LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT	FORM CIS	
(Instructions for completing and filing this form are provided on the next p	age.)	
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	
1 Name of Local Government Officer James Caleb Henson	OCT 15 2024	
<sup>2</sup> Office Held District Attorney	CHRIEFTIE AVAKEFIELD	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	BE LEON COUNTY, TEXAS	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	ip and each family relationship	
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	
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.		
Please complete either option below:         (1) Affidavit       MARCY ANN BUNDICK         NOTARY STAMP/SEAL       MARCY ANN BUNDICK         Sworn to and subscribed before me byAMES_AUD_HENSON	eth sopporter ber	
20 24 to certify which, witness my hand and seal of office.	Cominal Paralagal	
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,,,,	HETRE	
(street) (city) (state	e) (zip code) (country)	
Executed in County, State of, on the day of(month)	, 20 (year)	
Signature of Local Gover	mment Officer (Declarant)	

DISCLOSUR	<b>/ERNMENT OFFICE</b> <b>E STATEMENT</b> Instructions for completing and fil	ER CONFLICTS	FORM CIS
This questionnaire refle	ects changes made to the law by	H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer ha		ental entity that the following loca quire the officer to file this statemen ode.	t Date Received
1 Name of Local Gov Coulie Cou 2 Office Held	cloyett		FILED OCT 15 2024
3 Name of vendor des Code	District Attoneu scribed by Sections 176.001(7)	and 176.003(a), Local Governmen	Welk Editor
with vendor name N/A 5 List gifts accepted	d in item 3. by the local government offic	oyment or other business relations er and any family member, if aggr g the 12-month period described	egate value of the gifts accepted
		of Gift	
		of Gift	
-		Gift	
Date Gill Accepted		itional forms as necessary)	· · · · · · · · · · · · · · · · · · ·
а		Section 176.001(2), Local Government C covers the 12-month period described by S <u>Carbon Pada</u> Signature of Loc	Section 176.003(a)(2)(B), Local
	Please co	mplete either option below	1
(1) Affidavit	MARCY ANN B My Notary ID # 1 Expires June 2	UNDICK 34418977	
Sworn to and subscribed	Callia La	dgett this the	leth day or September
Marcyder	which, witness my hand and seal of offi BUNALA MATA	AnnBundide	Chminal Paralegal
Signature of officer administe	ring oath Printed name	of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	оп		
My name is		, and my date of birth is _	
My address is		,,,,,,,	· · · · · · ·_
	(street)		ate) (zip code) (country)
Executed in	County, State of	, on the day of (month)	, 20 (year)
		Cimmolyma of Land O-	
Form provided by Texas Eth		www.ethics.state.tx.us	vernment Officer (Declarant) Revised 8/17/202

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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
<ul> <li>Name of Local Government Officer</li> <li>Kenneth Porterfield</li> <li>2 Office Held</li> </ul>	FILED ACT, 1,5 2024
Leon County District Afforney Office - Investigator 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code NIA	B CON COUNTY, TEXAS
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. NA	ip and each family relationship
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	
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 this statement covers the 12-month period dependent by Section also acknowledge that this statement covers the 12-month period dependent by Section Signature of Local	e) of this local government officer. I
Please complete either option below:         (1) Affidavit       MARCY ANN BUNDICK         NOTARY STAMP/SEAL       MARCY ANN BUNDICK         Swom to and subscribed before me by       LUMALH POLYLY Field         Swom to and subscribed before me by       LUMALH POLYLY field         20       24	the of September, <u>nminal Paralegal</u> 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)	e) (zip code) (country) , 20 (year)
Signature of Local Gover	mment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next prov	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
<ul> <li>Name of Local Government Officer</li> <li>2 Office Held</li> <li>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government</li> <li>2 Code</li> </ul>	Gal Hers the WAKE FIELD Gal Hers the WAKE FIELD HERK COUNTY, TEXAS
A Description of the nature and extent of each employment or other business relationsh	in and each family relationship
with vendor named in item 3.	ip and each family relationship
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	gate value of the gifts accepted / 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 ack 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 Sec Government Code.	e) of this local government officer. I
(1) Affidavit MARCY ANN BUN <b>Elsase</b> complete either option below: My Notary ID # 134418977 Expires June 21, 2027 NOTARY STAMP/SEAL	
Sworn to and subscribed before me by LANIE CANDON this the IL	oth day of <u>September</u> ,
20 <u>94</u> , to certify which, witness my hand and seal of office. Marcy and Bundlen Marcy Ann Bundlen Cn	minal Paralega:
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, and my date of birth is,	
(street) (city) (state Executed in County, State of on the day of	. 20
(month) Signature of Local Gove	(year) mment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CON DISCLOSURE STATEMENT	FLICTS	FORM CIS
(Instructions for completing and filing this form a	re provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 23, 84th L	.eg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity the government officer has become aware of facts that require the officer in accordance with Chapter 176, Local Government Code.	at the following local Date for to file this statement	FILED
1 Name of Local Government Officer Marcy Bundick Foster 2 Office Held		OCT 15 2024
2 Onice Held LUM COUNTY DISTRICT Attorney's Offic 3 Name of vendor described by Sections 176.001(7) and 176.003(	2 PAVALIGAL B), Local Government	HAISTIE MAKEPER DEEK. CUIVE UT LEON COUNTY, TEXAS
Code		
4 Description of the nature and extent of each employment or oth with vendor named in item 3. $M \mid A$	er business relationship and	each family relationship
5 List gifts accepted by the local government officer and any fa from vendor named in item 3 exceeds \$100 during the 12-mon		
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
(attach additional forms a	s necessary)	
6 SIGNATURE I swear under penalty of perjury that the above statement to each family member (as defined by Section 176.001 also acknowledge that this statement covers the 12-mo Government Code.	(2), Local Government Code) of thi	s local government officer. I 5.003(a)(2)(B), Local
(1) Affidavit NOTARY STAMP/SEAL	ner option below:	
Sworn to and subscribed before me by Marcy Burdick F 29 24, to certify which, witness my hand and seal of office.	aster this the 16th	day of September
	ahnon Crim ering oath T	inal Paralegal
OR		
(2) Unsworn Declaration		
My name is,	and my date of birth is	
My address is,,	11	
(street) Executed in, on the		p.code) (country) 20 (year)
	Signature of Local Government (	Officer (Declarant)

(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.  Mame of Local Government Officer
government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. Name of Local Government Officer
2 Office Held OCT - 1 2024
County Auditoc     Solution 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 accept
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 NA Description of Gift
Date Gift Accepted NA Description of Gift
(attach additional forms as necessary)
<ul> <li>SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applie to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.</li> <li>MORGAN L. DRISKILL NOTARY Public, State of Texas Comm. Expires 09-14-2026 Notary ID 133960338</li> </ul>
NOTARY STATISTICS IN THE NOTARY STATISTICS IN THIS IS A DECISION OF THE STATISTICS IN THE STATISTICS I
20       01       , to certify which, witness my hand and seal of office.       Assistant August         4       4       Morgan       Assistant August         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 (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 r			
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Sessio	OFFICEUSEUNLI		
This is the notice to the appropriate local governmental entity that the following lo government officer has become aware of facts that require the officer to file this statem in accordance with Chapter 176, Local Government Code.	ient		
1 Name of Local Government Officer Stacy Krent	FILED		
2 Office Held assistant auditor	OCT - 1,2024		
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governm Code	LEON COUNTY, TEXAS		
4 Description of the nature and extent of each employment or other business relation	anobin and each family relationship		
4 Description of the nature and extent of each employment or other business relations with vendor named in item 3.	onship and each lamity relationship		
5 List gifts accepted by the local government officer and any family member, if ag from vendor named in item 3 exceeds \$100 during the 12-month period describe	ggregate value of the gifts accepted ed by Section 176.003(a)(2)(B).		
Date Gift Accepted 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. J 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.			
(1) Affidavit Notary Public, State of Texas Comm. Expires 09-14-2028 Notary ID 133960338 Sworn to and subscribed before me by Stacy Kent this th	ISF ALL		
20 14 , to certify which, witness my hand and seal of office.	Assistant tudute		
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 (mon	nth), 20 (year)		
	Government Officer (Declarant)		
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020		

and the second se	VERNMENT OFFICER RE STATEMENT (Instructions for completing and filing		FORM CIS
This questionnaire re	lects changes made to the law by H.E	3. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer h	the appropriate local government as become aware of facts that requi hapter 176, Local Government Cod	re the officer to file this statement	Date Received
1 Name of Local Ge	overnment Officer Kavier	M. Delgado	
2 Office Held A-	ssistant Aud		OCT - 1 2024
3 Name of vendor d	escribed by Sections 176.001(7) an BORCA 24 HR	d 176.003(a), Local Government	B LEON COUNTYLIEXAS
	nature and extent of each employr	ment or other business relationsh	ip and each family relationship
from vendor nam	d by the local government officer a ed in item 3 exceeds \$100 during t	and any family member, if aggree	
Date Gift Accepte		Gift	
Date Gift Accepte		Gift	
Date Gift Accepte	d <u><i>N</i>/4</u> Description of Gif	't	
	(attach addition	nal forms as necessary)	
(1) Affidavit	to each family member (as defined by Sec also acknowledge that this statement cove Government Code. MORGAN L. DR CRASE COM Notary Public, State of Texas Comm. Expires 09-14-2026	ers the 12-month period described by Sec Xavian M D	-
NOTARY STAMP7SE	Notary ID 133960338		st Alsha
Sworn to and subscribe	which, witness my hand and seal of office.		Acoustant Andil
Signature of officer adminis	ering gath Brinted pame of g	Driskiu officer administering oath	Title of officer administering oath
	Frinted mainle of o	OR	the crossical administering dati
(2) Unsworn Dectarat	ion		
My name is		, and my date of birth is	
My address is		,,,,,,	
Executed in	(street)County, State of	(city) (state , on the day of (month)	e) (zip code) (country) , 20 (year)
		Signature of Local Gove	mment Officer (Declarant)

	VERNMENT OFFIC	CER CONFLIC	rs	F	ORM CI
	(Instructions for completing and	filing this form are provid	ed on the next p	age.)	
This questionnaire ref	lects changes made to the law l	oy H.B. 23, 84th Leg., Reg	ular Session.	OFFICE	USEONLY
	the appropriate local govern			Date Received	
	as become aware of facts that hapter 176, Local Governmen		his statement		
<sup>1</sup> Name of Local Go	•				IIED
Morgan	Driskill			F	ILED
2 Office Held HSSISTAN	+ Auditor			00	T - 1 2024
3 Name of vendor de Code	scribed by Sections 176.001	7) and 176.003(a), Loca	Government	BY LEFT	LIEAWAKEFIER
KNJ (	Jutlaw Construct	tion		LEON	COUNTY, TEXAS
4 Description of the with vendor name	nature and extent of each em	ployment or other busin	ess relationshi	p and each fam	ily relationsh
from vendor name	Haw owners - Fo d by the local government of ed in item 3 exceeds \$100 dur	ther 4 Step ficer and any family me ing the 12-month perio	Mother mber, if aggreg d described by	ate value of the Section 176.00	e gifts accept )3(a)(2)(B).
Date Gift Accepte	d Description	n of Gift			
Date Gift Accepte	d NA Description	n of Gift			
Date Gift Accepted		of Gift			
		dditional forms as necess			
	Government Code.	4/200	Signature of Local	Government Office	ər
	Please	complete either opt	ion below:		
(1) Affidavit					
				TAMMY GAY	LE SANDERS
NOTARY STAMP/SEA		Osia	X	My Notary ID	# 130608323
Sworn to and subscribed	before me by Magoo	Diskill	this the	Expires Ap	oril 5, 2028
20 24 , to certify	which, witness my hand and seal of	office.	C	) Crober	
James		Tammy Sa	enders	NE	Stary
Signature of officer administ	ering oath Printed na	me of officer administering oath		Title of officer	administering oa
		OR			·
(2) Unsworn Declarat	ion				
My name is		, and my c	late of birth is		. <u>.</u>
			•		
	(street)	(city	y) (state	e) (zip code)	· • ·
Executed in	County, State of	, on the d	ay of	, 20	,
			(month)	(year)	
		Signatu	ire of Local Gover	nment Officer (Dec	clarant)
Form provided by Texas Et	hics Commission	www.ethics.state.tx.	us		Revised 8/17/2

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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
1 Name of Local Government Officer	SEP 30 2024
Donna Lusk	Alloweren
2 Office Held Senior Center Manager	B LEON COUNTY, TEXAS
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 relationsh with vendor named in item 3.	ip and each family relationship
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	
Date Gift Accepted Description of Gift	·
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sec Government Code.	tion 176.003(a)(2)(B), Local
AAAAAAA [[VIVIVOV'] OININAIII ADVITION]	D day of september. Personal Banker
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	e) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
	nment 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 p	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
1 Name of Local Government Officer	11000
2 Office Held	SEP 3 0 2024
<u>Transportation</u> <u>Manager</u> <u>Leon Co. H.R.C.</u> 3 Name of vendor described by Sections (76.001(7) and 176.003(a), Local Government Code	BY LEON COUNTY. TEXAS
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	p and each family relationship
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 Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary) <b>6 SIGNATURE</b> I swear under penalty of perjury that the above statement is true and correct. I ack	nowledge that the disclosure applies
to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sec Government Code.	e) of this local government officer. I
ROXANNE ESPINOZA Notary ID #134297161 My Commission Expires April 11, 2027	SWORN TO BEFORE ME OF SENTEMBER 2024
NOTARY STAMP/SEAL	NOTARY PUBLIC
Sworn to and subscribed before me by $\underline{JDn}$ ; $\underline{SEAle}$ this the $\underline{3E}$ 20 $\underline{24}$ , to certify which, witness my hand and seal of office.	day of <u>September</u> ,
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	e) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
	mment 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	FORM CIS
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Sess	ion. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following government officer has become aware of facts that require the officer to file this state in accordance with Chapter 176, Local Government Code.	local Data Received
1 Name of Local Government Officer Samantha King	FILED
Samantha King <sup>2</sup> Office Held Executive Director of Senior Nutrition I Social Services	SEP 30 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Govern Code	BY LEON COUNTY, TEXAS
4 Description of the nature and extent of each employment or other business relativity with vendor named in item 3.	tionship and each family relationship
5 List gifts accepted by the local government officer and any family member, if from vendor named in item 3 exceeds \$100 during the 12-month period descri	
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 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.           Signature of Covernment Code.	ent Code) of this local government officer. I d by Section 176.003(a)(2)(B), Local
(1) Affidavit NOTARY STAMP/SEAL	the <u>29</u> day of <u>September</u> ,
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 bin	h is
My address is,,	··
(street) (city)	(state) (zip code) (country)
Executed in County, State of , on the day of (m	onth) 20 (year)
	al Government Officer (Declarant)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT	FORM CIS
(Instructions for completing and filing this form are provided on the next p	age.)
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	Date Received
in accordance with Chapter 176, Local Government Code.	FILED
1 Name of Local Government Officer	FILED
Patsy Randic	CED 2.0 2021
2 Office Held	SEP 30 2024
Buffuld Senior Center 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	CHRISTIE WAKE FIELD
3 Name of Vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	LEON COUNTY, TEXAS
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	p and each family relationship
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	
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 ackr to each family member (as defined by Section 170:00 (2), Local Government Code also acknowledge that this statement covers the 12-month period described by Sec Government Code.	e) of this local government officer. I
(1) Affidavit	
NOTARY STAMP/SEAL	9 Calmin
	2 day of September.
20 24 to certify which, witness my hand and seal of office.	Malant
<u>Angeles Valles-Villa</u> Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
Signature of officer administering oath Printed name of officer administering oath OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,,	
	e) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	nment Officer (Declarant) Revised 8/17/2020

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DISCLOSUR	<b>ERNMENT OFFIC</b> <b>STATEMENT</b> Instructions for completing and fi		the next pag		ORM (
This questionnaire refle	cts changes made to the law by	H.B. 23, 84th Leg., Regular S	ession.	OFFICE	USE ONL
government officer ha	the appropriate local governmess become aware of facts that re apter 176, Local Government (	equire the officer to file this st		Date Received	
1 Name of Local Gov	$\sim$ 1 $\land$	5		FII	ED
2 Office Held Chief Juv	enile Probation			SEP 2	3 2024
	cribed by Sections 176.001(7	) and 176.003(a), Local Gov	ernment	BU LEON COL	UNITY COUN
with vendor name			-		
	by the local government offic d in item 3 exceeds \$100 durin				
Date Gift Accepted	Description	of Gift			
Date Gift Accepted	Description	of Gift			
Date Gift Accepted	Description of	Gift			
	(attach add	ditional forms as necessary)			
a	o each family member (as defined by Iso acknowledge that this statement Sovernment Code.	covers the 12-month period descr			B), Local
(1) Affidavit	TA TA	OMDIECE CITATE ODION MMY GAYLE SANDERS y Notary ID # 130608323 Expires April 5, 2028	below:		
NOTARY STAMP/SEA Sworn to and subscribed	Margare E	Oley Thomas .	his the $\mathcal{A}$	3rd day of S	goteme
20 24 to certify		fice. <u> <u> <u> <u> </u> </u></u></u>	S	day of S	Tary
		OR			
(2) Unsworn Declarati	חס				
My name is		, and my date of	birth is		
My address is	· · · · · · · · · · · · · · · · · · ·				
	(street)	(city)	• •	(zip code)	
Executed in	County, State of	, on the day of	(month)	, 20 (year)	•
		Signature of	Local Govern	ment Officer (Dea	clarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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
1 Name of Local Government Officer assandra Nolly 2 Office Held District Clert	FILED
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	SEP 17 2024
<ul> <li>Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.</li> <li>List gifts accepted by the local government officer and any family member, if aggreg</li> </ul>	ate value of the gifts accepted
from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift (attach additional forms as necessary)	an a
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this statement covers the 12-month period described by Sector Government Code.          Image: Complete Statement Code         I	e) of this local government officer. I tion 176.003(a)(2)(b), Local Government Officer day of Systember, Uotary Title of office administering oath
My name is, and my date of birth is	
My address is,,	_1,
(street) (city) (state) Executed in County, State of, on the day of (month)	) (zip code) (country) , 20 (year)
Signature of Local Govern	iment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the i	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 lo government officer has become aware of facts that require the officer to file this statem in accordance with Chapter 176, Local Government Code.	ocal Dura Dura d
1 Name of Local Government Officer Cavol Johnson	FILED
2 Office Held Chief Debuty Clerk	SEP 17 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governm Code	LEON COUNTY, TEXAS
4 Description of the nature and extent of each employment or other business relation with vendor named in item 3.	onship and each family relationship
5 List gifts accepted by the local government officer and any family member, if ag from vendor named in item 3 exceeds \$100 during the 12-month period describe	
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. to each family member (as defined by Section 176.001(2), Local Governmen also acknowledge that this statement covers the 12-month period described b Government Code.	t Code) of this local government officer. I
CARRIE LEATHERS (1) Affidavit My Notary ID # 134441077 Expires July 6, 2027 NOTARY STAMP/SEAL	
Sworn to and subscribed before me by <u>Carol Johnson</u> this the	17th day of September.
20 20.20, to certify which, witness my hand and seal of office.	Alta
<u>Carrie Leathers</u> Signature of officer administering oath	Title of officeredministering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth i	S
My address is,,,	······································
(street) (city)	(state) (zip code) (country)
Executed in County State of on the day of (mon	th) (year)
Signature of Local (	Government Officer (Declarant)

DISCLOSURE S		CONFLICTS	FORM CIS
This questionnaire reflects cha	nges made to the law by H.B. 2	3, 84th Leg., Regular Session.	
This is the notice to the app	ropriate local governmental	entity that the following local	OFFICE USE ONLY
government officer has becor in accordance with Chapter 1		the officer to file this statement	Date neceiveu
1 Name of Local Governmen			FILED
Amy	Ackley	х.	
2 Office Held	ty Clerk		SEP 17 2024
Depo.	ty Clerk	70.000/121	CHRISTIE WAKE PRUD
Code	by Sections 176.001(7) and 1	76.003(a), Local Government	LEON COUNTY, TEXAS
with vendor named in iten	13.		ip and each family relationship
from vendor named in iter	n 3 exceeds \$100 during the	12-month period described by	
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional	forms as necessary)	
to each fa	mily member (as defined by Section wledge that this statement covers t	he 12-month period described by Sec	e) of this local government officer. I
(1) LINDA C. SHAN My Notary ID # 44 OTAGE STAMP / SPACE May 9, 1 Sworn to and subscribed before m	NON 78210 2028 e by Any Ackle	ete either option below:	The day of September,
20 2 , to certify which, with	ness my hand and seal of office	a Qu	Klotone
Signature of officer administering oath	Printed name of office	er administering oath	Title of officer administering oath
(2) Unsworn Declaration		DR —	
My name is		, and my date of birth is	
My address is		^ , ,	
Executed in	(street) County, State of	(city) (state , on the day of (month)	e) (zip code) (country) , 20 (year)
		Signature of Local Gover	nment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next)	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
<ul> <li>Name of Local Government Officer</li> <li>2 Office Held</li> <li>2 Office Held</li> <li>2 Dech County Tax office</li> <li>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code</li> </ul>	FILED SEP 12 2024 CHRIEKE WAKEFVELP BY CEEK. SUIT JOINT BY LEON COUNTY. TEXAS
<ul> <li>4 Description of the nature and extent of each employment or other business relations with vendor named in item 3.</li> <li>5 List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by</li> </ul>	gate value of the gifts accepted
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	A design of the second state of the second sta
<ul> <li>SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I act to each family member (as defined by Section 176.001(2), Local Government Coalso acknowledge that this statement covers the 12 month period described by Sector Government Code.</li> <li>TAMMY S CHAFINS Notary ID #133419497 My Commission Expires Notary ID #133419497 My Commission Expires Notary ID #133419497 My Commission Expires Statement of the state</li></ul>	de) of this local government officer. I
Signature of officer administering oath Printed name of officer administering oath OR	Title of officer administering oath
My address is <u>401 S C'VIIIa Circle</u> , <u>Centervile</u> , T) (street) Executed in <u>Leon</u> County, State of TX, on the <u>11</u> day of <u>09</u> (month)	5 - 18 - 1983 ( <u>75833</u> , <u>US</u> a) (zip code) (country) 20 - 24. (vear) (trear) (country) 20 - 24.

Form provided by Texas Ethics Commission

Revised 8/17/2020

www.ethics.state.tx.us

DISCLOSURE STATEM	<b>OFFICER CONFLICTS</b> <b>IENT</b> npleting and filing this form are provided on the next p	FORM CIS
This questionnaire reflects changes made	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ocal governmental entity that the following local of facts that require the officer to file this statement Government Code.	Date Received
<sup>1</sup> Name of Local Government Officer Kathleen Kina		FILED
2 Office Held J Tax Depintul		SEP 12 2024
3 Name of vendor described by Section Code	ns 176.001(7) and 176.003(a), Local Government	B LEON COUNTY, TEXAS
4 Description of the nature and extent with vendor named in Item 3.	of each employment or other business relationshi	p and each family relationship
	ernment officer and any family member, if aggreg Is \$100 during the 12-month period described by	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted D	escription of Gift	
	(attach additional forms as necessary)	
to each family member	of perjury that the above statement is true and correct. I ackn (as defined by Section 176.001(2), Local Government Code this statement covers the 12-month period described by Sect ACHARLES Signature of Local (	e) of this local government officer. I ion 176.003(a)(2)(B), Local
(1) AUTORIANT STAMMY S CHAFINS Notary ID #133419497 My Commission Expires October 28, 2025	Please complete either option below:	
	theen King this the //	th day of September.
20 24 tocertify which witness my hand	and seal of office.	NNA
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR	
My name is <u>Kathleen King</u> My address is <u>307 S Cass</u>	, and my date of birth is, , <u>Centerville</u> , <u>TX</u>	912712001 . 7583 USA
(street) Executed in LCDN County, State	e of TEXAS, on the L day of <u>Septern</u>	(zip code) (country)
	Signature of Local Governme	ment Officer (Declarant)
orm 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 p	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
1 Name of Local Government Officer <u>Hannah (Spencer) Hyder</u> 2 Office Held	FILED
Tox deputy 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	SEP 12 2024
<ul> <li>4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.</li> <li>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</li> </ul>	ate value of the gifts accepted
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 ackn 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.	e) of this local government officer. I ion 178.003(a)(2)(B), Local
Please complete either option below:	,
TAMMY S CHAFINS Notary ID #133419497 My Commission Expires Notary Commission Expires	the Sala 1 -
Swom to and subscribed before me by FANNAH HYDER AKA: SPENCISE this the 10 20 34 , to certify which, with ess my hand and seal of office.	day of epicmber.
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is <u>Hannah (Spencer) Hyder</u> , and my date of birth is <u>O</u> My address is <u>105 michoels Ave</u> , <u>Buffalo</u> , TX (street) (city) (state)	3/06/1998 , 75831, USA (zip code) (country)
Executed in <u>Leon</u> County, State of <u>Exas</u> , on the <u>Look</u> day of <u>Septem</u> (month) Signature of Local Government	(year)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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
<ul> <li>Name of Local Government Officer</li> <li>I HUN UN</li> <li>2 Office Held</li> <li>TAX D-DUty</li> <li>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government</li> </ul>	SEP 12 2024
Code <ul> <li>4 Description of the nature and extent of each employment or other business relationshil with vendor named in item 3.</li> <li>5 List gifts accepted by the local government officer and any family member, if aggreg</li> </ul>	
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 acknow 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.	a) of this local government officer. I ion 176.003(a)(2)(B), Local
Please complete either option below: TAMMY S CHAFINS Notary ID #13419497 Wind DEERFFY 28, 2025 Swom to and subscribed before me by Tiffany Herrera this the 10 20 2 4 , to explify which, witness my hand and seal of office. Tammy Main Signature of officer administering oath Printed name of afficer administering asth OR (2) Unsworn Declaration My name is TIFfUNY Herrera , and my date of birth is 16 My name is TIFfUNY Herrera , and my date of birth is 16 My name is TIFfUNY Herrera , and my date of birth is 16	H day or <u>September</u> . <u>NNK</u> Title of officer administering oath 2125188 278105 Lup led SACLET
My address is <u>42374(My 1 M</u> (street) (city) (state) Executed in <u>Leon</u> County, State of <u>TeXGS</u> , on the <u>10</u> day of <u>Septency</u> (month) <u>Signature</u> of Local Government Form provided by Texas Ethics Commission www.ethics.state.tx.us	(year)

LOCAL GOVERNMENT DISCLOSURE STATEM (Instructions for com		FORM CIS
This questionnaire reflects changes made t	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	cal governmental entity that the following local facts that require the officer to file this statement overnment Code.	Date Received
1 Name of Local Government Officer		
EMANAA CARRIGAN		SEP 12 2024
EMARA CARRIGAN 2 Office Held CHIEF TAX DERI	177	CHARTE WAKE MEAD
3 Name of vendor described by Section Code	s 176.001(7) and 176.003(a), Local Government	LEON COUNTY, TEXAS
4 Description of the nature and extent o with vendor named in item 3.	f each employment or other business relationshi	p and each family relationship
	mment officer and any family member, if aggreg s \$100 during the 12-month period described by	
Date Gift Accepted [	Description of Gift	
Date Gift Accepted E	Description of Gift	
Date Gift Accepted De	scription of Gift	
	(attach additional forms as necessary)	
to each family member (	perjury that the above statement is true and correct. I ackn as defined by Section 176.001(2), Local Government Code his statement covers the 12-month period described by Sect Signature of Local C	e) of this local government officer. I tion 176.003(a)(2)(B), Local
	Please complete either option below:	Ť
	MA CARRIGAN this the 10	th day of SEPTEMBER.
20 34 , to certify which, witness my hand a		1.1
Signature of officer administering oatin	Ammy Chatins	Title of officer administering oath
Signature of onicer administering dates	Printed name of officer administerring oath	The of oncer auministering bath
(2) Unsworn Declaration	OR	
My name is EMMA CARRIGAN	, and my date, of birth is, and my date, of birth is, TX	8/6/62
My address is PO Box 442	Centerville TX	75833 USA
(street)		(zip code) (country)
	Signature of Local Governm	ment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the	FORM CIS
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Sessi	on. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following government officer has become aware of facts that require the officer to file this stater in accordance with Chapter 176, Local Government Code.	
2 Office Held TAX ASSESSOP COLLECTOR 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governme Code	SEP 12 2024
4 Description of the nature and extent of each employment or other business relati with vendor named in item 3.	
<ul> <li>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</li> <li>Date Citt Accepted</li> </ul>	ed 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)	
SIGNATURE 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 menth period described Government Code. Signature of	t Code) of this local government officer.
Please complete either option belows Notary ID #133419497 Notary ID #133419497 Notary ID #133419497 Notary ID #133419497 My commission Expires Swom to and subscribed before me by CTOQIA WILLS this the CTOQIA WILLS Swom to and subscribed before me by CTOQIA WILLS this the CTOQIA WILLS Printed name of office. TAMMY Charles Signature of officer administering bath Printed name of officer administering oath CR (2) Unsworn Declaration My name is NCTOVIA WILLS My address is 3315 CR 145 Centervice.	e 10th day of <u>SEPTEMBER</u> NNA Title at afficer administering oath Is <u>4</u> [24e]91 TX. 7583.3 USA Leon
	(state) (zip code) (country) )+2024 th)(year) Government Officer (Declarant)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

LOCAL GOVERNA DISCLOSURE STA (Instruction			FORM CIS
This questionnaire reflects change	es made to the law by H.B. 23	, 84th Leg., Regular Sessi	on. OFFICE USE ONLY
This is the notice to the appro government officer has become in accordance with Chapter 176	aware of facts that require th		ocal Date Received
1 Name of Local Government (	Officer		- FILED
Suzanne Leathers 2 Office Held	·		SEP 11 2024
Deputy Administrator			CHRISTIE WAKEFIELD
3 Name of vendor described by Code	Sections 176.001(7) and 17	76.003(a), Local Governr	LEON COUNTY, TEXAS
<ul> <li>None</li> <li>Description of the nature and with vendor named in item 3</li> </ul>		t or other business relati	onship and each family relationship
None 5 List gifts accepted by the log	al government officer and	enu femilu member if -	ggregate value of the gifts accepted
from vendor named in item 3	exceeds \$100 during the 1	2-month period describ	ggregate value of the gifts accepted ed by Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift	<u></u> n]	A
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional f	forms as necessary)	
	edge that this statement covers th		nt Code) of this local government officer. I by Section 176.003(a)(2)(B), Local
	Plazea compla	te either optio <b>groe</b> k	
(1) Affidavit	riease comple		DONNA GOLDEN My Notary ID # 128829222 Expires December 16, 2027
NOTARY STAMP/SEAL			
Sworn to and subscribed before me t	» Zugarne Le	athers this th	e 10th day of September,
20 <u><b>24</b></u> , to certify which, witnes	ss my hand and seal of office.		EQ RED CER Q
Lome/Ilde	- Donna G	olden	EP, REO, CERP
Signature of officer administering oath	Printed name of officer	administering oath	Title of officer administering oath
	0	R	
(2) Unsworn Declaration			
My name is		, and my date of birth	is
My address is			
	(street)	(city)	(state) (zip code) (country)
Executed in Co	unty, State of,	on the day of(mo	nth) , 20
		Signature of Local	Government Officer (Declarant)
Form provided by Texas Ethics Commiss	ion www	w.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 p	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	OFFICE USE ONLY
government officer has become aware of facts that require the officer to file this statement	Date Received
in accordance with Chapter 176, Local Government Code.	FILED
1 Name of Local Government Officer	
2 Office Held	SEP 1 1 2024
Election Administrator, REO, CERA	CHRISTE WAKEFIELD
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governments	CHERK, COUNTY COURT
Code	C REON COUNTY, TEXAS
None           4         Description of the nature and extent of each employment or other business relationshi	a and each family solationship
with vendor named in item 3.	p and each ramily relationship
None           5         List gifts accepted by the local government officer and any family member, if aggreg	ate value of the diffe opported
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/	
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 ackr 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 Sec Government Code.	e) of this local government officer.
Please complete either option below:	
(1) Affidavit Please complete either option below:	
My Notary ID # 13441897	77
NOTARY STAMP/SEAL	
Sworm to and subscribed before me by DONNA HOLDAR this the	th day of September,
20, to certify which, witness my hand and seal of office.	th day of September.
The second secon	malegae
Signature of officer administering oath Printed name of officer administering oath OR	Title of officer administering oath
(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	
Executed in County, State of, on the day of (month)	, 20 (year)
Signature of Local Govern	nment 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 p	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	OFFICE USE ONLY
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	FILED
Donna Kominczak 2 Office Held	SEP 11 2024
2 Office Held	av
Election Administrator (In training)	CHRISTIE WAKEFIELD
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	LEON COUNTY, TEXAS
None           4         Description of the nature and extent of each employment or other business relationshi	n and each family valuation whin
with vendor named in item 3.	p and each family relationship
None           5         List gifts accepted by the local government officer and any family member, if aggreg	ate 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 NA Description of Gift NA	
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 ackr 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 Sec Government Code.	e) of this local government officer. I
Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEAL	DONNA GOLDEN My Notary ID # 128829222 Expires December 16, 2027
	the day is a second sec
Sworn to and subscribed before me by Month Domin Cycle this the	day of Reptember,
20 24 , to certify which, witness my hand and seal of office.	
	RED CERA
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	<u>"</u>
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is	<del>_</del>
(street) (city) (state	) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20
(month)	(year)
Signature of Local Govern	nment Officer (Declarant)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

DISCLOSU	VERNMENT OFFI RE STATEMENT (Instructions for completing and	CER CONFLICTS d filing this form are provided on the next	FORM (
This questionnaire ref	lects changes made to the law	by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer h		nmental entity that the following local t require the officer to file this statement the context of the this statement the code.	Date Received
1 Name of Local Go	2. Shannon		- FILED
2 Office Held pos	tion		SEP 1,1 2024
		1.	6.0.7 01
	ourt Coordina	(7) and 176.003(a), Local Government	BY CHERY, COUNTY DOUR
Code N/A	scribed by Sections 176.001	(7) and 176.003(a), Local Government	LEON COUNTY. TEXAS
4 Description of the with vendor name	nature and extent of each en ed in item 3.	ployment or other business relations	hip and each family relation
5 List gifts accepte	d by the local government of	ficer and any family member, if aggre	gate value of the diffs accord
from vendor nam	ed in item 3 exceeds \$100 du	ring the 12-month period described b	y Section 176.003(a)(2)(B).
		n of Gift	
Date Gift Accepte	d Descriptio	n of Gift	
	Description		
		idditional forms as necessary)	
TAMN My No	Government Code. IY GAYLE SANDERS Dary ID # 130608323	nt covers the 12-month period described by Se Signature of Loca	I Government Officer explore
(1) Affidavit	pires April 5, 2028	complete entier option below.	
(1) AIIIGAN			
NOTARY STAMP/SEA	L		
	before me by Linda Sh	this the	IT and
Sworn to and subscribed			day of gotemb
20 <u>24</u> , to certify	which, witness my hand and seal of		
Samo.		ammy Sanders	Notay
Signature of officer administr	Printed na	me of officer administering oath	Title of officer administering
	A CARLER AND	OR	
(2) Unsworn Declarati	on		
My name is		, and my date of birth is	
My address is			······································
	(street)	(city) (stat	e) (zip code) (country)
	(street)County, State of	(city) (stat , on the day of (month)	e) (zip code) (country) , 20 (year)
	(street)County, State of	, on the day of(month)	e) (zip code) (country), 20 (year) rnment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT	FORM CIS
(Instructions for completing and filing this form are provided on the next p	age.)
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.	
1 Name of Local Government Officer	
lammy Sanders	SEP 11 2024 ~
2 Office Held County Judge Assistant	CHRISTIE MAKEFIELD
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	BY LEON COUNTY, TEXAS
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	ip and each family relationship
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	
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 ackut to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sector Government Code.	e) of this local government officer. I
Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEAL CARRIE LEATHERS My Notary ID # 134441077 Expires July 6, 2027	
Swom to and subscribed before me by Tammy Janders this the 1	1 m day of <u>September</u> .
20 24 to cartify which, witness my hand and seal of office.	VL
Carrie Leathers	Notary
Signature of officer administering oath Printed name of officer administering oath	Title of fficer administering oath
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,,	
(street) (city) (state	e) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Gover	mment Officer (Declarant)

	RE STATEMENT	CER CONFLICTS	-	FORM CIS
This questionnaire re	flects changes made to the law	by H.B. 23, 84th Leg., Regular Sessio	on. OFFICE	USE ONLY
government officer		rnmental entity that the following lo trequire the officer to file this statem nt Code		
1 Name of Local G	- REYNOLDS	· · · · ·	F	LED
<sup>2</sup> Office Held <u>PART</u> T 3 Name of vendor d	IME - AAA	$\frac{MEALS \left  0 \right  \omega He}{1(7) \text{ and } 176.003(a), \text{ Local Governm}}$	ETA CHAIST	1 1 2024
Code N/A			LEON	COUNTY, TEXAS
4 Description of th with vendor nam		nployment or other business relation	onship and each fan	nily relationship
5 List gifts accepte from vendor nam Date Gift Accepte	ned in item 3 exceeds \$100 d	officer and any family member, if aguring the 12-month period describe	ed by Section 176.0	03(a)(2)(B).
		on of Gift		
		on of Gift		
Date Gift Accepte		n of Gift additional forms as necessary)		
S S S S S S S S S S S S S S S S S S S	NGWAGONGAMITUdde. (OTARY PUBLIC TATE OF TEXAS ) # 12870350-8 m. Expires 08-08-2027	ent covers the 12-month period described to Signature of Complete either option belo	Local Government Offic	
(1) Affidavit				
NOTARY STAMP/SE Sworn to and subscribe	0	Reynolds this th	e 10 the day of 5	eptembre
20 <u>24</u> (, to certi	fy which, witness in y hand and seal o	forfice. Amy Jo Smith	> Notar	y Republic Te
Signature of officer adminis	tering oath Printed n	ame of officer administering oath	Title of office	er administering oath
		OR		
(2) Unsworn Declara	tion			
My name is		, and my date of birth	is	
My address is	. <u></u>	,,,,,,	11	
	(street)	(city)	(state) (zip code)	(country)
Executed in	County, State of	, on the day of (mor	nth), 20, year)	-
	<u> </u>	Signature of Local	Government Officer (De	eclarant)
orm provided by Texas E	thics Commission	www.ethics.state.tx.us		Revised 8/17/2020

	VERNMENT ( RE STATEME	NT				FORM C
	(Instructions for comple	ting and filing this for	m are provided on th	ne next pa	ge.)	
This questionnaire re	fiects changes made to t	the law by H.B. 23, 84	ith Leg., Regular Sea	sion.	OFFICE	USE ONLY
This is the notice to	o the appropriate local	governmental entit	y that the following	g local	Date Received	
_	has become aware of fa	•	fficer to file this stat	ement	Date Received	
	Chapter 176, Local Gov	ernment Code.	· · · · · · · · · · · · · · · · · · ·		R	ILED
	overnment Officer	1.50				
KI.	rsten Jol	10			05	P 11 2024
2 Office Held	11 Address	sing			CHRI	THE MAKEPIE
3 Name of vendor de	escribed by Sections 1	176.001(7) and 176.0	03(a), Local Gover	nment	BY	COUNTY, TEXAS
Code	Diet	2791				
	s Pride Tra					
4 Description of the	e nature and extent of e	each employment or	other business rel	ationship	and each fan	nily relationsh
with vendor ham	e nature and extent of e ed in item 3 POUS	0				
	ed by the local governi		v family member. I	f addreda	te value of th	e gifts accept
	ed in item 3 exceeds \$					
_						
Date Gift Accepte	ed De	scription of Gift				<del> </del>
Date Gift Accepte	ed De	scription of Gift				
Date Gift Accepte	d Des	cription of Gift				
···•		attach additional form				
My No	Government Code.	lease complete	-		Government Offic	er
	pires April 5, 2028					
(1) Affidavit						
NOTARY STAMP/SE						
	d before me by Km	-1 -5-1.	al and	1		landa I
Sworn to and subscribe	d before me by	star John		the	day of	KITEMB
8	which, witness my hand ar		0			
	Jorden	humel	Sandas		Nota	M
Signature of officer adminis	tering oath I	Printed name of officer adn	ninistering oath		Title of office	r administering oa
		OR				
(2) Unsworn Declarat	tion					
My name is			, and my date of bi	irthis		
My address is		1		_,		
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State o	of , on	the day of		, 20	•
			(	month)	, 20 (year)	
			Signature of Lo	cal Govern	ment Officer (Do	clarant)
Form provided by Texas E	thics Commission	www.et	hics.state.tx.us			Revised 8/17/

×.,

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next prov	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
1 Name of Local Government Officer MElvin Thomas	
2 Office Held MEALS on wheels	SEP, 10 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	EV LEON COUNTY. TEXAS
✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	in and each family relationship
with vendor named in item 3.	ip and each faining relationship
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 Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
<ul> <li>SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack 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.</li> <li>LINDA C. SHANNON My Notary ID # 4478210 Expires May 9, 2028</li> </ul>	e) of this local government officer. I
NOTARY STAMP / SEAL Swom to and subscribed before me by <u>Melvin Thomas</u> this the <u>10</u> 20 <u>24</u> , to certify which, witness my hand and seal of office.	He day of August
Oundal Sharren Linda Shannon	Notary
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,,,	
	e) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
	rnment 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 p	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
1 Name of Local Government Officer	TILLU
BOBBY JOE HICKMAN	SEP 10 2024
2 Office Held EMERGENCY MANAGENIENT COORDINATOR	CHRISTIE ADAKEFIELD
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	BY LEON COUNTY, YEXAS
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
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	
Date Gift Accepted       N/A       Description of Gift         Date Gift Accepted       N/A       Description of Gift	
Date Gift AcceptedA 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 ack to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sec Government Code.	e) of this local government officer.
(1) Affidavit NOTARY STAMP	
20 24, to certify which, witness my hand and seal of office.	day of September.
Signature of officer administering gath Printed name of officer administering gath	Title of officer administering oath
Signature of officer administering oath Printed name 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)	e) (zip code) (country) , 20 (year)
	(year) mment Officer (Declarant)

DISCLOSUF	VERNMENT OFFI RE STATEMENT Instructions for completing and		<b>-</b>		ORM CI
This questionnaire refle	ects changes made to the law	by H.B. 23, 84th Leg.	, Regular Session.	OFFICE	USEONLY
government officer ha	the appropriate local goverr as become aware of facts that napter 176, Local Governmen	t require the officer to		Date Received	
1 Name of Local Gov				FIL	ED
2 Office Held	+ The			SEP -9	
3 Name of vendor des Code	scribed by Sections 176.004	(T) and 176.003(a),	Local Government	CHRISTIE W.	AKEFIELD CONTROLO
4 Description of the with vendor name	nature and extent of each em d in item 3.	aployment or other I	business relationshi	p and each fam	ily relations
	I by the local government of od in item 3 exceeds \$100 du				
Date Gift Accepted	d Descriptio	on of Gift	······································		
Date Gift Accepted	d Descriptio	on of Gift			
	Description				
TAMMY My Nota	o each family member (as defined also acknowledge that this stateme Government Code. GAYLE SANDERS uy ID # 130608323 res April 5, 2028		Signature of Local	tion 176.003(a)(2)	(B), Local
(1) Affidavit		complete ettier			
NOTARY STAMP/SEA Sworn to and subscribed	before me by Byron	Ryder	this the	th day of <u>S</u>	ept.
20 , to certify Signature of officer administe		f office. Emmy Sen ame of officer administerin	ders	Not	r administering o
Signature of onicer administe	Fing Gath Printed ha	OR			i administering o
(2) Unsworn Declarati	on				
		, and	d my date of birth is		
My name is					
		····· ,,	(ailas) I		
My address is			( ))	_,,,,,,,, (zip code)	(country)
My address is	(street)	, on the	day of	, 20 (year)	(country) 

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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
1 Name of Local Government Officer	FILED
AMY KAISER	
2 Office Held	SEP - 9 2024
DEPUTY COUNTY CLERK	CHRISTJE WAKEFIELD
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	BY COUNTY COURT
NORMANGEE TRACTOR/WASHINGTON CO. TRACTOR	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. SPOUSE IS IN SALES	p and each family relationship
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	
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 ackr 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 Sec Government Code.	e) of this local government officer. I tion 176.003(a)(2)(B), Local
(1) A THE Expires May 9, 2028	
Sworn to and subscribed before me by Any Kaises this the 9	the day of September
2024 to certify which, witness my hand and seal of office.	antonia
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,,	.,,,,,
	) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
Signature of Local Govern	nment Officer (Declarant)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

DISCLOSURE	ERNMENT OFFIC STATEMENT structions for completing and	ER CONFLICTS	FORM CIS
This questionnaire reflect	s changes made to the law by	y H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has		nental entity that the following local equire the officer to file this statement Code.	Date Received
1 Name of Local Gove <u>Carlton</u> 2 Office Heid Tructure		eon County, Texas Pety	SEP - 9 2024
3 Name of vendor desc Code	ribed by Sections 176.001(7	7) and 176.003(a), Local Government Clw iffe from a number ployment or other business relationsl	in the second seco
with vendor named i None	n item 3.	oloyment or other business relations	
	In item 3 exceeds \$100 dur	of Gift	
		of Gift	
	Description of		
Date Ont Accepted_		Iditional forms as necessary)	
to e	each family member (as defined t	the above statement is true and correct. I ac by Section 176.001(2), Local Government Co it covers the 12-month period described by Se Carltm Lee Signature of Loca	de) of this local government officer. I ection 176.003(a)(2)(B), Local
(1) Affidavit	0	complete either option below: 9/09/2024 Lee Weiler this the	9th day of Solember
20	hich witness my hand and seal of a		CS WEILER.
Signature of officer administerir		ne of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	1	OR	
My name is		, and my date of birth is _	
My address is		······································	
	(street)		ate) (zip code) (country)
Executed in	County, State of	, on the day of (month)	, 20 (year)
		Signature of Local Gov	remment Officer (Declarant)
Form provided by Texas Ethic	cs Commission	www.ethics.state.tx.us	Revised 8/17/2020

DISCLOSUR	ERNMENT OFFIC E STATEMENT Instructions for completing and f				ORM CIS
	ts changes made to the law by		· · · ·		USEONLY
government officer has	ne appropriate local governm become aware of facts that re apter 176, Local Government (	equire the officer to file		Date Received	LED
1 Name of Local Gove	ernment Officer e Wakefie	eld			- 9 2024
	ocenty Cle cribed by Sections 176.001(7)	and 176.003(a), Loca	I Government	BY LEON	COUNTY, TEXAS
Code 4 Description of the n with vendor named	ature and extent of each emp in item 3.	oyment or other busir	ess relationship	and each fam	nily relationship
	by the local government offic in item 3 exceeds \$100 durin				
Date Gift Accepted	Description	of Gift			
Date Gift Accepted	Description	of Gift			
Date Gift Accepted	Description of	Gift	<b></b>		
	(attach add	fitional forms as neces	sary)		
als	each family member (as defined by o acknowledge that this statement overnment Code.	covers the 12 month period		on 176.003(a)(2)	(B), Local
	Please co	omplete either opt	tion below:	V	
(1) Affidavit		E SANDERS 130608323			
			this the	m c	int
0.1	efore me by hich, witness my hand and seal of off	Fee		day of	AUL.
Signalure of officer adm(inisterio	prodess Tr	of officer administering oath	iders_	Not Title of office	YAM r administering oat
		OR			
(2) Unsworn Declaratio	n				
My name is		, and my o	late of birth is		
			·	_13	
	(street)	(cit	y) (state)	(zip code)	(country)
Executed in	County, State of	, on the	day of (month)	, 20 (year)	
		Signati	ire of Local Govern	ment Officer (De	clarant)
orm provided by Texas Ethic	s Commission	www.ethics.state.tx.			Revised 8/17/20

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next particular statement of the	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
1 Name of Local Government Officer	11:47am
GLENN M. HIGHTOWER	SEP - 9 2024
2 Office Held	ACHRISTIE MANEFIELD
CONSTRIBLE PCT 1 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	B LEONCOUNT AND A
Code NON E	
4 Description of the nature and extent of each employment or other business relationship	p 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 NONE Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
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.	
(1) Affidavit JENNIFER LEA MCKENZIE Notary Public, State of Texas Comm. Expires 06-13-2026 NOTARY STAMP STAMP 10 129539533	
	1th Kenterhouse
	day of <u>September</u> .
20, to ertify which, witness my hand and seal of office.	ale al
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,,,	
	) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
Signature of Local Govern Form provided by Texas Ethics Commission www.ethics.state.tx.us	nment Officer (Declarant) Revised 8/17/2020