FORM CIS

This questionnaire reflects changes made to	o the law by H.B. 23, 84th L	eg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate loc government officer has become aware of in accordance with Chapter 176, Local Go	facts that require the office		Date Received
Name of Local Government Officer			
Micah Lowe			
2 Office Held			
Board President			
3 Name of vendor described by Sections Code	3 176.001(7) and 176.003(a), Local Government	
N/A			
4 Description of the nature and extent o with vendor named in item 3. N/A			
5 List gifts accepted by the local gover from vendor named in item 3 exceeds			
	Description of Gift		
Date Gift Accepted N/A	Description of Gift		MANAGEMENT OF THE PROPERTY OF
Date Gift Accepted N/A De	escription of Gift		
	(attach additional forms as	necessary)	
to each family member (2), Local Government Code	owledge that the disclosure applies of this local government officer. I tion 176.003(a)(2)(B), Local Government Officer
!	Please complete eith	er option below:	
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by Mical	1 Lowe	this the1.5	5 day of August
20, to certify which witness my hand	and seal of office.		
Maly Mish	Cindy Gibson	Administrative A	Assistant to the Superintendent
Signature of officer administering oath	Printed name of officer administe	ring oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is	, ε	and my date of birth is	•
My address is			
(street)			(zip code) (country)
Executed in County, State	of, on the	day of(month)	, 20 (year)
		Signature of Local Govern	ment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regul	ar Session. OFFICE USE ONLY				
This is the notice to the appropriate local governmental entity that the foll government officer has become aware of facts that require the officer to file this in accordance with Chapter 176, Local Government Code.					
Name of Local Government Officer					
Phillip "Bear" Brown					
2 Office Held					
Board Vice-President					
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Code	Government				
Pye-Barker Fire and Safety/LPS-Fire, LLC					
Description of the nature and extent of each employment or other busines with vendor named in item 3. Owner/Employee of Pye-Barker Fire and Safety					
List gifts accepted by the local government officer and any family mem from vendor named in item 3 exceeds \$100 during the 12-month period					
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 necessal					
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	on below:				
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by Phillip "Bear" Brown	this the15 day ofAugust,				
29) 22 , to certify which, witness my hand and seal of office.					
() MOON / OCI, O. Cinay Greson	Administrative Assistant to the 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 dat	e of birth is				
My address is,,	,,,				
(street) (city)	(state) (zip code) (country)				
Executed in County, State of , on the day	y of, 20 (year)				
Signature	of Local Government Officer (Declarant)				

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.				: Session.	OFFICE USE ONLY		
government officer h	nas become awa	te local governmental are of facts that require to al Government Code.	entity that the follo the officer to file this	wing local statement	Date Received		
1 Name of Local Go	overnment Offic	er					
Kyle Thompso	n						
2 Office Held							
Board Secreta	•						
Code	escribed by Sec	tions 176.001(7) and 1	76.003(a), Local Go	overnment			
N/A							
with vendor name N/A	ed in item 3.	ent of each employmer					
from vendor nam	ned in item 3 exc	government officer and ceeds \$100 during the	12-month period d	escribed by	Section 176.00	03(a)(2)(B).	
Date Gift Accepte	ed N/A	Description of Gift					
Date Gift Accepte	edN/A	Description of Gift					
Date Gift Accepte	d N/A	_ Description of Gift			2000		
		(attach additional	forms as necessary	<i>ı</i>)			
		mber (as defined by Sectior that this statement covers t	the 12-month period des	scribed by Sect		(B), Local	
		Please comple	ete either optior	n below:			
(1) Affidavit							
NOTARY STAMP/SE	AL						
Sworn to and subscribed	d before me by _	Kyle Thomson		_ this the $\underline{15}$	5 day of	August,	
	1	hand and seal of office.	-	•			
Tunner)	Apr	Cindy Gibson	Ac	Iministrative /	Assistant to the	Superintendent	
Signature of officer administ	tering oath	Printed name of office	er administering oath		Title of office	r administering oath	
		Q	OR				
(2) Unsworn Declarat	tion						
Atronomo in			and my date	of hirth is			
My address is			, and my date	Of Diffur is			
My address is		street)	(city)	(state		(country)	
Executed in	•	, State of	, on the day	of	, 20(year)	•	
					oment Officer (De	clarent\	

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.			ssion.	OFFICE USE ONLY			
government office	er has become awar	e local government re of facts that requir al Government Code	re the officer t			Date Received	
	Government Office	:					
Nick Haley							
2 Office Held							
Board Mem							
Code	described by Sect	tions 176.001(7) and	d 176.003(a),	Local Gover	nment		
N/A							
with vendor na N/A	med in item 3.	nt of each employn					
		overnment officer a eeds \$100 during th					
	pted N/A		àift				
Date Gift Acce	pted N/A	_ Description of G	àift				
Date Gift Accep	oted N/A	Description of Gift	t				
		(attach addition	nal forms as ı	necessary)			
		iber (as defined by Sec hat this statement cove		n period describe	ed-by Sectio		(B), Local
		Please com	plete eithe	r option be	elow:		
(1) Affidavit							
NOTARY STAMP/	SEAL						
Sworn to and subscri	bed before me by N	lick Haley		this	the <u>15</u>	day of	August
	ertify which, withess my l						
anoly	Subs	Cindy Gibso	on	Admin	istrative As	ssistant to the	Superintendent
Signature of officer admi	nistering oath	Printed name of of	fficer administerir	ng oath		Title of office	er administering oath
			OR				
(2) Unsworn Decla	ration						
My name is			, an	d my date of bi	rth is		·
My address is					_11	1	*
	•	reet)		(city)	(state)		(country)
Executed in	County,	State of	, on the	day of (r	nonth)	, 20 (year)	··
				Signature of Loc	al Governm	nent Officer (De	clarant)

FORM CIS

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	
Name of Local Government Officer		
Casey Jordan		
2 Office Held		
Board Member		
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
Magical Memories A.B.E.L Truck Sales		
4 Description of the nature and extent of each employment or other business relationship with vendor named in item 3. Care Lordon Spanson Robbis and Terry Lordon Parents	and each family relationship	
Cara Jordan - Spouse Robbie and Terry Jordan - Parents List gifts accepted by the local government officer and any family member, if aggregations and the second s	ate value of the gifts accented	
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)		
I swear under penalty of perjury that the above statement is true and correct. I acknown to each family member (as defined by Section 176.001(2), Local Government Code; also acknowledge that this statement covers the 12-month period described by Section Government Code. Signature of Local Code.) of this local government officer. I ion 176.003(a)(2)(B), Local	
Please complete either option below:		
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by <u>Casey Jordan</u> this the <u>15</u>	day of August,	
20 22, to certify which, witness my hand and seal of office.		
WWW 10000	Assistant to the 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,,,,	_t	
(street) (city) (state)		
Executed in County, State of , on the day of (month)	, 20 (year)	
Signature of Local Govern	ment Officer (Declarant)	

FORM CIS

This questionnaire reflects changes made	to the law by H.B. 23, 84th Leg., Regular Session	OFFICE USE ONLY
	cal governmental entity that the following lo f facts that require the officer to file this statem overnment Code.	
Name of Local Government Officer		
Dustin Mason		
2 Office Held		
Board Member		
	s 176.001(7) and 176.003(a), Local Governm	nent
Code		
N/A		
with vendor named in item 3. $\ensuremath{\mathrm{N/A}}$	of each employment or other business relation	
5 List gifts accepted by the local gove from vendor named in item 3 exceed	rnment officer and any family member, if ag s \$100 during the 12-month period describe	gregate value of the gifts accepted ed by Section 176.003(a)(2)(B).
Date Gift Accepted N/A	Description of Gift	
Date Gift AcceptedN/A	Description of Gift	
Date Gift Accepted N/A D	escription of Gift	
	(attach additional forms as necessary)	
	(as defined by Section 176.001(2), Local Governmenthis statement covers the 12-month period described by Signature of	
	Please complete either option belo	ow:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by \underline{Dust}	in Mason this th	e 15 day of August,
20, to certify which, witness my han		
andy sonon	Cindy Gibson Administr	rative Assistant to the Superintendent
Signature of officer admihistering 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, Sta	te of, on theday of	nth) (year)
	Signature of Local	Government Officer (Declarant)

FORM CIS

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			
Name of Local Government Officer				
Matt Strickland				
2 Office Held				
Board Member				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code				
N/A				
Description of the nature and extent of each employment or other business relationship with vendor named in item 3. $\rm N/A$				
List gifts accepted by the local government officer and any family member, if aggregation 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)				
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 Matt Strickland this the 15	day of August,			
20 <u>22</u> , to certify which, witness my hand and seal of office.				
Cenally Mb8N Cindy Gibson Administrative A	Assistant to the 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 (month)	, 20 (year)			
Signature of Local Govern	ment Officer (Declarant)			

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session	n. OFFICE USE ONLY			
This is the notice to the appropriate local governmental entity that the following lo government officer has become aware of facts that require the officer to file this statem in accordance with Chapter 176, Local Government Code.				
Name of Local Government Officer				
Micah Lewis				
2 Office Held				
Superintendent				
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governm Code	ent			
Splash Kingdom Water Park				
Description of the nature and extent of each employment or other business relation	nship and each family relationship			
with vendor named in item 3.				
Marci and Johnny Blevins - Sister and Brother-in-Law List gifts accepted by the local government officer and any family member, if ag	greate value of the gifts appented			
from vendor named in item 3 exceeds \$100 during the 12-month period describe	of by Section 176.003(a)(2)(B).			
Date Gift Accepted N/A Description of Gift				
Date Gift Accepted N/A Description of Gift	44044			
Date Gift Accepted N/A Description of Gift				
(attach additional forms as necessary)				
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	w:			
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by Micah Lewis this the	a 15 day of August			
20 <u>22 -</u> , to certify which, witness my hand and seal of office.				
Cindy Gibson Administra	ative Assistant to the 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 i				
My address is,,,,,,,,,,,,	(state) (zip code) (country)			
Executed in county, State of , on the day of (mon	` , (
(mon	th) (year)			
Signature of Local (Government Officer (Declarant)			