## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

of November, 20 14, to certify which, witness my hand and seal of office.  Cheryl Larson  Notary  Signature of officer administering cetts.	( The state of the	/ / / / / / / / / / / / / / / / / / / /
Date Gift Accepted A Description of Gift  Covernment 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.  Sworm to and subscribed before me, by the said Datow which, witness my hand and sear of office.  Cheryl Larson  Notary  Streams Aberts Morellance and the control of the Cheryl Larson  Notary  Streams Aberts Morellance and the control of the cheryl Larson  Notary  Streams Aberts Morellance and the cheryl Larson  Notary		OI FIOE OSE ONLI
Jason Dalrymple  2 Office Held  Malakoff 15D Board of Trustee  3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  First State Bant, Malakoff, Tx  4 Description of the nature and extent of employment or other business relationship with person named in item 3  Chicking Account, Saving Account, + Business Chicking  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-moperiod described by Section 176.003(a)(2)(B)  Date Gift Accepted	government officer has become aware of facts that require the officer to file this state	ement Date Received
Malakoff 95D Board of Trustee  Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  Tirst State Bank, Malakoff, Tx  Description of the nature and extent of employment or other business relationship with person named in item 3  Checking Account, Saving Account, House Chacking  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-mo period described by Section 176.003(a)(2)(E)  Date Gift Accepted Description of Gift  Date Gift Accepted Description of Gift  (attach additional forms as necessary)  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 the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of this local government Officer.  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 176.003(a), Local Government Code) of this local government Officer.  AFFIDAVIT  AFFIDA	1 Name of Local Government Officer	11-17-2014
Malakoff 15D Board of Trustee  Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  First State Bank, Malakoff, Tx  Description of the nature and extent of employment or other business relationship with person named in item 3  Checking Account, Saving Account, + Business Checking  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-mo period described by Section 176.003(a)(2)(B)  Date Gift Accepted Na Description of Gift  Date Gift Accepted Na Description of Gift  (attach additional forms as necessary)  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.  CHEFINI LARSON  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 176.003(a), Local Government Code.  CHEFINI LARSON  Signature of Local Government Officer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  AFFIX NOTARY STAMP / SEAL ABOVE  Signature of Local Government Code.  Cherryl Larson  Notary	Jason Dalrymple	
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Characture of officer administering costs  Cheryl Larson  Notary	70 1 11	, this the day
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Title of officer administering oath	Signature of officer administering oath  Printed name of officer administering oath	Title of officer administering oath