LOCAL GOVERNM	ENT OFFICER	CONFLICTS		F	ORM CIS
DISCLOSURE STA	TEMENT for completing and filing t		the next pa		
This questionnaire reflects changes					USE ONLY
This is the notice to the approp government officer has become a in accordance with Chapter 176, I	aware of facts that require	e the officer to file this st	ng local atement	Date Received	
1 Name of Local Government O		<u> </u>			
Dr. Stuar	t Kieschnick	<u></u>			
2 Office Held Superintendent of	Schools				
3 Name of vendor described by	Sections 176.001(7) and	1 176.003(a), Local Gov	e rnme nt		
Code N/A					
4 Description of the nature and with vendor named in item 3.		ient or other business i	elationshi	p and each fam	ily relationship
5 List gifts accepted by the loc from vendor named in item 3	al government officer a exceeds \$100 during th	and any family member ne 12-month period des	, if aggreg scribed by	ate value of th Section 176.00	e gifts accepted)3(a)(2)(B).
Date Gift Accepted	Description of G	ift			
Date Gift Accepted	Description of G	ift		<u> </u>	
Date Gift Accepted	Description of Gift				
		al forms as necessary)			
to each family	penalty of perjury that the at member (as defined by Sec adge that this statement cove Code.	ation 176.001(2), Local Gove ers the 12-month period desc	ernment Cod cribed by Sec	ie) of this local go ction 176.003(a)(2)	vernment officer. 1
			nature o	on File Government Offic	
(1) EDIE A. CESSN My Notary ID # 1235 Expires June 1, 20 NOTARY STAMP/SEAL	3286 125	plete either option			
Sworn to and subscribed before me	Dr. Stuart B. Kie	eschnick	this the $_1$	7th day of	June ,
	ss my hand and seal of office.		Secto	etary to the Su	perintendent
Signature on File	Edie A. Ce				er administering oath
Signature of officer administering oath	Printed name of o	fficer administering oath			
(2) Unsworn Declaration		OR			
My name is		, and my date	of birth is		·
My address is					. <u> </u>
	(street)	(city)	•	te) (zip code)	(country)
Executed inC	ounty, State of	, on the day o	f(month)	, 20 (year)	·
		Signature o	f Local Gove	ernment Officer (D	eclarant)
Form provided by Texas Ethics Commis	sion	www.ethics.state.tx.us	. 2008 - 2076		Revised 8/17/202

LOCAL GOVERNMENT (DISCLOSURE STATEME (Instructions for complete	OFFICER CONFLICTS NT eting and filing this form are provided on th	FORM CIS
This questionnaire reflects changes made to		
This is the notice to the appropriate loca government officer has become aware of fa in accordance with Chapter 176, Local Gov	I governmental entity that the following acts that require the officer to file this stated acts that require the officer to file this stated acts that require the officer to file this stated acts that require the officer to file this stated acts that the officer to file the stated acts the stated acts that the officer to file the stated acts th	g local
Name of Local Government Officer		
Bill Jardell		
Office Held		
Assistant Superinten	dent of Human Resources and Oper	ations
Name of vendor described by Sections	176.001(7) and 176.003(a), Local Gove	rnment
Code		
N/A Description of the nature and extent of	each employment or other business re	lationship and each family relationship
with vendor named in item 3.		if aggregate value of the gifts accepte
	escription of Gift	
	escription of Gift	
Date Gift Accepted De	scription of Gift	
	(attach additional forms as necessary)	
also acknowledge that th Government Code REBECCA B RASH My Notary ID # 10618753 Expires July 2, 2027	as defined by Section 176.001(2), Local Govern is statement covers the 12-month period describ Signature or Signature Please complete either option b	bed by Section 176.003(a)(2)(B), Local n File e of Local Government Officer
	Please complete enner option i	
(1) Affidavit		
NOTARY STAMP/SEAL		
	Tandall	11th I Trans
Sworn to and subscribed before me byBill		is the <u>11th</u> day of <u>June</u>
		Secretary to the Busin
20 24 , to certify which, witness my hand		
29 24 , to certify which, witness my hand Signature on File	Rebecca B Rash	Manager
20 24 , to certify which, witness my hand		Manager
29 24 , to certify which, witness my hand Signature on File	Rebecca B Rash	Manager
29 24 , to certify which, witness my hand Signature on File	Rebecca B Rash Printed name of officer administering oath	Manager
20 24 , to certify which, witness my hand Signature on File Signature of officer administering oath (2) Unsworn Declaration	Rebecca B Rash Printed name of officer administering oath OR	Manager Title of officer administering oa
29 24 , to certify which, witness my hand Signature on File Signature of officer administering oath (2) Unsworn Declaration My name is	Rebecca B Rash Printed name of officer administering oath OR, and my date of	Manager
29 24, to certify which, witness my hand Signature on File Signature of officer administering oath (2) Unsworn Declaration My name is My address is	Rebecca B Rash Printed name of officer administering oath OR, and my date of	Manager Title of officer administering oa
29 24 , to certify which, witness my hand Signature on File Signature of officer administering oath (2) Unsworn Declaration My name is My address is(street)	Rebecca B Rash Printed name of officer administering oath OR, and my date of, (city)	Manager Title of officer administering oa birth is
29 24, to certify which, witness my hand Signature on File Signature of officer administering oath (2) Unsworn Declaration My name is My address is	Rebecca B Rash Printed name of officer administering oath OR, and my date of, (city)	Manager Title of officer administering oa birth is
29 24 , to certify which, witness my hand Signature on File Signature of officer administering oath (2) Unsworn Declaration My name is My address is(street)	Rebecca B Rash Printed name of officer administering oath OR	Manager Title of officer administering oa birth is

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	
Steven W Beagle	
2 Office Held	
Assistant Superintendent of Curriculum and Instruction	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
N/A	
4 Description of the nature and extent of each employment or other business relationsh	ip 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 aggreg	nate value of the gifts accepted
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	y 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)	
My Notary ID # 10618753	de) of this local government officer. I ction 176.003(a)(2)(B), Local
Flease complete entier option below.	
(1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me bySteven W Beaglethis the	11th day of June,
20 24, to certify which, witness my hand and seal of office.	Secretary to the Business
Signature on File Rebecca B Rash	Manager
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
R	
(2) Unsworn Declaration	
My address is,,, _,	te) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

LOCAL GOVERNMENT OFFICER CONFLICTS	FORM CIS			
DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next particular to the state of	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 Cody Meanx				
2 Office Held				
Business Manuger				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Stellar Bask				
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Father (wendell Meanx)				
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)	nowledge that the disclosure applies			
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	le) of this local government officer.			
Government Code. Signature of	on File			
Signature of Local Government Officer				
(1) Af davin REBECCA B RASH My Notary ID # 10618753 Expires July 2, 2027 NOTARY STAMP/SEAL	le the December			
Sworn to and subscribed before me by Cody Measure this the	day of <u>December</u> ,			
Signature on File	ecrotary tothe buseries			
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) (stat Executed in County, State of, on the day of (month)	te) (zip code) (country) , 20 (year)			
Signature of Local Gove	ernment Officer (Declarant)			
Earning and the Taxas Ethics Commission	Revised 8/17/202			

LOCAL GOVERNMENT OFFICER CONI DISCLOSURE STATEMENT (Instructions for completing and filing this form and		FORM CIS
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 th government officer has become aware of facts that require the office in accordance with Chapter 176, Local Government Code.	at the following local er to file this statement	Date Received
1 Name of Local Government Officer	к	
Melissa J Wong	6	
2 Office Held		
Business Manager		
3 Name of vendor described by Sections 176.001(7) and 176.003(Code N/A	a), Local Government	
4 Description of the nature and extent of each employment or oth	er business relationshi	ip and each family relationship
with vendor named in item 3. N/A		
5 List gifts accepted by the local government officer and any fa from vendor named in item 3 exceeds \$100 during the 12-mon	mily member, if aggreg th period described by	jate value of the gifts accepted v 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 a		
also acknowledge that this statement covers the 12-mo Government Code. (1) Articla Art	Signature on F Signature of Looal	
3. OF AS		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me byMelissa J Wong	this the	11th day of June,
20 24 , to certify which, witness my hand and seal of office.		Secretary to the Busines
Signature on File / Rebecca B Rash		Manager
Signature of officer administering oath Printed name of officer adminis	tering oath	Title of officer administering oath
OR		
(2) Unsworn Declaration		
	and my data of hirth is	
My name is	and my date of birth is	· · · · · · · · · · · · · · · · · · ·
My address is,,,	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, , ,, ,, , ,, , , , , ,, , , ,	e) (zip code) (country)
Executed in County, State of, on the	•	
	Signature of Local Cove	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.	Date Received
1 Name of Local Government Officer	
Kenneth Litvik	
2 Office Held	
Director of Maintenance and Transportation	8
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
N/A	land a set family relation abin
 4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. N/A 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
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 Cod also acknowledge that this statement covers the 12-month period described by Section Government Code. Signature on Fil	de) of this local government officer. I ction 176.003(a)(2)(B), Local
(1) A ffridavite REBECCA B RASH My Notary ID # 10618753 Expires July 2, 2027	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Kenneth Litvik this the	11th day of June ,
2024, to certify which, witness my hand and seal of office.	Secretary to the Business
Signature on File Rebecca B Rash	Manager
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	ernment Officer (Declarant)
Form provided by Taxas 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 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	
Stephen Anthony White	
2 Office Held	
Assistant Director of Maintenance and Transportation	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A	
4 Description of the nature and extent of each employment or other business relationshi	ip and each family relationship
with vendor named in item 3.	 Oblights "COC Found of 028 Able
N/A 5 List gifts accepted by the local government officer and any family member, if aggreg	nate 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)	
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. REBECCA B RASH My Notary ID # 10618753 Expires July 2, 2027 (1) A Tidevit Expires July 2, 2027	ction 176.003(a)(2)(B), Local
NOTARY STAMP/SEAL	
	11th day of June ,
20 24 , to certify which, witness my hand and seal of office.	Secretary to the Busines
Signature on File Carlo Rebecca B Rash	Manager
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,,,	,,,
	e) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (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
1 Name of Local Government Officer	
Tanisha Rene' Bodden	
2 Office Held	
Director of Child Nutrition	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
N/A 4 Description of the nature and extent of each employment or other business relationsh	in and each family relationship
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	, p une cecen initial (
N/A 5 List gifts accepted by the local government officer and any family member, if aggree	nate value of the difts accented
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	γ 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 Corr also acknowledge that this statement covers the 12-month period described by Se Government Code.	de) of this local government officer. I ection 176.003(a)(2)(B), Local
Please complete either option below:	
(1) Afridavity My Notary ID # 10618753 Expires July 2, 2027 NO TART STAMP/SEAL	
Sworn to and subscribed before me by Tanisha Rene' Bodden this the	11th day of June .
20 24, to certify which, witness my hand and seal of office.	Secretary to the Business
Signature on File Rebecca B Rash	Manager
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 Cov	ernment Officer (Declarant)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/202

DISCLOSURE ST	MENT OFFICER CONFLICTS ATEMENT ns for completing and filing this form are provided on the ne	FORM CIS
	ges made to the law by H.B. 23, 84th Leg., Regular Session	
This is the notice to the appropriate the appropriate the second in accordance with Chapter 170	opriate local governmental entity that the following loc e aware of facts that require the officer to file this stateme 6, Local Government Code.	cal Date Received
Name of Local Government		
	lbanese	
Office Held Nederland ISD F	Board of Trustees	
3 Name of vendor described b Code N/A	by Sections 176.001(7) and 176.003(a), Local Governm	ent
Description of the nature an with vendor named in item	nd extent of each employment or other business relation 3. $$\rm N/A$$	nship and each family relationship
5 List gifts accepted by the I from vendor named in item	ocal government officer and any family member, if ag a 3 exceeds \$100 during the 12-month period describe	gregate value of the gifts accepted of by Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	Description of Gift	
	(attach additional forms as necessary)	
to each fan	Signature on File	t Code) of this local government officer. 1 by Section 176.003(a)(2)(B), Local
EDIE A. CESSN My Notary ID # 123 Expires June 1, 2	53286	w:
NOTARY STAMP/SEAL Swom to and subscribed before m	- In Jerry Albanese	e <u>17th</u> day of <u>June</u> ,
24	- · · · · · · · · · · · · · · · · · · ·	c duy or
	ness my hand and seal of office. Edie A. Cessna	Secretary to the Superintendent
Signature on File Signature of officer administering cath	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is	, and my date of birth	is
	·	
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of (motion)	, 20 nth) (year)
		Government Officer (Declarant)

LOCAL GOVERNME DISCLOSURE STAT					ORM CIS
This questionnaire reflects changes		•			USE ONLY
This is the notice to the appropri government officer has become av in accordance with Chapter 176, Lu	are of facts that require	the officer to fil	following local e this statement	Date Received	
1 Name of Local Government Off					
Kay DeCu	r				
2 Office Held Nederland ISD Board	d of Trustees				
3 Name of vendor described by S	ections 176.001(7) and	176.003(a), Lo	cal Government		
Code N/A			:		
4 Description of the nature and e with vendor named in item 3.	xtent of each employme N/A	ent or other bus	iness relationshi	p and each fam	ily relationship
5 List gifts accepted by the loca from vendor named in item 3 e	l government officer an xceeds \$100 during the	nd any family n e 12-month per	nember, if aggreg lod described by	ate value of th Section 176.00	e gifts accepted 03(a)(2)(B).
Date Gift Accepted	Description of Gi	ft			
Date Gift Accepted					
Date Gift Accepted	Description of Gift				
	(attach additiona	al forms as nec	essary)		
to each family r	Ploase comp	ton 176.001(2), Lo s the 12-month per	cal Government Cod riod described by Sec nature on File signature of Local	e) of this local gov tion 176.003(a)(2)	vernment officer. I (B), Local
	Kay DeCuir		this the1	7th day of	Iune
Sworn to and subscribed before me by			uns the <u>~</u>	uay UI	<u>,</u> ,
20_24 to certify which, witness	Edie A. Ces	sna	Secre	etary to the Su	perintendent
Signature of officer administering oath		icer administering or	ath	Title of office	r administering oath
		OR			
(2) Unsworn Declaration					
My name is		, and m	y date of birth is		<u> </u>
My address is					
	(street)			e) (zip code)	
Executed in Cou	nty, State of	, on the	day of	, 20	<u>-</u> .
			(monu)	(year)	
			nature of Local Gove	mment Officer (De	
Form provided by Texas Ethics Commission	in v	www.ethics.state	.tx.us		Revised 8/17/2020

DISCLOSURE S	NMENT OFFICER C TATEMENT tions for completing and filing this		FORM CIS
This questionnaire reflects ch	anges made to the law by H.B. 23	, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has becc	ppropriate local governmental e ome aware of facts that require the 176, Local Government Code.	entity that the following loca ne officer to file this statemen	Date Received
1 Name of Local Governme			
Tony	za Mitchell		_] .
2 Office Held Nederland ISI) Board of Trustees		
	d by Sections 176.001(7) and 17	76.003(a), Local Governmer	ıt
Code N/A			
4 Description of the nature with vendor named in ite		t or other business relation	ship and each family relationship
5 List gifts accepted by th from vendor named in it	e local government officer and em 3 exceeds \$100 during the	any family member, if agg 12-month period described	regate value of the gifts accepted 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		
		forms as necessary)	
to each also ack	family member (as defined by Section mowledge that this statement covers the nent Code. (h 176.001(2), Local Government C he 12-month period described by Signature o	n File
	Tonra Mitchall		17th day of June
Sworn to and subscribed before 24		this the _	day of junc,
	witness my hand and seal of office. Edie A. Cessr	Se Se	cretary to the Superintendent
Signature on File			Title of officer administering oath
_ g		DR	
(2) Unsworn Declaration			
My name is		, and my date of birth is	
My address is		,	,,,
	(street)	(city) (s	tate) (zip code) (country)
Executed in	County, State of	, on the day of (month	, 20) (year)
		Signature of Local Go	overnment Officer (Declarant)
Form provided by Texas Ethics Co	mmission ww	w.ethics.state.tx.us	Revised 8/17/2020

LOCAL GOVERN DISCLOSURE ST	MENT OFFICER ATEMENT ns for completing and filing th			(t page.)	F	ORM CIS
This questionnaire reflects chan					OFFICE	USEONLY
This is the notice to the appr government officer has becom in accordance with Chapter 17	opriate local governmenta le aware of facts that require	l entity that the officer to	the following loc	al Date	Received	
1 Name of Local Governmen	t Officer					
Suzanı	ne Isom					
2 Office Held Nederland ISD 1	Board of Trustees		— ·			
3 Name of vendor described	by Sections 176.001(7) and	176.003(a),	Local Governme	nt		
Code N/A						
4 Description of the nature a with vendor named in item	nd extent of each employm $3.$ N/A	ent or other	business relatior	iship and	l each fam	ily relationship
5 List gifts accepted by the from vendor named in iten	local government officer a n 3 exceeds \$100 during th	nd any fami e 12-month	y member, if agg period described	regate v I by Sect	alue of th ion 176.00	e gifts accepted 03(a)(2)(B).
Date Gift Accepted	Description of Gi	ft				
	Description of Gi					
	Description of Gift					
	(attach addition					
	NA Please comp	s the 12-month		Section 12 File ocal Gover	76.003(a)(2)	(B), Local
	Suganna Isom			17th		lune
Sworn to and subscribed before m		· · ·	this the		day of	, un ,
	ness my hand and seal of office.		Se	ecretarv	to the Su	perintendent
Signature on File	Edie A. Ces			•		r administering oath
Signature of onicer administering oath	Printed name of off		ig bath		The of office	a administering oatri
(2) Unsworn Declaration		OR				
My name is		, an	d my date of birth is	;		
My address is				,		
	(street)		(city) (state) (zip code)	(country)
Executed in	County, State of	, on the	day of	h)	_, 20	
				- 1	(year)	
	· · · · · · · · · · · · · · · · · · ·		Signature of Local G	overnment	Officer (De	eclarant)
Form provided by Texas Ethics Comr	nission	www.ethics.st	ate.tx.us			Revised 8/17/202

LOCAL GOVERNM DISCLOSURE STA	TEMENT	CONFLICTS	_	ORM CIS
This questionnaire reflects change	• •			USE ONLY
This is the notice to the approp government officer has become in accordance with Chapter 176,	aware of facts that require th		Date Beceived	
1 Name of Local Government C Micah M				
2 Office Held Nederland ISD Bo	ard of Trustees			
3 Name of vendor described by Code N/A	Sections 176.001(7) and 17	6.003(a), Local Governmen	t	
4 Description of the nature and with vendor named in item 3.		t or other business relations	hip and each fam	ily relationship
5 List gifts accepted by the loo from vendor named in item 3	al government officer and exceeds \$100 during the 1	any family member, if aggr 2-month period described	egate value of th by Section 176.0	e gifts accepted 03(a)(2)(B).
Date Gift Accepted	Description of Gift			
Date Gift Accepted	Description of Gift			
Date Gift Accepted	Description of Gift			
	(attach additional f	orms as necessary)		
to each family	member (as defined by Section edge that this statement covers the	statement is true and correct. I a 176.001(2), Local Government C as 12-month period described by S Signature on Fi	ode) of this local gov section 176.003(a)(2)	vernment officer. I
		Signature of Loc	al Government Offic	er
EDIE A. CESSNA My Notary ID # 12353 Expires June 1, 202 NOTARY STAMP7 SEAL	286	te either option below	.0	
Sworn to and subscribed before me I	yMicah Mosley	this the	17th day of	June .
20, to certify which, witnes	ymy hand and seal of office.		1 . 0	
Signature on File	Edie A. Cessn	a Sec	retary to the Su	perintendent
Signature of officer administering oath	Printed name of officer	administering oath	Title of office	r administering oath
	O	R		
(2) Unsworn Declaration				
My name is		, and my date of birth is _		
My address is				
	(street)		ate) (zip code)	(country)
Executed in Co	ounty, State of	, on the day of (month)	, 20 (year)	
		Signature of Local Go	vernment Officer (De	clarant)
Form provided by Texas Ethics Commiss	sion 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 particular terms)	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	
Nicholas Phillips	
2 Office Held Nederland ISD Board of Trustees	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code N/A	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. N/A	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	ate 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 acking 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.	e) of this local government officer. I
EDIE A. CESSNA My Notary ID # 12353286 Expires June 1, 2025 NOTARY STAMP/SEAL	Government Officer
Sworn to and subscribed before me by <u>Nicholas Phillips</u> this the <u>1</u>	7th _{day of} June,
$20 _ 24 _$, to certify which, witness my hand and seal of office.	
Signature on File Edie A. Cessna Secre	etary to the Superintendent
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, and my date of birth is	· ·
(street) (city) (state	e) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
(month)	(year)
Signature of Local Gover	rnment Officer (Declarant)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

	URE STATE	T OFFICER C MENT properting and filing this f		ne next page		ORM CIS
This questionnaire		le to the law by H.B. 23,	-			USEONLY
government offic		local governmental er e of facts that require the I Government Code.			ate Received	
	I Government Office					
	Roya Scott					
2 Office Held Ned	erland ISD Board (of Trustees				
Code	or described by Sect	ions 176.001(7) and 17	6.003(a), Local Gove	rnment		
		nt of each employment V/A	or other business re	ationship a	and each fan	nily relationshi
		overnment officer and a eds \$100 during the 12				
Date Gift Acc	epted	_ Description of Gift _				
Date Gift Acc	epted	_ Description of Gift _				
Date Gift Acce	epted	Description of Gift				
	F	(attach additional fo				
	to each family mem also acknowledge ti Government Code.	ber (as defined by Section) hat this statement covers the -	e 12-month period descrit Siç	nature o	176/03(a)[2	(8) 5564
	EDIE A. CESSNA Notary ID # 12353286 Expires June 1, 2025	Please complet	e either option b	elow:		
	ribed before me by]	Roya Scott	thi	s the17tl	n day of	June
20, to	certify which, witness my l	and and seal of office.		-		
Signature	on File	Edie A. Cessna	1	Secreta	ry to the Su	perintenden
Signatur e of officer adr	ninistering oath	Printed name of officer a	administering oath		Title of office	er administering o
(2) Unsworn Decl	aration	OF	2			
				irth is		
My address is				,,		, , <u>-</u>
Executed in	•	eet) State of,	(city) on the day of	• •	(zip code) , 20 (year)	
			Signature of Lo	ical Governm	ent Officer (De	clarant)