

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Jody Evans

2 Office Held

Trustee # 1

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

none

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

none

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

Date Gift Accepted _____ Description of Gift _____

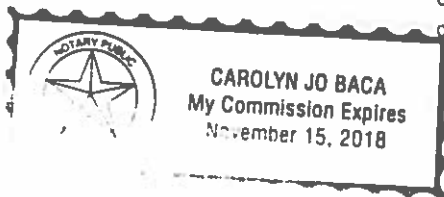
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

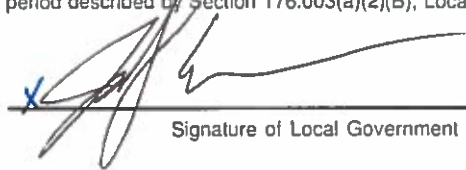
(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



AFFIX NOTARY STAMP / SEAL ABOVE


Signature of Local Government Officer

Sworn to and subscribed before me, by the said Jody Evans, this the 30 day of August, 20 18, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Carolyn Jo Baca
Printed name of officer administering oath


Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Mike McDougald

2 Office Held

Trustee # 2

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

TJS HARDWARE

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

parent's business TJS
Maintenance + transportation supplies

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

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



CAROLYN JO BACA
My Commission Expires
November 15, 2018

[Signature]
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike McDougald, this the 30 day of August, 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

CAROLYN JO BACA
Printed name of officer administering oath

[Signature]
Title of officer administering oath

**LOCAL GOVERNMENT OFFICER
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OFFICE USE ONLY

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Date Received

1 Name of Local Government Officer

Jason Gooch

2 Office Held

Trustee # 3

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

First State Bank of Bedian

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

current officer @ bank.
School District Banks accounts - CD's

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

Date Gift Accepted _____ Description of Gift _____

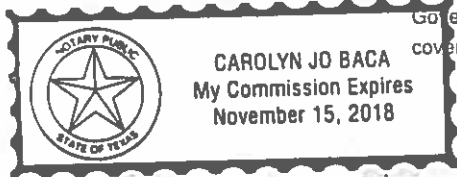
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



[Handwritten Signature]
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jason Gooch, this the 30 day of August, 2018, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Carolyn Jo Baca
Printed name of officer administering oath

[Handwritten Signature]
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Tammy Harvey

2 Office Held

Trustee Position # 4

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

none

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

none

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

Date Gift Accepted _____ Description of Gift _____

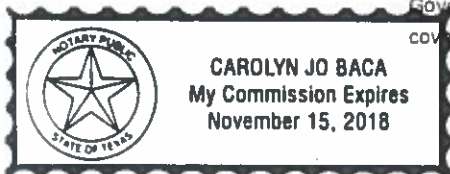
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



[Handwritten Signature]
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tammy Harvey, this the 30 day of August, 2018, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Carolyn Jo Baca
Printed name of officer administering oath

[Handwritten Title]
Title of officer administering oath

**LOCAL GOVERNMENT OFFICER
CONFLICTS DISCLOSURE STATEMENT**

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This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY
Date Received

1 Name of Local Government Officer
Luke Bradicich

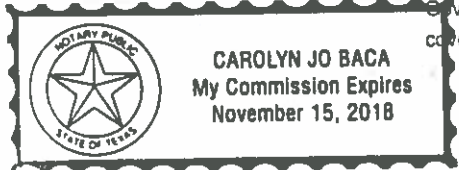
2 Office Held
Trustee # 5

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
none

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
none

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

6 **AFFIDAVIT**
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



X Luke Bradicich
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Luke Bradicich*, this the *30* day of *August*, 20 *18*, to certify which, witness my hand and seal of office.

Carolyn Jo Baca
Signature of officer administering oath

Carolyn Jo Baca
Printed name of officer administering oath

Notary
Title of officer administering oath

**LOCAL GOVERNMENT OFFICER
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OFFICE USE ONLY	
Date Received	

1 Name of Local Government Officer
Carolyn Mallett

2 Office Held
Trustee # 6

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

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
*Son's business
staff + BM meals*

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

6 **AFFIDAVIT**
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



Carolyn Mallett
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Carolyn Mallett*, this the *30* day of *August*, 20*18*, to certify which, witness my hand and seal of office.

Carolyn Jo Baca
Signature of officer administering oath

Carolyn Jo Baca
Printed name of officer administering oath

Notary
Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Scot Nevill

2 Office Held

Trustee # 7

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

none

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

none

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

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 **AFFIDAVIT**

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



Scot Nevill
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scot Nevill, this the 30 day of August, 2018, to certify which, witness my hand and seal of office.

Carolyn Jo Baca
Signature of officer administering oath

Carolyn Jo Baca
Printed name of officer administering oath

Notary
Title of officer administering oath