

# 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.

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

**FILED**

SEP 13 2022

BY Christie Wakefield  
CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
LEON COUNTY, TEXAS

**1 Name of Local Government Officer**

Christie Wakefield

**2 Office Held**

Leon County Clerk

**3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

none

**4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**

none

**5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).**

Date Gift Accepted none Description of Gift \_\_\_\_\_

Date Gift Accepted none Description of Gift \_\_\_\_\_

Date Gift Accepted none Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

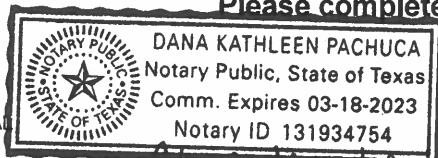
**6 SIGNATURE**

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.

Christie Wakefield  
Signature of Local Government Officer

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Christie Wakefield this the 13<sup>th</sup> day of September,

20 22, to certify which, witness my hand and seal of office.

Dana K Platt Pachuca  
Signature of officer administering oath

Dana K Platt Pachuca  
Printed name of officer administering oath

Paralegal  
Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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Date Received

**FILED**

SEP 13 2022

CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
BY *[Signature]*  
LEON COUNTY, TEXAS

**1 Name of Local Government Officer**

*Carmen Foley Thomas*

**2 Office Held**

*Chief Juvenile Probation Officer*

**3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

**4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**

**5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 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 SIGNATURE**

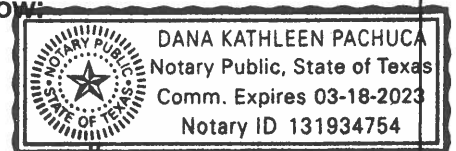
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*Carmen Foley Thomas*  
Signature of Local Government Officer

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL



Sworn to and subscribed before me by *Carmen Thomas* this the 13<sup>th</sup> day of September,

20 22, to certify which, witness my hand and seal of office.

*Dana K Platt Pachuca*  
Signature of officer administering oath

*Dana K Platt Pachuca*  
Printed name of officer administering oath

*Paralegal*  
Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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

**FILED**  
8:03am  
SEP 30 2022

APPROPRIATELY FILED BY \_\_\_\_\_  
LEON COUNTY, TEXAS

**1 Name of Local Government Officer**

AMY KAISER

**2 Office Held**

DEPUTY CLERK

**3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

NORMANGEE TRACTOR (WASHINGTON TRACTOR)

**4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**  
SPOUSE OF SALES REPRESENTATIVE

**5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).**

Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A Description of Gift \_\_\_\_\_

Date Gift Accepted N/A Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

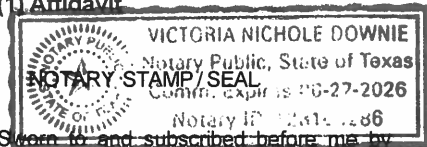
**6 SIGNATURE**

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.

*Amy Kaiser*  
\_\_\_\_\_  
Signature of Local Government Officer

Please complete either option below:

**(1) Affidavit**



Sworn to and subscribed before me by Amy Kaiser this the 13<sup>th</sup> day of September, 2022, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Victoria Downie Title of officer administering oath Notary

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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### OFFICE USE ONLY

Date Received

**FILED**

SEP 13 2022

CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
BY Christie Wakefield  
LEON COUNTY, TEXAS

1 Name of Local Government Officer

Byron Ryder

2 Office Held

County Judge

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

None

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

None

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 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 SIGNATURE

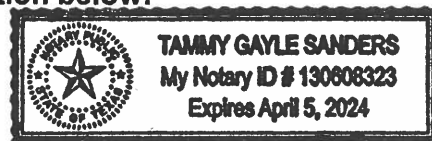
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Byron Ryder  
Signature of Local Government Officer

### Please complete either option below:

#### (1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Byron Ryder this the 13 day of September

2022, to certify which, witness my hand and seal of office.

Tammy Sanders  
Signature of officer administering oath

Tammy Sanders  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Local Government Officer (Declarant)



# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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**OFFICE USE ONLY**

Date Received

**FILED**

SEP 13 2022

BY CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
LEON COUNTY, TEXAS

**1 Name of Local Government Officer**

Suzanne Leathers

**2 Office Held**

Deputy Administrator

**3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

None

**4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**

None

**5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).**

Date Gift Accepted   N/A   Description of Gift   N/A  

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

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

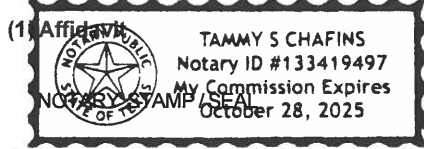
(attach additional forms as necessary)

**6 SIGNATURE**

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.

*Suzanne Leathers*  
Signature of Local Government Officer

Please complete either option below:



Sworn to and subscribed before me by Suzanne Leathers this the 13<sup>th</sup> day of September

20 22, to certify which, witness my hand and seal of office.

*Tammy Chafins*      Tammy Chafins      \_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

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**OFFICE USE ONLY**

Date Received

**FILED**

9:54am  
SEP 14 2022

CHRISTIE WAKEFIELD  
CLERK COUNTY CLERK  
BY: [Signature]  
LEON COUNTY, TEXAS

1 Name of Local Government Officer  
GLENN M. HIGHTOWER

2 Office Held  
LEON COUNTY CONSTABLE PCT 1

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  
NONE

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.  
N/A

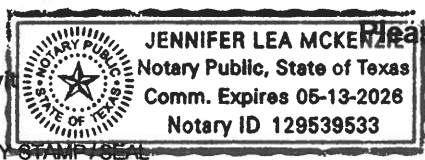
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 SIGNATURE 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]  
Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Glenn Hightower this the 14th day of September, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Jennifer McKenzie Title of officer administering oath: Notary/Court Clerk

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).

Signature of Local Government Officer (Declarant)

SEP 14 2022

FORM CIS  
CHRISTIE WAKEFIELD  
CLERK COUNTY COURT  
LEON COUNTY, TEXAS

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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**FILED**

SEP 13 2022

CHRISTIE WAKEFIELD  
CLERK COUNTY COURT  
BY  
LEON COUNTY, TEXAS

1 Name of Local Government Officer

Jack Keeling

2 Office Held

Justice of Peace Ret

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

None

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted None Description of Gift NA

Date Gift Accepted None Description of Gift NA

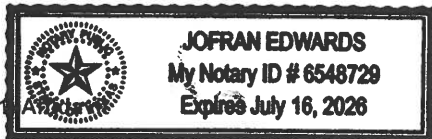
Date Gift Accepted None Description of Gift NA

(attach additional forms as necessary)

6 SIGNATURE

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.

*Jack Keeling*  
Signature of Local Government Officer



Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jack Keeling this the 13<sup>th</sup> day of September 20 22, to certify which, witness my hand and seal of office.

Jofran Edwards Jofran Edwards  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year).

Signature of Local Government Officer (Declarant)



# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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### OFFICE USE ONLY

Date Received

**FILED**

SEP 14 2022

BY   
CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
LEON COUNTY, TEXAS

**1 Name of Local Government Officer**

GEORGE Y. HOLLEMAN

**2 Office Held**

CONSTABLE PCT. 2

**3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

NONE

**4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**

NONE

**5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).**

Date Gift Accepted NONE Description of Gift NONE

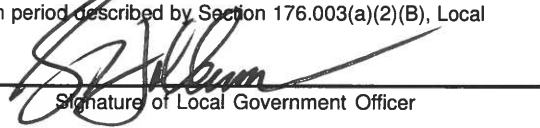
Date Gift Accepted NONE Description of Gift NONE

Date Gift Accepted NONE Description of Gift NONE

(attach additional forms as necessary)

**6 SIGNATURE**

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**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by George Holleman this the 14 day of September 2022, to certify which, witness my hand and seal of office.

 Ginger Franklin  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

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### OFFICE USE ONLY

Date Received

**FILED**

SEP 20 2022

CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
BY \_\_\_\_\_  
LEON COUNTY, TEXAS

1 Name of Local Government Officer

DAVID GRIMES

2 Office Held

COUNTY COMMISSIONER

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

LARRY GRIMES - GRIMES SERVICE CT

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

LOCAL PURCHASES OF PARTS & TIRES

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

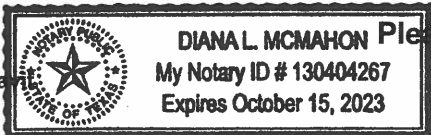
Date Gift Accepted N/A Description of Gift N/A  
 Date Gift Accepted N/A Description of Gift N/A  
 Date Gift Accepted N/A Description of Gift N/A

(attach additional forms as necessary)

6 SIGNATURE

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.

*David Grimes* - 9-19-22  
Signature of Local Government Officer



(1) Affidavit

Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Grimes this the 19th day of September

22, to certify which, witness my hand and seal of office.

Diana L. McMahon Diana L. McMahon Deputy Treasurer  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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**OFFICE USE ONLY**

Date Received

**FILED**

SEP 30 2022

BY *Christie Wakefield*  
CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
LEON COUNTY, TEXAS

1 Name of Local Government Officer *Employee*  
*Linda C. Shannon*

2 Office Held  
*District Court Coordinator*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  
*N/A*

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.  
*N/A*

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

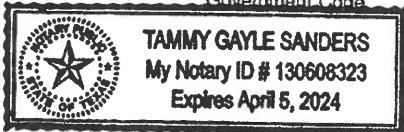
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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

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

(attach additional forms as necessary)

6 **SIGNATURE** 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.



*Linda C. Shannon*  
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Linda C. Shannon* this the *21<sup>st</sup>* day of *September*, 20*22*, to certify which, witness my hand and seal of office.

*Tammy Sanders* Signature of officer administering oath  
*Tammy Sanders* Printed name of officer administering oath  
*Notary* Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).

Signature of Local Government Officer (Declarant)

# 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.

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

**FILED**

SEP 30 2022

CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
LEON COUNTY, TEXAS

1 Name of Local Government Officer

Carol Johnson

2 Office Held

Deputy Clerk

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 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)

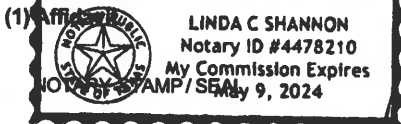
**6 SIGNATURE**

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.

*Carol Johnson*

Signature of Local Government Officer

Please complete either option below:



Sworn to and subscribed before me by Carol Johnson this the 21<sup>st</sup> day of September.

20 22, to certify which, witness my hand and seal of office.

*Linda C. Shannon*

Linda C. Shannon

*Notary*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

# 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

**FILED**

SEP 30 2022

CHRISTIE WAKEFIELD  
CLERK, COUNTY CLERK  
LEON COUNTY, TEXAS

1 Name of Local Government Officer

Cassandra Noey

2 Office Held

District Clerk

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

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

Date Gift Accepted N/A Description of Gift \_\_\_\_\_

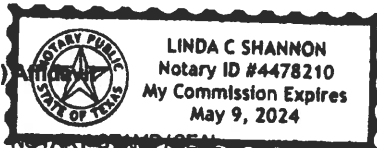
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

**6 SIGNATURE**

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.

*Cassandra Noey*  
Signature of Local Government Officer



Please complete either option below:

Sworn to and subscribed before me by Cassandra Noey this the 21<sup>ST</sup> day of September

20 22, to certify which, witness my hand and seal of office.

*Linda C. Shannon*

Linda C. Shannon

*Notary*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

# 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

**FILED**

SEP 30 2022

CHRISTIE WAKEFIELD  
CLERK COUNTY COURT  
LEON COUNTY, TEXAS

1 Name of Local Government Officer

*Andrea Weaver*

2 Office Held

*Deputy Clerk*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

*N/A*

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted *N/A* Description of Gift \_\_\_\_\_

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

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

(attach additional forms as necessary)

**6 SIGNATURE**

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.

*A. Weaver*

Signature of Local Government Officer

**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 oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is *Andrea Weaver*

and my date of birth is *11/17/1963*

My address is *10130 PR 4130*

*Marquez TX 77865 USA*

Executed in *LEON* County, State of *TEXAS*

on the *21<sup>st</sup>* day of *September*, 20*22*

*A. Weaver*

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

|  |  |
|--|--|
| <p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>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.</p> | <p><b>OFFICE USE ONLY</b></p> <p>Date Received<br/><b>FILED</b><br/>11:07am<br/>SEP 23 2022</p> <p>CHRISTIE WAKEFIELD<br/>CLERK, COUNTY COURT</p> <p>BY _____<br/>LEON COUNTY, TEXAS</p> |
| <p>1 Name of Local Government Officer<br/><u>Richard Parrish</u></p>   |  |
| <p>2 Office Held<br/><u>County Extension Agent</u></p>   |  |

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  
N/A

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.  
N/A

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift \_\_\_\_\_

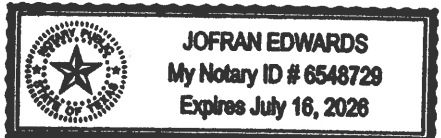
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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

(attach additional forms as necessary)

6 **SIGNATURE** 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.

Richard Parrish  
Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Richard Parrish this the 20<sup>th</sup> day of September,

20 22, to certify which, witness my hand and seal of office.

Jofran Edwards Jofran Edwards N/A  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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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 government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

Date Received

1 Name of Local Government Officer

Michael McBride

**FILED**

11:07 am

SEP 23 2022

2 Office Held

County Extension Agent - FCH

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

NA

CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
BY \_\_\_\_\_  
LEON COUNTY, TEXAS

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

NA

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

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

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

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

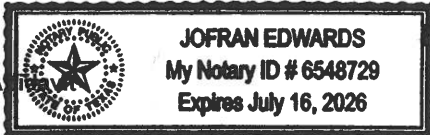
(attach additional forms as necessary)

6 SIGNATURE

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.

Michael McBride

Signature of Local Government Officer



(1) A

NOTARY STAMP/SEAL

Please complete either option below:

Sworn to and subscribed before me by Michael McBride this the 20<sup>th</sup> day of September 2022, to certify which, witness my hand and seal of office.

Jofran Edwards

Jofran Edwards

n/a

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)



# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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**OFFICE USE ONLY**

Date Received

**FILED**  
11:07 AM  
SEP 23 2022

CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
LEON COUNTY, TEXAS

1 Name of Local Government Officer

Cassie L. Ferguson

2 Office Held

4-H Youth Development CEA

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

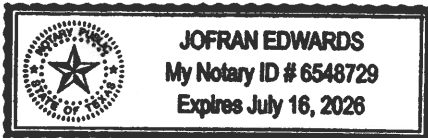
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

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 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.



*Cassie L. Ferguson*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cassie Ferguson, this the 20<sup>th</sup> day of September, 2023, to certify which, witness my hand and seal of office.

*Jofran Edwards*  
Signature of officer administering oath

Jofran Edwards  
Printed name of officer administering oath

n/a  
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

**FILED**  
11:07am  
SEP 23 2022

CHRISTIE WAKEFIELD  
CLERK, COUNTY COURT  
BY \_\_\_\_\_  
LEON COUNTY, TEXAS

1 Name of Local Government Officer

Jofran Edwards

2 Office Held

Office manager

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

n/a

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

n/a

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted n/a Description of Gift n/a

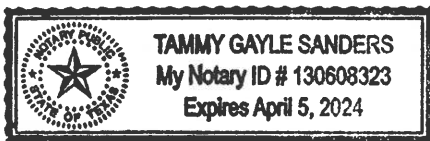
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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 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.



Jofran Edwards  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jofran Edwards, this the 23<sup>rd</sup> day of Sept, 2022, to certify which, witness my hand and seal of office.

Tammy Sanders  
Signature of officer administering oath

Tammy Sanders  
Printed name of officer administering oath

Notary  
Title of officer administering oath