

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>	OFFICE USE ONLY
<p>1 Name of Local Government Officer <u>Shelby K. Leatherwood</u></p>	<p>Date Received _____</p>
<p>2 Office Held <u>Trustee</u></p>	
<p>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code <u>None</u></p>	
<p>4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. <u>None</u></p>	
<p>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).</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>(attach additional forms as necessary)</p>	

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.

Shelby K. Leatherwood
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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

(2) Unsworn Declaration

My name is Shelby B. Leatherwood and my date of birth is 3-22-85
 My address is 2286 Smith Rd. JACKSON TX 77458 USA
(street) (city) (state) (zip code) (country)
 Executed in Jack County, State of Texas, on the 18 day of June, 2024
(month) (year)
Shelby K. Leatherwood
 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

Frank Hefner

2 Office Held

Secretary BISD Board

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 _____

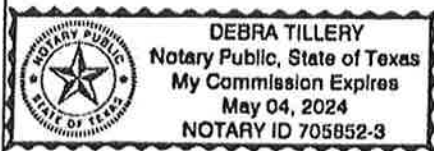
Date Gift Accepted _____ Description of Gift _____

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.



Frank Hefner
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank Hefner, this the 31st day of Aug, 20 20, to certify which, witness my hand and seal of office.

Debra Tillery
Signature of officer administering oath

Debra Tillery
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

DANIEL Lewis

2 Office Held

BOARD member

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 _____

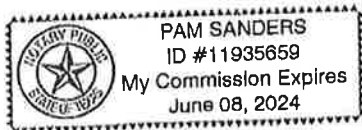
Date Gift Accepted _____ Description of Gift _____

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.



Daniel Lewis

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Lewis, this the 31st day of August, 2020, to certify which, witness my hand and seal of office.

Pam Sanders

Signature of officer administering oath

Pam Sanders

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

Ronnie Collins

2 Office Held

Board Member

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 N/A

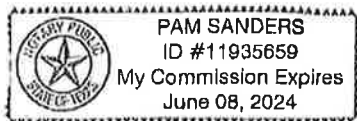
Date Gift Accepted _____ Description of Gift N/A

Date Gift Accepted _____ Description of Gift N/A

(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.



R. Collins

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronnie Collins, this the 31st day of August, 2020, to certify which, witness my hand and seal of office.

Pam Sanders

Signature of officer administering oath

Pam Sanders

Printed name of officer administering oath

Notary

Title of officer administering oath

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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

Blake Brooks

2 Office Held

Board Member

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).

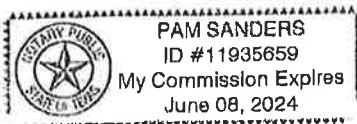
Date Gift Accepted _____ Description of Gift N/A

Date Gift Accepted _____ Description of Gift N/A

Date Gift Accepted _____ Description of Gift N/A

(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.

[Signature]
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Blake Brooks, this the 31st day of August, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Pam Sanders
Printed name of officer administering oath

[Signature]
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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

1 Name of Local Government Officer

Sheila M Birdwell

2 Office Held

Trustee

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 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.

Sheila M Birdwell
Signature of Local Government Officer

Please complete either option below:



Sworn to and subscribed before me by Sheila Birdwell this the 21st day of October

20 21, to certify which, witness my hand and seal of office.

Pam Sanders
Signature of officer administering oath

Pam Sanders
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sheila M Birdwell, and my date of birth is 3-29-1975

My address is 244 Birdwell Rd, Bryson, TX, 76407, USA
(street) (city) (state) (zip code) (country)

Executed in Jack County, State of TX, on the 21 day of Oct, 2021
(month) (year)

Sheila M Birdwell
Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Travis Thorne

2 Office Held

Vice President

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 _____

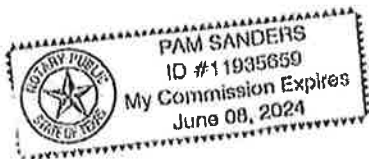
Date Gift Accepted _____ Description of Gift _____

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.



Travis Thorne

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Travis Thorne, this the 31st day of August, 2020, to certify which, witness my hand and seal of office.

Pam Sanders
Signature of officer administering oath

Pam Sanders
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

Greg London

2 Office Held

Supt.

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.



Greg London

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg London, this the 31st day of Aug, 2020, to certify which, witness my hand and seal of office.

Pam Sanders

Signature of officer administering oath

Pam Sanders

Printed name of officer administering oath

Notary

Title of officer administering oath