

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

1 Name of Local Government Officer

Dr. Darrell Kinnard

2 Office Held

Trustee of Mabank ISD School Board

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

Mabank Animal Hospital

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

Owner and employed

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 _____

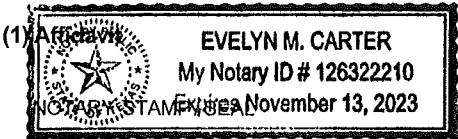
(attach additional forms as necessary)

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.

Darrell Kinnard
Signature of Local Government Officer

Please complete either option below:



Sworn to and subscribed before me by *Darrell Kinnard* this the *25* day of *January*,

20 *21*, to certify which, witness my hand and seal of office.

Evelyn M. Carter

Evelyn M. Carter

Admin. Asst. to Superintendent

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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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

Jeremy Zmolik

2 Office Held

Trustee of Mabank ISD School Board

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

Nations Best Groom, LLC

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

Employed with Company

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)

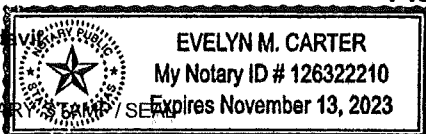
6 SIGNATURE

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.

[Signature]
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit



EVELYN M. CARTER
My Notary ID # 126322210
Expires November 13, 2023

Sworn to and subscribed before me by *Jeremy Zmolik* this the *25* day of *January*,

20*21*, to certify which, witness my hand and seal of office.

Evelyn M. Carter

Evelyn M. Carter

Admin. Asst. to Superintendent

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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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

Todd Grimes

2 Office Held

Trustee of Mabank ISD School Board

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 _____

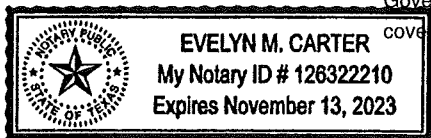
Date Gift Accepted _____ Description of Gift N/A

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.



Todd Grimes

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Todd Grimes, this the _____ day of 16th November, 2020, to certify which, witness my hand and seal of office.

Evelyn M. Carter
Signature of officer administering oath

Evelyn M. Carter Admin. Asst. to Superintendent
Printed name of officer administering oath

Evelyn M. Carter Admin. Asst. to Superintendent
Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Erik Tijerina

2 Office Held

Trustee of Mabank ISD School Board

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.

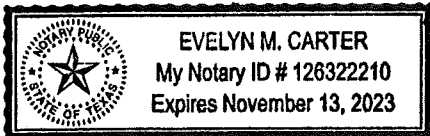
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

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



[Handwritten Signature]

 Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erik Tijerina, this the 16th day of November, 20 20, to certify which, witness my hand and seal of office.

[Handwritten Signature] _____ Printed name of officer administering oath _____ Title of officer administering oath _____
 Signature of officer administering oath Evelyn M. Carter Admin. Asst. to Superintendent

**LOCAL GOVERNMENT OFFICER
CONFLICTS DISCLOSURE STATEMENT**

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Tyson Johnson

2 Office Held

Trustee of Mabank ISD School Board

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 _____

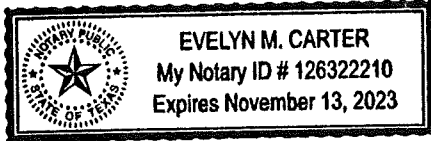
Date Gift Accepted _____ Description of Gift N/A

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.



Tyson Johnson
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tyson Johnson, this the 16th day of November, 20 20, to certify which, Witness my hand and seal of office.

Evelyn M. Carter
Signature of officer administering oath

Evelyn M. Carter Admin. Asst. to Superintendent
Printed name of officer administering oath

Evelyn M. Carter Admin. Asst. to Superintendent
Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Kenneth Odom

2 Office Held

Trustee of Mabank ISD School Board

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 _____

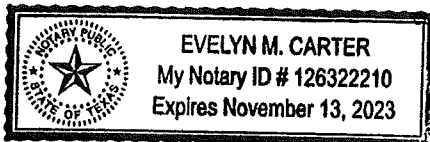
Date Gift Accepted _____ Description of Gift *n/a* _____

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.



[Signature]
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Kenneth Odom*, this the *11th* day of *November*, 20 *20*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Evelyn M. Carter
Printed name of officer administering oath

Admin. Asst. to Superintendent
Title of officer administering oath