FORM CIS

OFFICE USE ONLY

Date Received

(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.	
Name of Local Government Officer	
2 Office Held FISD BOARD of Trustee	
2 Office Held	
Fiso Board of Trustee	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local	Government Code
NA	
Description of the nature and extent of each employment or other busines with vendor named in Item 3.	ss relationship and each family relationship
NA	
List gifts accepted by the local government officer and any family mem from vendor named in item 3 exceeds \$100 during the 12-month period	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessa	ry)
6 AFFIDAVIT .  I swear under penalty of perfury that the al	bove statement is true and correct, i acknowledge
that the disclosure applies to each family	member (as defined by Section 176,001(2), Local
	nt officer. I also acknowledge that this statement Section 176.003(a)(2)(B), Local Government Code.
BARBAKA A DRAFEN Notary ID #129792982	
My Commission Expires April 22, 2022	
Sig	inature of Local Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said	/ this the 15th day
of OFFOR , 20 A , to certify which, witness my hand and seal of office	
Calair Ou	$A = A \cup $
Signature of officer administering oath Printed name of officer administering	goath Title of officer administering oath
Organization of output destination of output of output administrating	a com tine of ources animinatering com

FORM CIS

**OFFICE USE ONLY** 

(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.	
Name of Local Government Officer	
Dale Pickett	
2 Office Held	
School Board Trustee	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	ent Code
NA	
Description of the nature and extent of each employment or other business relation with vendor named in item 3.	ship and each family relationship
NA	
List gifts accepted by the local government officer and any family member, if agg from vendor named in item 3 exceeds \$100 during the 12-month period described	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	<u> </u>
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statem that the disclosure applies to each family member (as Government Code) of this local government officer. I covers the 12-month period described by Section 176.0	defined by Section 176.001(2), Local also acknowledge that this statement
Sworn to and subscribed before me, by the said	, this the <u>OS</u> day  Administrative ASS/  Title of officer administering oath

FORM CIS

This questionnaire reflects changes m	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local are of facts that require the officer to file this statement all Government Code.	Date Received
Name of Local Government Office	er	
- Runai P	1A711	
VEIMIN	MUL	
2 Office Held	Trustee	
Name of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Government	Code
_	//A	
	ent of each employment or other business relationship	p and each family relationship
with vendor named in item 3.	. \ \	
N	JIA	
i Liet gifte accented by the level of	anyour mont officer and any family mambay if aggrees	oto volus of the gifts assented
	povernment officer and any family member, if aggrega seeds \$100 during the 12-month period described by	
Date Gift Accepted	Description of Gift	
. Date Gift Accepted	Description of Gift	
Date ditriocopted		
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	·
AFFIDAVIT	I swear under penalty of perjury that the above statement is	e true and correct. Lacknowledge
	that the disclosure applies to each family member (as defined	
•	Government Code) of this local government officer. Valso covers the 12-month period described by Section 716.003(a	
	covers the 12-month period described by Openan 74, source	Market Godo.
	Y / \	$\downarrow$
	Signature of Local	Gove nment Officer
		$\bigvee$
AFFIX NOTARY STAMP / SEAL AB	A	anth
Sworn to and subscribed before me, by	, 10.	, this the day
of WHOM 20 Ol , to	c certify which, witness my hand and seal of office.	Λ I
Karkara Dine	elle Cortrora Prayer /	Inmeniationative Ass
Signature of officer administering oat	Printed name of officer administering oath T	itle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	
David Coleman	
Office Held ·	
FISD School Board Trustee	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
NA	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
With Vendor Hamed III Retti 3.	
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	1
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
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 of Local Government Officer	
Sworn to and subscribed before me, by the sald Oavid Coleman of October, 20 al., to certify which, witness my hand and seal of office.  Signature of officer administering oath	, this the <u>35</u> day  Whinistrative Asista  Title of officer administering oath

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	,	
JASON MOTEC 2 Office Held		
2 Office Held		
FISO School Board Trustee		
3   Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code	
mcT		
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship	
Spouse		
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)		
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 of Local Government Officer		
Sworn to and subscribed before me, by the sald	, this the	
Signature of officer administering bath Printed name of officer administering oath	Title of officer administering oath	

FORM CIS

(matteriorie cer annihioting min ming min min min pro-	
This questionnaire reflects changes made to the law by H.B. 23, 8	34th Leg., Regular Session. OFFICE USE ONLY
This is the notice to the appropriate local governmental ent government officer has become aware of facts that require the in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	
_	
Paul D. Kelly	
2 Office Held	
Position 1 F.I.S.D. Board of Trustee	
Name of vendor described by Sections 176.001(7) and 17	6.003(a), Local Government Code
NA	
	or other business relationship and each family relationship
with vendor named in Item 3.	, one of the second of the sec
<b>5.1</b> A	•
NA	
List gifts accepted by the local government officer and a from vendor named in Item 3 exceeds \$100 during the 12	iny family member, if aggregate value of the gifts accepted -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 fo	rms as necessary)
6 AFFIDAVIT	of perjury that the above statement is true and correct, I acknowledge
that the disclosure appl	lles to each family member (as defined by Section 176.001(2), Local
	this local government officer. I also acknowledge that this statement oriod described by Section 176.003(a)(2)(B), Local Government Code.
Notary ID #129792982  My Commission Expires	
April 22, 2022	Do UN lly
	Signature of Local Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
$Q_{1,1}$	Kelly, this the 121th day
of Ober 20 Ol to certify which, witness my ha	
Do ha	
Couldre Dark Dark	Dara Drayer Helmin, Historia
Signature of officer administering oath Printed name of o	officer administering oath Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	
Kicl Cather	
School Board	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code n/A	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.  A  A	
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)	
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 Codalso acknowledge that this statement covers the 12-month period described by Section 12-month period described by Section 12-month period described by Section 13-month period described by Section 14-month period described by Section 15-month period described by Section 16-month period described by Section 17-month period by Section 17-month period described by Section 17-month period described by Section 17-month period described by Sect	le) of this local government officer. I
:woled noity or a state of the	
Sworn to and subscribed before me by Kiel Cathey this the	3 day of May
20 , to certify which, witness my hand and seal of office.	Cu Asiala +
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,,	
(******)	te) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
Signature of Local Gove	eroment Officer (Declarant)