LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

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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
Name of Local Government Officer	
Derek Gillank	
2 Office Held	
_ Exec. Dr of France	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Gallageher Insurance	
Description of the nature and extent of each employment or other business relationship	p and each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggreg	ate value of the gifts accepted
from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted 4293 Description of Gift Ashos TicketS)
Date Gift Accepted Description of Gift	<u> </u>
Date Gift Accepted 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 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	, 1
My name is	2/12/197/ 7757) USA
My address is	
Executed in Hans County, State of Cas, on the May of Dec	20 23 (year)
	rnment Officer (Declarant)
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020