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	
Trent Tinnin	
2 Office Held	
BCISD Trustee, Position 1	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Description of the nature and extent of each employment or other had been been been been been been been bee	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
5 Link with a second locate to the second locate to	
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	ate value of the gifts accepted 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)	
AFFIDAVIT	
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin	ned by Section 176.001(2), Local
Government Code) of this local government officer. I also vers the 12-month period described by Section 176.003(a	
TERRI L. MCCULLOCH  My Notary ID # 3260508	,,-,,-,, -,,-,,-,,-,,-,,-,,-,,-,,-,,-,,-
Expires May 7, 2023	
Signature of Local C	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Trent Tinnin	, this the
of June, 20 19, to certify which, witness my hand and seal of office.	ouy
Derri L. Mc Culloch Terri L. Mc Culloch	Notary
Signature of officer administering oath Printed name of officer administering oath Ti	itle of officer administering oath

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 Office	er	
James Scar	dami	
2 Office Held		
BCISD Trustee	Position 2	
Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
Description of the nature and exte	nt of each employment or other business relationshi	p and each family relationship
with vendor named in item 3.		
List gifts accepted by the local go	overnment officer and any family member, if aggreg	ate value of the gifts accepted
nom vendor named in item 3 exce	eeds \$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	
AFFIDAVIT	(attach additional forms as necessary)	
AFFIDAVII	I swear under penalty of perjury that the above statement is	9
	that the disclosure applies to each family member (as defined as the contract Code) of this lead as a second of the code of th	
antiples.	Government Code) of this local government officer. I also overs the 12-month period described by Section 176.003(a	
TERRI L. MCCULLOCH	$\wedge$	4,(=),(=), =33a. dovoone 20do.
My Notary ID # 3260508 Expires May 7, 2023		
	Signature of Local of	Government Officer
AFFIX NOTARY STAMP / SEAL ABO	VE .	
Sworn to and subscribed before me, by th		, this the
of June, 20 19, to	certify which, witness my hand and seal of office.	
	L Terri L. McCulloch	Notary
Signature of officer administering oath		itle of officer administering oath

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	
John De Witt	
Office Held	
BCISD Trustee, Position 3	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Description of the nature and extent of each employment or other business relationship	p and each family relationship
with vendor named in item 3.	
List gifts accepted by the local government officer and any family member, if aggreg	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	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)	
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 def Government Code) of this local government officer. I also	,
vers the 12-month period described by Section 176.003(	_
My Notary ID # 3260508 Expires May 7, 2023	and
"Policials"	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said John De Witt	, this the 17 th day
of June, 20 19, to certify which, witness my hand and seal of office.	day
Derri L. Mc Culloch Terri L. Mc Culloch	Notary
Signature of officer administering oath Printed name of officer administering oath	Fitle of officer administering oath

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

Name of Local Government Officer

Priscilla Robinson

Office Held

SCIID Trustee Position 4

- Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
- Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
- 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 176.093(a)(2)(B), Local Government Code.



LINDA ESTRADA My Notary ID # 132161774 Expires September 6, 2023

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Priscilla Robinson, this the 16th

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

Signature of officer administering oath

Linda FStrada Printed name of officer administering oath

Title of officer administering oath

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

Name of Local Government Officer

mark west

Office Held

CISD Trustee, Position 5

- Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
- Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
- 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)

**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 of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Well t

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

which, witness my hand and seal of office.

Luda Estrada Notary

Printed name of officer administrative.

Title of officer administering oath

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 Murray  2 Office Held  BCISD Trustee, Position Co	
BCISD Trustee, Position 6	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
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 Sec Government Code.  Signature of Local	
Please complete either option below:  LINDA ESTRADA  My Notary ID # 132161774  Expires September 6, 2023  Sworn to and subscribed before me by Math Murray  this the	7th day of May,
20 21, 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         Executed in day of	(zip code) (country)
Signature of Local Govern	nment Officer (Declarant)

FORM CIS

This questionnaire refl	lects changes made to the law by H	I.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer ha		ntal entity that the following local uire the officer to file this statement ode.	Date Received
1 Name of Local Go	vernment Officer We HM Orela	ind	
2 Office Held	So Trustee,	position 7	
3 Name of vendor de Code	scribed by Sections 176.001(7) a	and 176.003(a), Local Government	
4 Description of the with vendor name		yment or other business relationsh	nip and each family relationship
		er and any family member, if aggre g the 12-month period described b	
Date Gift Accepte	d Description of	Gift	
Date Gift Accepte	d Description of	Gift	
Date Gift Accepted	d Description of G	Gift	
	(attach addit	ional forms as necessary)	
	also acknowledge that this statement co Government Code.	Section 176.001(2), Local Government Coovers the 2-month period described by Sesignature of Local Signature	
() )	LINDA ESTRAD My Notary ID # 1321 Expires September 6	0A 161774 3, 2023 moreland this the	7th day of May
Signature of officer administ	ering oath Printed name o	of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	ion		
My name is		, and my date of birth is	
	(street)	( )	te) (zip code) (country)
Executed in	County, State of	on the day of(month)	, 20 (year)
		Signature of Local Gove	ernment Officer (Declarant)