t		CRAGB	this the <u>2</u>	14. day of SEPTERBER
20 25 , to certify w	vhich, witness my hand and s	eal of office.		
Signature of officer administeri	ing oath Prin	ted name of officer admini	stering oath	Title of officer administering oath
		OR		
(2) Unsworn Declaratio	'n	•		
My name is			, and my date of birth is	
My address is		,	,	
	(street)		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e) (zip code) (country)
Executed in	County, State of _	, on the	day of(month)	, 20 (year)
		_	Signature of Local Gove	rnment Officer (Declarant)

FORM CIS

This questionnaire re-	flects changes mad	e to the law by H.B. 2	3, 84th Leg., Regular Ses	sion.	OFFICE	USEONLY
	nas become aware	of facts that require	entity that the following the officer to file this state		Date Received	
Name of Local Go Bessie 2 Office Held	Yvonne	Hampton				
Preside	at, Mt. Ple	asaut 15D				
3 Name of vendor de Code	escribed by Secti	ons 176.001(7) and 1	76.003(a), Local Gover	nment		
- December of the	NA	* - £	nt or other business rela			
with vendor name	ed in item 3.					
			d any family member, if 12-month period descr			
Date Gift Accepte	ed <i>NA</i>	Description of Gift				
Date Gift Accepte	ed	Description of Gift				
Date Gift Accepte	d	Description of Gift				
		(attach additional	forms as necessary)			
	also acknowledge th Government Code.	at this statement covers	the 12-month period describe <i>Werene T</i> Signature		,	
(1) Affidavit		Please complete	MARIELA N. CROCKE My Notary ID # 139119 Expires May 25, 262	992		
NOTARY STAMP/SE	•					_
Sworn to and subscribe			HARPTON this	the <u>29</u>	<u> 作</u> , day of <u>)</u>	EMERBER
20 <u>25</u> , to certif	y which, witness my h	and and seal of office.				
Signature of officer adminis	tering oath	Printed name of office	er administering oath		Title of office	er administering oath
			OR			
(2) Unsworn Declarat	tion					
My name is			, and my date of bi	rth is		·
My address is				_,,	<i></i>	
	(stre		(city)	(state)	, , ,	(country)
Executed in	County, S	itate of	, on the day of (r	nonth)	, 20 (year)	÷
			Signature of Loc	al Govern	ment Officer (Do	oclarant)

FORM CIS

This questionnaire ref	flects changes made to	the law by H.B. 23, 84th Le	g., Regular Session.	OFFICE USE ONLY
government officer h	o the appropriate loc las become aware of Chapter 176, Local Go		Date Received	
1 Name of Local Go	vernment Officer			
Luke Sandle 2 Office Held	n Anderson	400 EVA		
Toute	MAIST			
3 Name of vendor do	escribed by Sections	176.001(7) and 176.003(a)	, Local Government	
Sandlin	Motors Inc.			
4 Description of the with vendor name Owner		f each employment or othe	r business relationshi	p and each family relationship
5 List gifts accepte				ate value of the gifts accepted
from vendor nam	ea in item 3 exceeds	\$100 during the 12-month	i perioa describea by	Section 176.003(a)(2)(B).
Date Gift Accepte	ed D	escription of Gift		
Date Gift Accepte	ed D	escription of Gift		
Date Gift Accepte	d De	scription of Gift		
		(attach additional forms as	necessary)	
		is statement covers the 12-mon	th period described by Sec	e) of this local government officer. I tion 176.003(a)(2)(B), Local Government Officer
(1) Affidavit		A: My	RIELA N. CROCKETT Notary ID # 133119392 expires May 25, 2029	
Sworn to and subscribe	d before me by	re Anderson	this the 29	th. day of Section
•	y which, witness my hand		and all <u></u>	
Signature of officer adminis	tering oath	Printed name of officer administer	ing oath	Title of officer administering oath
		OR		
(2) Unsworn Declarat	tion	-		
My name is		, a	nd my date of birth is	
My address is			,	
	(street)		(city) (state	· · · · · · · · · · · · · · · · · · ·
Executed in	County, State	of, on the	day of (month)	, 20 (year)
			Signature of Local Govern	

FORM CIS

					when the design of the control of th	
This questionnaire refle	ects changes made to the	e law by H.B. 23, 84tl	h Leg., Regular Sessio	on.	OFFICE	USE ONLY
government officer ha	the appropriate local g s become aware of fact apter 176, Local Gover	s that require the off			Date Received	
1 Name of Local Gov	•		100 May 2010 1			
Kennen	Losquest					
2 Office Held			· Manua			
Bonad of	Tauster - m	PisD				
Code	scribed by Sections 17	6.001(7) and 176.00	3(a), Local Governn	ment		
NA						
4 Description of the with vendor named N		ch employment or c	ther business relati	ionship	and each fam	ily relationship
	by the local governme					
from vendor name	d in item 3 exceeds \$1	00 during the 12-m	onth period describ	ed by S	Section 176.00	03(a)(2)(B).
Date Gift Accepted	Desc	cription of Gift	N/A			
	Desc					
	Descri					
zato difficolopida		tach additional forms				
6 SIGNATURE I	swear under penalty of perj			. I ackno	wledge that the	disclosure applies
a	each family member (as di lso acknowledge that this si lovernment Code.		month period described	by Section	_	B), Local
(1) Affidavit	Ple	A M	ARIELA N. CROCKETT y Notary ID # 133119392 Expires May 25, 2029	5V)		
NOTARY STAMP/SEAL						
Sworn to and subscribed	before me by Kenn	ETH THOM	259V this th	ne Z 9	th. day of <u>S</u>	EPTERBER
20 <u>25</u> , to certify	which, witness my hand and	seal of office.				
Signature of officer administer	ing oath Pri	nted name of officer admir	nistering oath		Title of office	administering oath
		OR				
(2) Unsworn Declaratio	on					
My name is			_, and my date of birth	is		·
My address is					,	•
	(street)		(city)		(zip code)	(country)
Executed in	County, State of _	, on th	ne day of	nth\	, 20 (year)	•
		_	(11101	1141)	(year)	·
			Signature of Local	Governr	nent Officer (Dec	clarant)

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

FORM CIS

This questionnaire re	flects changes made to the law by H.	B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer h	o the appropriate local governmen has become aware of facts that requ Chapter 176, Local Government Coc	ire the officer to file this statement	Date Received
1 Name of Local Go	overnment Officer	1994	4
Hacie The	omosoin		
2 Office Held			1
(5)			
3 Name of vendor de	escribed by Sections 176.001(7) ar	nd 176.003(a), Local Government	1
Code			
Keaples C	bmmunication		
4 Description of the with vendor name	อุทางแก่ (อุปกุล e nature and extent of each employ	ment or other business relationsh	ip and each family relationship
with vehicor ham	hushand en	doved by Peoples	
5 List gifts accepte	ed by the local government officer	and any family member, if aggre	gate value of the gifts accepted
	ed in item 3 exceeds \$100 during		
Date Gift Accepte	ed Description of	Gift	
	ed Description of (
Date Gift Accepte	d Description of Gi		
6 SIGNATURE	(attach additic	onal forms as necessary)	140
	also acknowledge that this statement cov Government Code.	- Agri O	ction 176.003(a)(2)(B), Local
(1) Affidavit	Pleas	My Notary ID # 133119392 Expires May 25, 2029	
NOTARY STAMP/SE			
Sworn to and subscribed	d before me by	70 HP50V this the 20	ith.day of SEPTEMBER
20 <u>25</u> , to certif	y which, witness my hand and seal of office.		
Signature of officer administ	tering oath Printed name of o	officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	ion		
My name is		, and my date of birth is	
	(street)		e) (zip code) (country)
Executed in	County, State of	, on theday of	, 20
		(1101111)	(ycai <i>)</i>
		Signature of Local Gove	roment Officer (Declarant)

FORM CIS

Office Held Social At Track - WP TTU Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. 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	This questionnaire re	ssion.	OFFICE USE ONLY			
Name of Local Government Officer Office Held Scord W toward Base 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 relationship and each family relationship with vendor named in item 3. 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 Description Description of Gift Description Descriptio	government officer		Date Received			
2 Office Held 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 1 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. 3 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 Quatach additional forms as necessary) SIGNATURE 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-conth period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please Operation of Gift William Printed name of officer administering path Title of officer administering cath Title of officer administering cath Title of officer administering cath OR 20 Unsworn Declaration We name is and my date of birth is			overnment Code.			
Office Held Scott of the Accepted by Sections 176.001(7) and 176.003(a), Local Government Code Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. 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 Description of Gift Description of Gift Cattach additional forms as necessary) SIGNATURE 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-gorth period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please	\mathcal{L}		-			
Bame 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 relationship and each family relationship with vendor named in item 3. 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		112010		WHIWW I I		
Bame 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 relationship and each family relationship with vendor named in item 3. 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	Doord	ist fresh	AE - 1116	NIT		
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. 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 Description of Gift (attach additional forms as necessary) SIGNATURE I swear under penalty of perjuny 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-gonth period described by Section 176.003(a)(2)(B), Local Government Code, of this local government Officer. I also acknowledge that this statement covers the 12-gonth period described because the section 176.003(a)(2)(B), Local Government Officer. I also acknowledge that this statement covers the 12-gonth period described by Section 176.003(a)(2)(B), Local Government Officer. I also acknowledge that this statement covers the 12-gonth period described by Section 176.003(a)(2)(B), Local Government Officer. I also acknowledge that the disclosure applies to each family member (as defined by Section 176.001(a)(2)(B), Local Government Officer. Signature of Local Government Officer Please					nment	
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. 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						
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	with vendor nam	ed in item 3.	of each employment	or other business rei	ationshi	p and each family relationship
Date Gift Accepted Description of Gift						
Date Gift Accepted Description of Gift			-		ribea by	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	Date Gift Accept	ed	Description of Gift _	NIN		
(attach additional forms as necessary) SIGNATURE 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 of Local Government Officer Please Correptete entrier option betty Markiela N. CROOKETT My Notary ID # 133119392 Expires May 25, 2029 NOTARY STAMP/SEAL Sworm to and subscribed before me by JUAN DUENE & this the 3 r.e., day of Occober 20 25, 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 OR June 1 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3						
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 of Local Government Officer Please Signature of Local Government Officer Please Signature of Local Government Officer Warielan Crockett My Notary ID # 133119392 Expires May 25, 2029 this the 3 re. day of Occoser this the 3 re. day of Occoser Or Unsworn Declaration Or Or Or Or Or Or Or Or Or O	Date Gift Accepte	ed D	escription of Gift			
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 of Local Government Officer Please Counties entire option below Marketan. CROCKETT My Notary ID # 133119392 Expires May 25, 2029 NOTARY STAMP/SEAL Sworn to and subscribed before me by JUAN DUENEZ this the 3 rep. day of OCCOBER 20 25, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR 2) Unsworn Declaration My name is, and my date of birth is			(attach additional fo	orms as necessary)		
My Notary ID # 133119392 Expires May 25, 2029 NOTARY STAMP/SEAL Sworn to and subscribed before me by			his statement covers the	mele	De	CAC
20 25, to certify which, witness my hand and seal of office. Signature of officer administering oath	(1) Affidavit NOTARY STAMP/SE	·	Please complete	My Notary ID # 1331193	92	
20 25, to certify which, witness my hand and seal of office. Signature of officer administering oath			Dugas	- m	2	000000
Signature of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is				this	the <u>J</u>	L4. day of VC105Cic
OR (2) Unsworn Declaration My name is, and my date of birth is	20 <u>25</u> , to certi	fy which, witness my nanc	l and seal of office.			
(2) Unsworn Declaration My name is, and my date of birth is	Signature of officer adminis	tering oath	Printed name of officer a	administering oath		Title of officer administering oath
My name is, and my date of birth is			OR			
	(2) Unsworn Declara	tion				
Λv address is,,,,,	My name is			, and my date of b	irth is	<u>,</u>
	My address is					,
(street) (city) (state) (zip code) (country)		,		, ,,		
Executed in County, State of, on the day of, 20 (month) (year)	Executed in	County, Stat	e of,	on the day of (month)	, 20 (year)
Signature of Local Government Officer (Declarant)				Signature of Lo	cal Cover	amont Officer (Declarent)