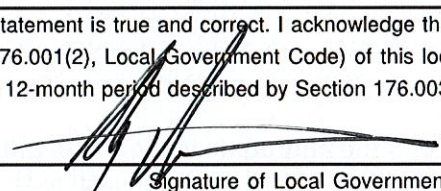
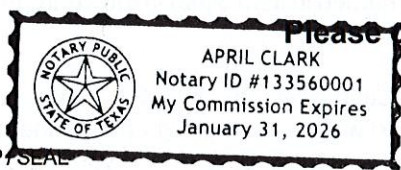


# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.</p>	<b>OFFICE USE ONLY</b>
<p><b>1 Name of Local Government Officer</b> ALEX KOTARA</p>	Date Received _____
<p><b>2 Office Held</b> TRUSTEE, PL#5</p>	
<p><b>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code</b> NONE</p>	
<p><b>4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.</b> N/A</p>	
<p><b>5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).</b></p> <p>Date Gift Accepted <u>N/A</u> Description of Gift _____</p> <p>Date Gift Accepted <u>N/A</u> Description of Gift _____</p> <p>Date Gift Accepted <u>N/A</u> Description of Gift _____</p> <p style="text-align: center;">(attach additional forms as necessary)</p>	
<p><b>6 SIGNATURE</b> I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.</p> <div style="text-align: right; margin-top: 20px;">                   _____                  Signature of Local Government Officer             </div>	
<p><b>Please complete either option below:</b></p>	
<p><b>(1) Affidavit</b></p>	
<p>Sworn to and subscribed before me by <u>Alex Kotara</u> this the <u>13</u> day of <u>June</u>, 20<u>22</u>, to certify which, witness my hand and seal of office.</p>	
<p>Signature of officer administering oath _____</p>	<p>Printed name of officer administering oath <u>April Clark</u></p>
<p>Title of officer administering oath <u>Superintendent Sec.</u></p>	
<p><b>OR</b></p>	
<p><b>(2) Unsworn Declaration</b></p>	
<p>My name is _____, and my date of birth is _____.</p>	
<p>My address is _____, _____, _____, _____, _____.</p> <p style="text-align: center;">(street) (city) (state) (zip code) (country)</p>	
<p>Executed in _____ County, State of _____, on the _____ day of _____, 20____.</p> <p style="text-align: center;">(month) (year)</p>	
<p>_____ Signature of Local Government Officer (Declarant)</p>	

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.</p>	<b>OFFICE USE ONLY</b>
<p>1 Name of Local Government Officer</p> <p style="font-size: 1.2em; font-family: cursive;">Terry Johnson</p>	<p>Date Received</p>
<p>2 Office Held</p> <p style="font-size: 1.2em; font-family: cursive;">Board Trustee</p>	
<p>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code</p> <p style="font-size: 1.2em; font-family: cursive;">None</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.

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 None

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

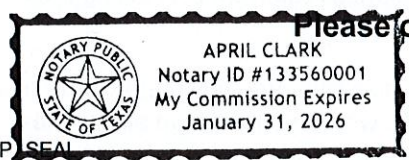
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(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.

Terry Johnson

\_\_\_\_\_  
Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Terry Johnson this the 13 day of June, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: April Clark Printed name of officer administering oath: April Clark Title of officer administering oath: Superintendent Sec

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

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

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Debbie Witte

2 Office Held

KUSD Board Member

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

Courage Ranch

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

daughter is an employee

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

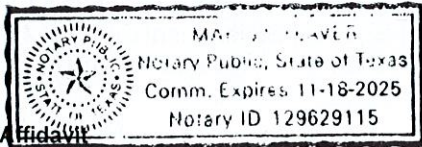
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Debbie Witte

Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Marisa Beumer this the 10th day of May

2022, to certify which, witness my hand and seal of office.

Marisa Beumer

Marisa Beumer

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

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

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.</p>	<b>OFFICE USE ONLY</b>
<p>1 Name of Local Government Officer</p> <p><i>Trinidad Lopez</i></p>	<p>Date Received</p>
<p>2 Office Held</p> <p><i>Body Trustee</i></p>	
<p>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code</p> <p><i>None</i></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.

*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 \_\_\_\_\_

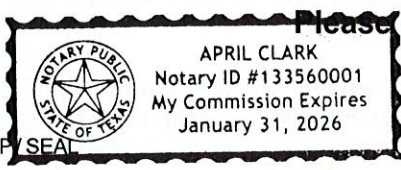
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 **SIGNATURE** I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*[Signature]*

Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by *Trini Gomez* this the *13* day of *June*, 20*22*, to certify which, witness my hand and seal of office.

*[Signature]* *April Clark* *April Clark* *Superintendent Sec.*

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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

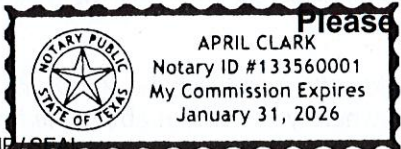
(month) (year)

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

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

<p><b>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</b></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>	<div style="border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></div> <div style="border: 1px solid black; padding: 5px; height: 100px;">Date Received</div>
<p><b>1 Name of Local Government Officer</b> <u>Scott D Kimble</u></p>	
<p><b>2 Office Held</b> <u>BOARD of Trustee</u></p>	
<p><b>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code</b> <u>None</u></p>	
<p><b>4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.</b> <u>None</u></p>	
<p><b>5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).</b></p> <p>Date Gift Accepted _____ Description of Gift _____</p> <p>Date Gift Accepted <u>None</u> Description of Gift _____</p> <p>Date Gift Accepted _____ Description of Gift _____</p> <p style="text-align: center;">(attach additional forms as necessary)</p>	
<p><b>6 SIGNATURE</b> I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.</p> <p style="text-align: right;"><u><i>Scott D Kimble</i></u> Signature of Local Government Officer</p>	
<p style="text-align: center;"><b>Please complete either option below:</b></p>	
<p><b>(1) Affidavit</b></p>	<div style="border: 2px solid black; padding: 5px; text-align: center;">  <p>APRIL CLARK Notary ID #133560001 My Commission Expires January 31, 2026</p> </div> <p>NOTARY STAMP / SEAL</p>
<p>Sworn to and subscribed before me by <u>Scott Kimble</u> this the <u>13</u> day of <u>June</u>, 20<u>22</u>, to certify which, witness my hand and seal of office.</p>	
<p><u><i>April Clark</i></u> Signature of officer administering oath</p>	<p><u>April Clark</u> Printed name of officer administering oath</p>
<p style="text-align: right;"><u>Superintendent Sr.</u> Title of officer administering oath</p>	
<p><b>OR</b></p>	
<p><b>(2) Unsworn Declaration</b></p> <p>My name is _____, and my date of birth is _____.</p> <p>My address is _____, _____, _____, _____, _____.</p> <p style="text-align: center;">(street) (city) (state) (zip code) (country)</p> <p>Executed in _____ County, State of _____, on the _____ day of _____, 20____.</p> <p style="text-align: center;">(month) (year)</p> <p style="text-align: right;">_____ Signature of Local Government Officer (Declarant)</p>	

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

*Melissa Padron*

2 Office Held

*School Bd 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.

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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 SIGNATURE

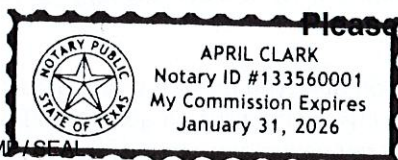
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*Melissa Padron*

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Melissa Padron* this the *13* day of *June*, 20*22*, to certify which, witness my hand and seal of office.

*April Clark*

*April Clark*

*Superintendent Sec.*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

*Michael Rosales*

2 Office Held

*School Board 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	<i>N/A</i>	Description of Gift	<i>N/A</i>
Date Gift Accepted	<i>N/A</i>	Description of Gift	<i>N/A</i>
Date Gift Accepted	<i>N/A</i>	Description of Gift	<i>N/A</i>

(attach additional forms as necessary)

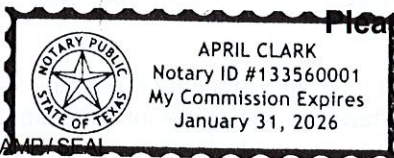
6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*[Signature]*  
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Michael Rosales* this the *13* day of *June*, 20*22*, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *April Clark*  
 Printed name of officer administering oath: *April Clark*  
 Title of officer administering oath: *Superintendent Sec.*

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

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

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

**FORM CIS**

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

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

*Sherry Sommer*

2 Office Held

*Board 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.

*N/A*

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

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

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

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

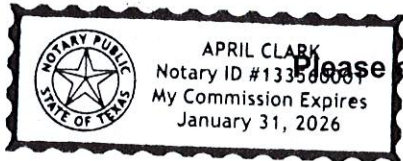
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*Sherry Sommer*

Signature of Local Government Officer



(1) Affidavit

Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Sherry Sommer* this the *12th* day of *December*.

20 *22*, to certify which, witness my hand and seal of office.

*April Clark*

*April Clark*

*Superintendent Secretary*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Signature of Local Government Officer (Declarant)