

# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

## OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

*Darrel Wagner*

2

Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.

*Wagner Materials & Construction*

4 Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

## FORM CIQ

Page 2

**5** Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes

No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

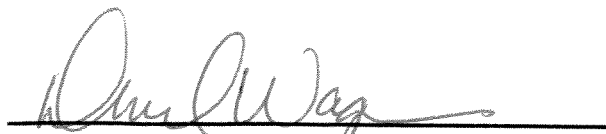
Yes

No

D. Describe each affiliation or business relationship.

*Wagner Materials & Construction*

**6**

  
Signature of person doing business with the governmental entity

*10/22/09*  
Date

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

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### OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

MaryAnn Weaver

2

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3 Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.

Blanco Regional Clinic Part owner

4 Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.

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A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes

No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes

No

D. Describe each affiliation or business relationship.

Blanco Regional Clinic Part owner

**6**

  
\_\_\_\_\_  
Signature of person doing business with the governmental entity

9/30/19  
\_\_\_\_\_  
Date

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

For vendor or other person doing business with local governmental entity

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### OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

Charles Riley

2

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3 Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.

Riley's BBQ  
Rockin' R Steakhouse 33% owner

4 Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.

# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

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Yes  No

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Yes  No

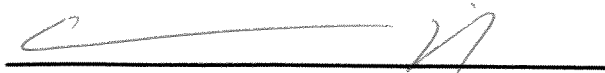
C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes  No

D. Describe each affiliation or business relationship.

Riley's BBQ  
Rockin' R Steakhouse 33% owner

**6**



Signature of person doing business with the governmental entity

10-22-09

Date

# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

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### OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

TROY IMMEL

2

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A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes

No

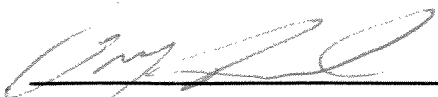
C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes

No

D. Describe each affiliation or business relationship.

**6**

  
\_\_\_\_\_  
Signature of person doing business with the governmental entity

9-24-09  
Date



# 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. 1491, 80th 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

Charles Riley

2 Office Held

School Board Blanco ISD

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

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

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

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

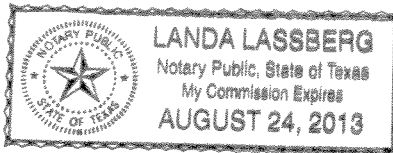
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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

(attach additional forms as necessary)

6 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 this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Charles Riley, this the 22<sup>nd</sup> day of October, 20 09, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Landa Lassberg  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# 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. 1491, 80th 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

MaryAnn Weaver

2 Office Held

Blanco ISD Board of trustee, place 1

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

/

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

/

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

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

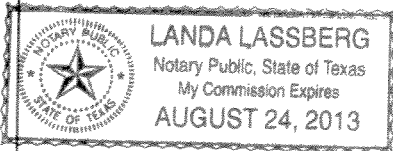
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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

(attach additional forms as necessary)

6 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 this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code



*MaryAnn Weaver*

Signature of Local Government Officer

AFFIX NOTARY STAMP - SEAL ABOVE

Sworn to and subscribed before me, by the said *MaryAnn Weaver*

this the *30<sup>th</sup>* day

of *2009* *2009* to certify which, witness my hand and seal of office

*Landa Lassberg*  
Signature of officer administering oath

Landa Lassberg  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# 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. 1491, 80th 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

*Darrel Wagner*

2 Office Held

*Trustee Blanco ISD place 4*

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

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

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

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

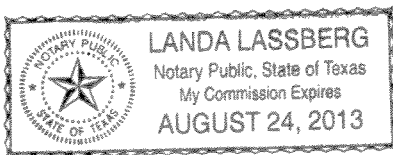
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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(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 this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.



*Darrel Wagner*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Darrel Wagner*, this the *22<sup>ND</sup>* day of *October*, 20 *09*, to certify which, witness my hand and seal of office.

*Landa Lassberg*  
Signature of officer administering oath

*Landa Lassberg*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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This questionnaire reflects changes made to the law by H.B. 1491, 80th 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

*Buck Ford*

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 other business relationship with person named in item 3

*NA*

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

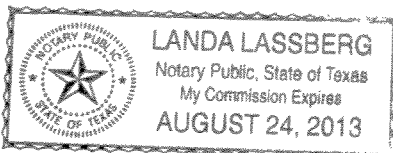
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

*NA*

(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 this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.



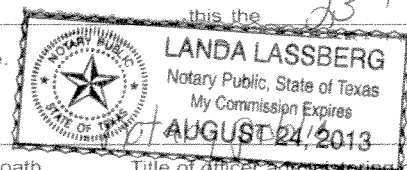
AFFIX NOTARY STAMP / SEAL ABOVE

*Buck Ford*  
 Signature of Local Government Officer

Sworn to and subscribed before me, by the said *Buck Ford* this the *23rd* day of *September*, 20 *09*, to certify which, witness my hand and seal of office.

*Landa Lassberg*  
 Signature of officer administering oath

*Landa Lassberg*  
 Printed name of officer administering oath



*Landa Lassberg*  
 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

MATTHEW ZUEHL HERDEN

2 Office Held

BLANCO 1SD TRUSTEE (PRESIDENT)

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

MATTHEW ZUEHL HERDEN BOARD PRESIDENT

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

CONDUCT PUBLIC BOARD MEETINGS

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

Date Gift Accepted NONE Description of Gift N/A

Date Gift Accepted NONE Description of Gift N/A

Date Gift Accepted NONE Description of Gift N/A

(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 this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.



Matt Herden  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MATT HERDEN, this the 23rd day of September, 2009, to certify which, witness my hand and seal of office.

Kay Fraser  
Signature of officer administering oath

KAY FRASER  
Printed name of officer administering oath

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

*Bernie San Miguel*

2 Office Held

*B.I.S.D School Board Member*

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 other business relationship with person named in item 3

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 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 **AFFIDAVIT**

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*Bernie San Miguel*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *BERNIE SAN MIGUEL* this the *23rd* day of *September*, 20 *09* to certify which, witness my hand and seal of office

*Kay Fraser*  
Signature of officer administering oath

*KAY FRASER*  
Printed name of officer administering oath

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

Troy Immel

2 Office Held

B.I.S.D. Board Member

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

Troy Immel

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

None

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

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

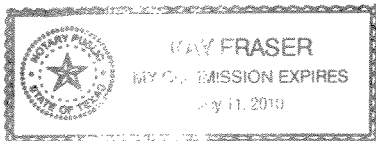
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(attach additional forms as necessary)

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*Troy Immel*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Troy Immel, this the 23rd day of September 2009, to certify which, witness my hand and seal of office

*Kay Fraser*  
Signature of officer administering oath

KAY FRASER  
Printed name of officer administering oath

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





# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

Page 2

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A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes

No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes

No

D. Describe each affiliation or business relationship.

STORE OWNER

**6**

  
\_\_\_\_\_

Signature of person doing business with the governmental entity

10/24/12

Date

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

**FORM CIS**

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

KIRK FELPS

2 Office Held

BISD BOARD MEMBER

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

KIRK FELPS

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

STORE OWNER THAT BISD PURCHASES MATERIALS FROM

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 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 **AFFIDAVIT**

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*Kirk Felps*

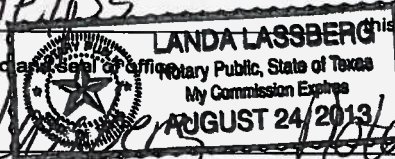
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kirk Felps this the 20<sup>th</sup> day of October, 2012, to certify which, witness my hand and Seal of Office.

*Landa Lassberg*  
Signature of officer administering oath

Landa Lassberg  
Printed name of officer administering oath



Landa Lassberg  
Notary Public  
Title of officer administering oath