

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

<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>
	Date Received
<p><b>1</b> Name of Local Government Officer</p> <p>Tommy Crouch</p>	
<p><b>2</b> Office Held</p> <p>Board Member</p>	

**3** Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

NA

**4** Description of the nature and extent of employment or business relationship with person named in item 3

NA

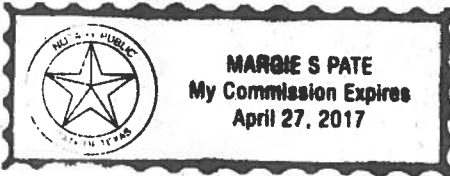
**5** List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

Date Gift Received _____	Description of Gift _____	<input checked="" type="checkbox"/> Did Not Accept Gift
Date Gift Received _____	Description of Gift _____	<input checked="" type="checkbox"/> Did Not Accept Gift
Date Gift Received _____	Description of Gift _____	<input checked="" type="checkbox"/> Did Not Accept Gift

(attach additional forms as necessary)

**6** **AFFIDAVIT**

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



*Tommy Crouch*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tommy Crouch, this the 16 day of September, 20 13, to certify which, witness my hand and seal of office.

Margie S. Pate                      Margie S. Pate                      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer Kelly Hopkins  
DEARB ISID BOARD OF TRUSTEES

2 Office Held  
BOARD PRESIDENT

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  
NONE

4 Description of the nature and extent of employment or business relationship with person named in item 3  
NONE

5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

Date Gift Received	<u>N/A</u>	Description of Gift	<u>N/A</u>	<input checked="" type="checkbox"/> Did Not Accept Gift
Date Gift Received	<u>N/A</u>	Description of Gift	<u>N/A</u>	<input checked="" type="checkbox"/> Did Not Accept Gift
Date Gift Received	<u>N/A</u>	Description of Gift	<u>N/A</u>	<input checked="" type="checkbox"/> Did Not Accept Gift

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of a 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] 9-14-13  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly Hopkins, this the 16 day of September, 2013, to certify which, witness my hand and seal of office.

Margie S. Pate  
Signature of officer administering oath

Margie S. Pate  
Printed name of officer administering oath

Notary  
Title of officer administering oath

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

**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Lesia Thompson

2 Office Held

Board Secretary

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

NA

4 Description of the nature and extent of employment or business relationship with person named in item 3

NA

5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

- |                          |                           |   |
|--------------------------|---------------------------|---|
| Date Gift Received _____ | Description of Gift _____ | <input checked="" type="checkbox"/> Did Not Accept Gift |
| Date Gift Received _____ | Description of Gift _____ | <input checked="" type="checkbox"/> Did Not Accept Gift |
| Date Gift Received _____ | Description of Gift _____ | <input checked="" type="checkbox"/> Did Not Accept Gift |

(attach additional forms as necessary)

6 AFFIDAVIT

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



*Lesia Thompson*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lesia Thompson, this the 16 day of September, 2013, to certify which, witness my hand and seal of office.

*Margie S. Pate*  
Signature of officer administering oath

Margie S. Pate  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

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

**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Kyle Dooley

2 Office Held

Board Member

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

NA

4 Description of the nature and extent of employment or business relationship with person named in item 3

NA

5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

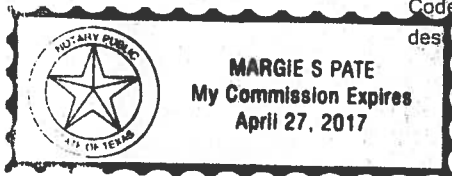
Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

(attach additional forms as necessary)

6 AFFIDAVIT

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



*Kyle Dooley*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kyle Dooley, this the 16 day of September, 2013, to certify which, witness my hand and seal of office.

*Margie S. Pate*  
Signature of officer administering oath

Margie S. Pate  
Printed name of officer administering oath

Notary  
Title of officer administering oath

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Blake Hodges

2 Office Held

Board Member

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

State Bank of DeKalb

4 Description of the nature and extent of employment or business relationship with person named in item 3

Account at bank.

5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

(attach additional forms as necessary)

6 AFFIDAVIT

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



*Blake Hodges*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Blake Hodges, this the 16 day of September, 2013, to certify which, witness my hand and seal of office.

*Margie S. Pate*  
Signature of officer administering oath

Margie S. Pate  
Printed name of officer administering oath

Notary  
Title of officer administering oath