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. 23, 84th Leg., Regular Session.	OFFICE USE ONLY	
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. 1 Name of Local Government Officer Justin B Hew Ka	Pate Received RECEIVED JUN 0 7 2023 BY:	
Description of the nature and extent of each employment or other business relationshi		
with vendor named in item 3.		
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).	
	\$2 EUE \$UE IS	
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift	<u> </u>	
(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 each 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)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below:		
(1) Affidavit		
(1) Andavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by this the	day of,	
20 , to certify which, witness my hand and seal of office.		
Signature of officer administering cath Printed name of officer administering cath	Title of officer administering oath	
OR OR	Electronic area of the latest and the latest area of the latest area. The latest area of	
(2) Unsworn Declaration		
My name is Justin B Haustin, and my date of birth is		
My name is Uustin 5 Mustr and my date of birth is	77878 Bunjeson	
(street) (city) (state		
Executed in Bunleson County, State of Tx , on the 07 day of June (month)	, 20 23 (year)	
Signature of Local Govern	oment Officer (Declarant)	

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY	
This is the notice to the appropriate local governmental entity that the following local	Date Received	
government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	And the had been as an as area	
1 Name of Local Government Officer	RECEIVED	
Tiffany Sodolak	JUN 0 7 2023	
School Brand Trustee Secretary	BY:	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government		
Code Citizens State Bank		
4 Description of the nature and extent of each employment or other business relationshi	p and each family relationship	
	1- Sodolaks Court	
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by		
,		
Date Gift Accepted Description of Gift	7.	
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 ackreto each family member (as defined by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12 month period described by Section 176.001(2). Signature of Local	e) of this local government officer. I	
Please complete either option below:		
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by this the	day of,	
20, to certify which, witness my hand and seal of office.		
Signature of officer administering cath Printed name of officer administering cath	Title of officer administering oath	
OR MANAGEMENT OF THE PROPERTY	CLEEN CONTRACTOR	
(2) Unsworn Declaration		
My name is	131- B 125-	
My address is	- 11806 BUNKSON	
(street) (city) (state	1 . 12	
Executed in County, State of , on the day of (month)	, 20	
Signature of Local Court	nment Officer (Declarant)	