LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

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 government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

1 Name of Local Government Officer

Tiffany Clark

2 Office Held

Nelso ISD Board of Trustees, Place 4

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

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

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

(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

MYRA RAND
ID # 12357890-5
NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES 04/30/2024

(1) Affidavit

Sworn to and subscribed before me this the ___ day of ___

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____.

Signature of Local Government Officer (Declarant)

Form provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020
LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

(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.

1 Name of Local Government Officer
   KAREN DANIEL

2 Office Held
   Board Trustee Places

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

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

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

   (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]

   Signature of Local Government Officer

   [Seal]

   MYRA RAND
   ID # 12378912
   NOTARY PUBLIC STATE OF TEXAS
   COMMISSION EXPIRES 04/20224

   [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__.

   Signature of Local Government Officer (Declarant)

Form provided by Texas Ethics Commission
www.ethics.state.tx.us
Revised 8/17/2020
LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

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.

1 Name of Local Government Officer
Kathryn J. Goad

2 Office Held

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

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

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 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.

Kathryn J. Goad
Signature of Local Government Officer

NOTARY STAMP / SEAL
Sworn to and subscribed before me by Kathryn J. Goad this the 14th day of June,
2021, to certify which, witness my hand and seal of office.

Myra Rand
Notary

Signature of officer administering oath
Printed name of officer administering oath
Title of officer administering oath

FORM CIS

OFFICE USE ONLY

Date Received

(1) Affidavit

(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 Government Officer (Declarant)

Form provided by Texas Ethics Commission www.ethics.state.tx.us
Revised 8/17/2020
LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

1 Name of Local Government Officer
Abe C. Cooper

2 Office Held
TRUSTEE

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

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

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).

<table>
<thead>
<tr>
<th>Date</th>
<th>Gift Accepted</th>
<th>Description of Gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

(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(7), 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

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Abe C. Cooper this the 17th day of June, 20__ .

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(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) , (year) .

Signature of Local Government Officer (Declarant)
## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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

### OFFICE USE ONLY

**Date Received**

### 1 Name of Local Government Officer

**Cynthia Banks**

### 2 Office Held

**Dezso ISD Trustee, Plano**

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

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

### 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).

<table>
<thead>
<tr>
<th>Date Gift Accepted</th>
<th>Description of Gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

(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 176.004(c), Local Government Code) of the 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**

### (1) Affidavit

Sworn to and subscribed before me by **Cynthia Banks** this the **14th** day of **May**

**Myra Rand**

**Notary**

### (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________.

**Signature of Local Government Officer (Declarant)**

Form provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020
LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.
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government officer has become aware of facts that require the officer to file this statement
in accordance with Chapter 176, Local Government Code.

1 Name of Local Government Officer
DeAndrea Fleming

2 Office Held
DeSoto ISD Board of Trustees Place 6

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government
Code
BH365 Education

4 Description of the nature and extent of each employment or other business relationship and each family relationship
with vendor named in Item 3.
BH365 Contractor/Director Secondary Curriculum

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).

<table>
<thead>
<tr>
<th>Date</th>
<th>Gift Accepted</th>
<th>Description of Gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

(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]
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

20

My name is [Name], and my date of birth is [Date].

My address is [Address], [City] [State] [Zip Code] [Country].

Executive [Street], County, State of [County], on the [Day], day of [Month], 20[Year].

[Signature]
Signature of Local Government Officer (Declarant)

(2) Unsworn Declaration

My name is [Name], and my date of birth is [Date].

My address is [Address], [City] [State] [Zip Code] [Country].

Executive in [County], State of [State], on the [Day], day of [Month], year.

[Signature]
Signature of Local Government Officer (Declarant)
LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

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

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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.

1 Name of Local Government Officer

Traci J McNairy

2 Office Held

Board of Trustees

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

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

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

N/A

Date Gift Accepted

N/A

Description of Gift

N/A

Date Gift Accepted

N/A

Description of Gift

N/A

(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

Traci J McNairy

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Traci J McNairy this the 14th day of June, 2021.

Myra Rand

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Form provided by Texas Ethics Commission

Revised 8/17/2020