FORM CIS

This questionnaire reflects changes made	to the law by H.B. 23, 84th Leg., Regular Sessic	on. OFFICE USE ONLY
	cal governmental entity that the following lo ffacts that require the officer to file this statem overnment Code.	
Name of Local Government Officer		
Micah Lowe		•
2 Office Held		
School Board President		
	s 176.001(7) and 176.003(a), Local Governm	nent
Code None		
	of each employment or other business relation	onship and each family relationship
with vendor named in item 3.	or each employment of other business relative	onship and each family relationship
5 List gifts accepted by the local gove from vendor named in item 3 exceed	rnment officer and any family member, if ag s \$100 during the 12-month period describe	ggregate value of the gifts accepted ed by Section 176.003(a)(2)(B).
Date Gift Accepted N/A	Description of Gift	
Date Gift AcceptedN/A	Description of Gift	
Date Gift Accepted N/A D	escription of Gift	
	(attach additional forms as necessary)	
•	(as defined by Section 176.001(2), Local Governmenthis statement covers the 12-month period described by Signature of	
CINDY GIBSON  (1) A fidavid  E Notary Public, State of Texas  Comm. Expires 11-16-2021  Notary ID 11458638		·
Sworn to and subscribed before me by Micah	Lowe this the	e 19 <sup>Th</sup> day of July,
20 21 , to certify which, witness my hand		
Cinda Binon	Ollidy Olboon	nistrative Assistant to the Superintendent
Signature of ಊ cer 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, Stat	e of , on the day of (mor	nth) (vear)
	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
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	
Phillip "Bear" Brown	
2 Office Held	
School Board Vice President	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
LPS - Fire / PYE Barker Fire and Safety	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Owner/Employee of LPS-Fire/PYE Barker Fire and Safety	
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 N/A Description of Gift	
Date Gift AcceptedN/A Description of Gift	
Date Gift Accepted N/A Description of Gift	
(attach additional forms as necessary)	
·	e) of this local government officer. I
CINDY GIBSON  (1) Aftidavit	· +
·	day of July,
20 21, to certify which, witness my hand and seal of office.	re Assistant to the Superintendent
Cindy Gibson Administrative Cindy Gibson Administrative Cindy Gibson Administrative Cindy Gibson Administrative Cindy Gibson Cindy Gibson Administrative Cindy Gibson Cindy Cindy Gibson Cindy Cind	Title of officer administering oath
OR	The of ones deminating
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,,	
(street) (city) (state	
Executed in day of (month)	, 20 (year)
Signature of Local Govern	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	
Casey Jordan	
<sup>2</sup> Office Held	
School Board Secretary	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Magical Memories A.B.E.L Truck Sales	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.  Cara Jordan - Spouse Robbie and Terry Jordan - Parents	
List gifts accepted by the local government officer and any family member, if aggregation from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted N/A Description of Gift	
Date Gift AcceptedN/A Description of Gift	
Date Gift Accepted N/A Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is true and correct. I acknown 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.	e) of this local government officer. I
Signature of Local C	Government Officer
CINDY GIBSON Please complete either option below: Notary Public, State of Texas Comm. Expires 11-16-2021 Notary ID 11458638	1 - 2 - Marie 1
Sworn to and subscribed before me by Casey Jordan this the	19th day of July.
20 21 , to certify which, witness my hand and seal of office.	•
Cindy Gibson Administrative	e Assistant to the Superintendent
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 (year)
Signature of Local Govern	ment 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	
Matt Strickland	
2 Office Held	
School Board Member	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code None	
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 N/A Description of Gift	
Date Gift AcceptedN/A Description of Gift	
Date Gift Accepted N/A 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 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 13-month period described by Section 14-month period described by Section 15-month period described by Section 15-month period described by Section 17-month period by Section 17-month period described by Section 17-month period by Section 17-	e) of this local government officer. I
CINDY GIBSON Please complete either option below:  (1) Affiday Comm. Expires 11-16-2021  Notary ID 11458638	
	9 day of <u>July</u> ,
20 21, to certify which, witness my hand and seal of office.	\ \
000000000000000000000000000000000000000	ve Assistant to the Superintendent
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	
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Govern	·

# 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.	<b>OFFICE USE ONLY</b>
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	
Dustin Mason	
2 Office Held	
School Board Member	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
None	handerikken ein 1745
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 N/A Description of Gift	<u> </u>
Date Gift AcceptedN/A Description of Gift	The state of the s
Date Gift Accepted N/A 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 Communication Signature Signatu	ion 176.003(a)(2)(B), Local
CINDY GIBSON  Notary Public, State of Texas  Comm. Expires 11-16-2021  NOTARY STAMP / SHAtary ID 11458638	$\wedge$ $\rho$
Sworn to and subscribed before me by Dustin Mason this the 19	day of July,
20 21 , to fertify which, witness my hand and seal of office.	
Cindy Gibson Administrativ	e Assistant to the Superintendent
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	<b>过度用层接触器</b>
(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 (vear)
	V/
Signature of Local Govern	ment Officer (Declarant)

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 I government officer has become aware of facts that require the officer to file this stater in accordance with Chapter 176, Local Government Code.	nent Date Received
Name of Local Government Officer	
Kyle Thompson	
2 Office Held	
School Board Member	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	nent
Code None	
4 Description of the nature and extent of each employment or other business relati	ionship and each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if a from vendor named in item 3 exceeds \$100 during the 12-month period describ	ggregate value of the gifts accepted ed by Section 176.003(a)(2)(B).
Date Gift Accepted N/A Description of Gift	
Date Gift Accepted N/A Description of Gift	
Date Gift AcceptedN/A Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is true and correct to each family member (as defined by Section 176.001(2), Local Government also acknowledge that this statement covers the 12-month period described Government Code.	nt Code) of this local government officer. I
CINDY GIBSON  Please complete either option below the common process of the complete either option below the common process of the complete either option below the common process of the common process of the complete either option below the complete either the complete either option below the complete either option below the complete either the complete either the complete either the complete either either the complete either either the complete either eithe	ow:
Sworn to and subscribed before me by Kyle Thompson this the	he $19$ day of $30$ ,
20 21, to certify which, witness my hand and seal of office.	•
Cindy Gibson Admi	nistrative Assistant to the Superintendent
Signature of dfficer 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	ı is
My address is,,	,,
(street) (city)	(state) (zip code) (country)
Executed in County, State of , on the day of	onth) , 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		
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	and the second of the second of the		
Micah Lewis	e i sa mara peghi Ni		
2 Office Held			
Superintendent			
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	a,* a		
Splash Kingdom Water Park	niero Star amada		
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Marci Blevins and Johnny Blevins - sister and brother-in-law			
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 AcceptedN/A Description of Gift			
Date Gift AcceptedN/A Description of Gift	to Born to the		
Date Gift Accepted N/A Description of Gift			
(attach additional forms as necessary)	n. ny dine galan i 190		
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			
CINDY GIBSON Please complete either option below:  (1) Affidavit: See Comm. Expires 11-16-2021 Notary ID 11458638  NOTARY STAMP/SEAL			
Sworn to and subscribed before me by Micah Lewis this the	$\frac{19}{19}$ day of $\frac{1}{19}$ ,		
20 21 to certify which, witness my hand and seal of office.	ve Assistant to the Superintendent		
White 1001 br	Title of officer administering oath		
Signature of officer administering oath  Printed name of officer administering oath  OR	Title of officer administering oddi		
(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 (year)		
Signature of Local Gover	nment Officer (Declarant)		