

# 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**

Micah Lowe

**2 Office Held**

Board President

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

N/A

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

N/A

**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 N/A Description of Gift \_\_\_\_\_

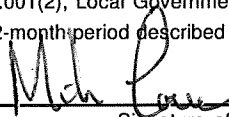
Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A 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 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 complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Micah Lowe this the 19 day of May,

20 25, to certify which, witness my hand and seal of office.



Cindy Gibson

Administrative 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 \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Local Government Officer (Declarant)

# 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**

Phillip " Bear" Brown

**2 Office Held**

Board Vice-President

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

Pye-Barker Fire and Safety/LPS-Fire, LLC

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

Owner/Employee of Pye-Barker Fire and Safety/LPS-Fire, LLC

**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 N/A Description of Gift \_\_\_\_\_

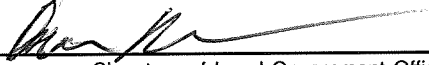
Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A 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 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 complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Phillip "Bear" Brown this the 19 day of May,

2025, to certify which, witness my hand and seal of office.



Cindy Gibson

Administrative 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)

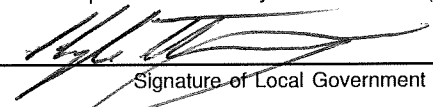
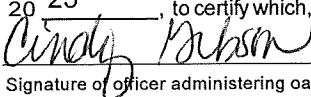
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>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.</p>	<b>OFFICE USE ONLY</b>
<p><b>1 Name of Local Government Officer</b> Kyle Thompson</p> <p><b>2 Office Held</b> Board Secretary</p> <p><b>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code</b> N/A</p>	<p>Date Received</p>
<p><b>4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.</b> N/A</p>	
<p><b>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).</b></p> <p>Date Gift Accepted <u>N/A</u> Description of Gift _____</p> <p>Date Gift Accepted <u>N/A</u> Description of Gift _____</p> <p>Date Gift Accepted <u>N/A</u> Description of Gift _____</p> <p style="text-align: center;">(attach additional forms as necessary)</p>	
<p><b>6 SIGNATURE</b> 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.</p> <div style="text-align: center;"> _____ Signature of Local Government Officer</div> <p style="text-align: center;"><b>Please complete either option below:</b></p> <p><b>(1) Affidavit</b></p> <p>NOTARY STAMP / SEAL</p> <p>Sworn to and subscribed before me by <u>Kyle Thompson</u> this the <u>19</u> day of <u>May</u>, 20<u>25</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between;"><div style="text-align: center;"> _____ Signature of officer administering oath</div><div style="text-align: center;"><p>Cindy Gibson</p>_____ Printed name of officer administering oath</div><div style="text-align: center;"><p>Administrative Assistant to the Superintendent</p>_____ Title of officer administering oath</div></div> <p style="text-align: center; background-color: black; color: white; padding: 2px;"><b>OR</b></p> <p><b>(2) Unsworn Declaration</b></p> <p>My name is _____, and my date of birth is _____.</p> <p>My address is _____, _____, _____, _____, _____.</p> <p style="text-align: center;">(street) (city) (state) (zip code) (country)</p> <p>Executed in _____ County, State of _____, on the _____ day of _____, 20____.</p> <p style="text-align: center;">(month) (year)</p> <p style="text-align: center;">_____ Signature of Local Government Officer (Declarant)</p>	

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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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**

Matt Strickland

**2 Office Held**

Board Member

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

N/A

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

N/A

**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 N/A Description of Gift \_\_\_\_\_

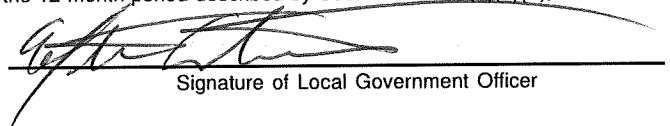
Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A 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 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

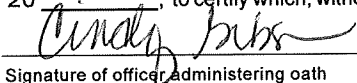
Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Matt Strickland this the 19 day of May,

20 25, to certify which, witness my hand and seal of office.



Cindy Gibson

Administrative 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 \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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## OFFICE USE ONLY

Date Received

**1 Name of Local Government Officer**

Dustin Mason

**2 Office Held**

Board Member

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

N/A

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

N/A

**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 N/A Description of Gift \_\_\_\_\_

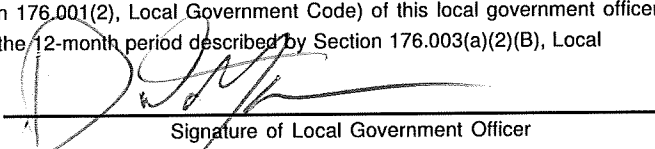
Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A 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 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

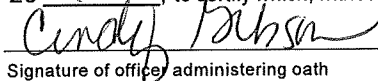
**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dustin Mason this the 19 day of May,

20 25, to certify which, witness my hand and seal of office.



Cindy Gibson

Administrative 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 \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Local Government Officer (Declarant)

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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**

Nick Haley

**2 Office Held**

Board Member

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

N/A

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

N/A

**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 N/A Description of Gift \_\_\_\_\_

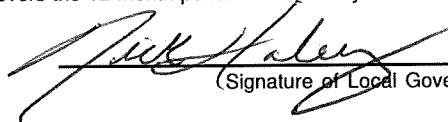
Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A 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 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)

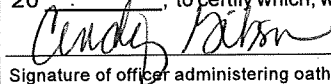
**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nick Haley this the 19 day of May

20 25, to certify which, witness my hand and seal of office.



Cindy Gibson

Administrative 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 \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

# 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**

Michael Spivey-Martin

**2 Office Held**

Board Member

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

N/A

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

N/A

**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 N/A Description of Gift \_\_\_\_\_

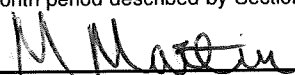
Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A 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 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

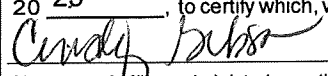
Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Spivey-Martin this the 19 day of May,

20 25, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Cindy Gibson

Administrative Assistant to the Superintendent

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 \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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## OFFICE USE ONLY

Date Received

**1 Name of Local Government Officer**

Micah Lewis

**2 Office Held**

Superintendent

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

Splash Kingdom Water Park

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

Marci and Johnny Blevins - Sister and Brother-in-Law

**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 N/A Description of Gift \_\_\_\_\_

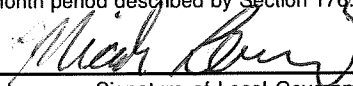
Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A 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 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

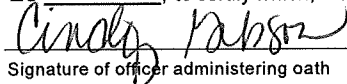
**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Micah Lewis this the 19 day of May,

20 25, to certify which, witness my hand and seal of office.



Cindy Gibson

Administrative 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 \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)