

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

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

Blake Hodges

2 Office Held

District #1

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

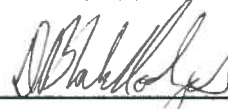
5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

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)

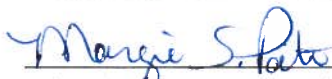
6 AFFIDAVIT

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.

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Blake Hodges, this the 13 day  
of November, 2014, to certify which, witness my hand and seal of office.

  
\_\_\_\_\_  
Signature of officer administering oath

Margie S. Pate  
\_\_\_\_\_  
Printed name of officer administering oath

Notary  
\_\_\_\_\_  
Title of officer administering oath

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

*Angie Farris*

2 Office Held

*District #2*

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

*Farris Physical Therapy*

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

*Contract with Bowie County Co-op*

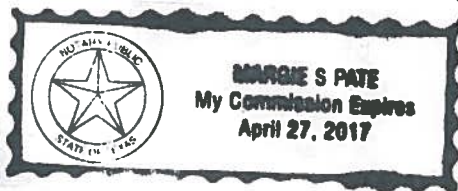
5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

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.



*Angie Farris*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Angie Farris, this the 6 day of November, 20 14, 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

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

*Tommy Crouch*

2 Office Held

*District #3*

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

*Front Street Junction*

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 6 day of November, 20 14, 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



# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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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*

2 Office Held

*District # 4*

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

*WA*

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

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

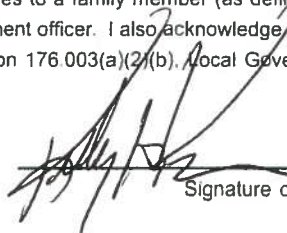
Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

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.



Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Kelly Hopkins*, this the *13* day of *November*, 20 *14*, 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

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

**FORM CIS**

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**OFFICE USE ONLY**

Date Received

**1 Name of Local Government Officer**

*James Strain*

**2 Office Held**

*District #5*

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

*WA*

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

**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.

*James B. Strain*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *James Strain* this the 13 day of November, 20 14, 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

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

*Jimmie Whittle*

2 Office Held

*District #6*

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

*WA*

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

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.

*Jimmie W. Whittle*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Jimmie Whittle*, this the *13* day of *November*, 20 *14*, 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



**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

**FORM CIS**

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

*Kyle Dooley*

2 Office Held

*District #7*

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

*N/A*

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

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 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.

*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 *13* day of *November*, 20 *14*, 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