

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

John Booth

2 Office Held

Superintendent

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 defined by Section 176.003(a)(2)(b), Local Government Code.



John Booth
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *John Booth*, this the *10* 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