

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

10/12/2022
8:00 AM
JMA

1 Name of Local Government Officer

Patrick Frerich

2 Office Held

Director of Operations

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

Mueller, Inc.

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

Brother - Adam Frerich

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).

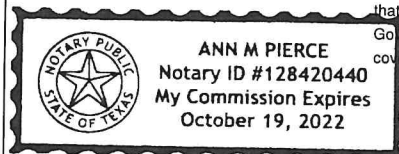
Date Gift Accepted _____ Description of Gift _____

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.

Patrick Frerich

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patrick Frerich, this the 7th day of Oct, 2022, to certify which, witness my hand and seal of office.

Ann M. Pierce
Signature of officer administering oath

Ann M. Pierce
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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

3/10/2022

[Signature]

10:54AM

1 Name of Local Government Officer

Manda Salladay

2 Office Held

Real Estate Manager

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

Berkshire Hathaway -
Addresses Real Estate

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

Steve Morris - Father

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

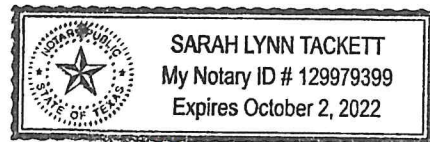
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period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

Manda Salladay
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Manda Salladay this the 10th day of March

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

Sarah Lynn Tackett Sarah Lynn Tackett Paralegal

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

(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

3/4/2022

1 Name of Local Government Officer

Julia Antille

2 Office Held

City Clerk

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

Concho Propane, Concho Valley Electric, Clientele Lawn & Landscape, Concho Valley Electric, TXDOT, Christoval ISD, Harrison Roofing, Baptist Memorial

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Husband's business does work for the vendors in excess of reporting amount in the prior 12 months.

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

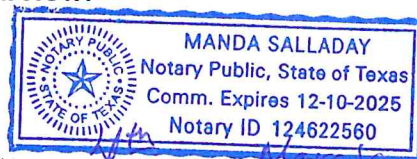
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period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

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Julia Antille this the 4th day of March.

20 22 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 _____, 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

12/16/2022
Uno.

1 Name of Local Government Officer

Nolan A. Sosa

2 Office Held

Economic Development Administrator

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

Angelo State University

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

Dual Employment - Faculty Member

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 Ongoing. Description of Gift LG Officer is employed as a paid faculty member at ASU.

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.

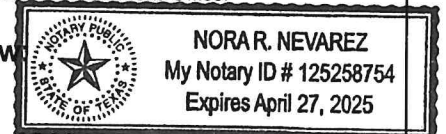
Nolan A. Sosa

Signature of Local Government Officer

Please complete either option below

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Nolan A. Sosa this the 16th day of February,

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

Nora R. Nevarez

Nora R. Nevarez

COSADC Corporate Secretary

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

(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

02/15/2022
jns

1 Name of Local Government Officer

Allison Strube

2 Office Held

Director of Water Utilities

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

Bryce Leggett (Dorado Construction)

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

Friends since college (2008)

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 _____

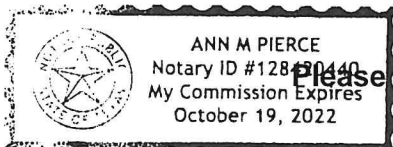
(attach additional forms as necessary)

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.

Allison Strube

Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Allison Strube this the 14th day of February, 2022, to certify which, witness my hand and seal of office.

Ann M. Pierce

Ann M. Pierce

Admin Asst Sr

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

(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

2/11/2022
Jua
(interoffice mail)

1 Name of Local Government Officer

Nolan A. Sosa

2 Office Held

Economic Development Administrator

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

Jim Bass Cars and Trucks

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

Mother, Laura Sosa, is President of Bass Inc.

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.

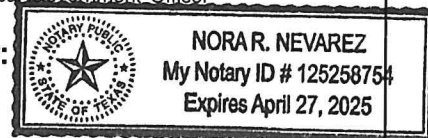
Nolan A. Sosa

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Nolan A. Sosa this the 7th day of February

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

Nora R. Nevarez

Signature of officer administering oath

Nora R. Nevarez

Printed name of officer administering oath

Eco Serv. Assnt.

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

02/09/2022 JH
@ 8:55

1 Name of Local Government Officer

Carl White

2 Office Held

Parks & Recreation Director

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

Kinney-Franke-Wehner Architects

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

Friendship with Craig Kinney

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 _____

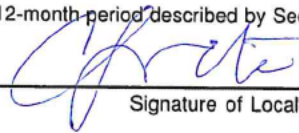
Date Gift Accepted _____ Description of Gift _____

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 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 Carl White, and my date of birth is [REDACTED].

My address is 517 S Madison, San Angelo, Tx, 76901, USA.
(street) (city) (state) (zip code) (country)

Executed in Tom Green County, State of Texas, on the 7th day of February, 2022.
(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

1 Name of Local Government Officer

Tina Dierschke

2 Office Held

Director of Finance

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

Glass Doctor / Chuck Corfield Construction

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

Father

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 _____

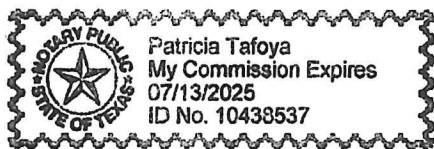
Date Gift Accepted _____ Description of Gift _____

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.



Tina Dierschke

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tina Dierschke, this the 26 day of January, 2022, to certify which, witness my hand and seal of office.

Patricia Tafoya

Signature of officer administering oath

Patricia Tafoya

Printed name of officer administering oath

Admin Coord Office

Title of officer administering oath

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

Date Received

Unstastny
1/26/2022

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

Patrick Brody

2 Office Held

Assistant Fire Chief

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

Jack's Lube Center / Daryl Calder

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

Provide oil change for Ambulance fleet

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 *12-25-21* Description of Gift *\$25.00*

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

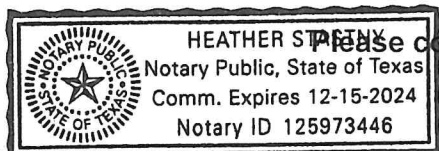
6 SIGNATURE

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.

Patrick Brody

Signature of Local Government Officer

(1) Affidavit



NOTARY STAMP/SEAL

Please complete either option below:

Sworn to and subscribed before me by *Patrick Brody* this the *26th* day of *January*, 20 *22*, to certify which, witness my hand and seal of office.

Unstastny
Signature of officer administering oath

Heather Stastny
Printed name of officer administering oath

Deputy City Clerk
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

1/14/2022
gwa

1 Name of Local Government Officer

Allison Strube

2 Office Held

Director of Water Utilities

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

Roger Strube

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

Father-in-law (Roger Strube farms City Farm property near waste water plant.)

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

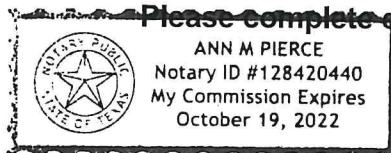
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period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

Allison Strube

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Allison Strube this the 12th day of January

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

Ann M. Pierce

Ann M. Pierce

Admin Asst, Sr.

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

(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

1/14/2022
gwa

1 Name of Local Government Officer

Allison Strube

2 Office Held

Director of Water Utilities

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

Uhl, Fitzsimons, Jewett, Burton & Wolff, PLLC

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

Allison Strube's Parents use this firm for their real estate.

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 _____

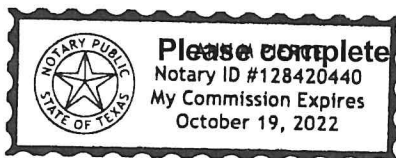
(attach additional forms as necessary)

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.

Allison Strube

Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Allison Strube this the 12th day of January.

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

Ann M. Pierce

Ann M. Pierce

Admin Asst. Sr.

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

(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

1/4/2022
jwa

1 Name of Local Government Officer

Allison Strube

2 Office Held

Director of Water Utilities

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

Justin Strube

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

Husband (Justin farms City owned property off of Douglas Loop.)

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 _____

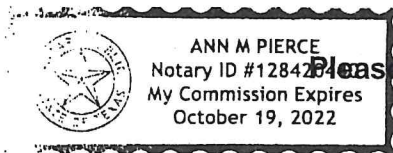
(attach additional forms as necessary)

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.

Allison Strube

Signature of Local Government Officer



(1) Affidavit

NOTARY STAMP/SEAL

Please complete either option below:

Sworn to and subscribed before me by Allison Strube this the 12th day of January.

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

Ann M. Pierce

Ann M. Pierce

Admin Asst. Sr.

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

(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

1/14/2022

[Signature]

1 Name of Local Government Officer

Allison Strube

2 Office Held

Director of Water Utilities

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

Royce Pysen / All-tex Irrigation Co. owner

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

Father

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)

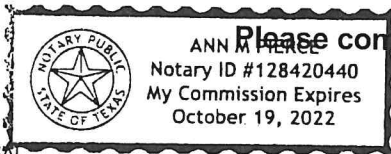
6 SIGNATURE

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.

Allison Strube

Signature of Local Government Officer

(1) Affidavit



NOTARY STAMP / SEAL

Please complete either option below:

Sworn to and subscribed before me by Allison Strube this the 12th day of January.

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

Ann M. Pierce

Ann M. Pierce

Admin Asst, Sr.

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)