LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filling this form are provided on the next page.)

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	Date Received
in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	
2 Office Held /	
Administrator, Curriculum + Instruction 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Strawbridge Studios Inc.	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Married to employee of vendor who is Paid commissions List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted	
5 List gifts accepted by the Idcal 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 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)	
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:	
(1) Affidavit	
NOTARY STAMP/SEAL	
Swom 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 OR	
(2) Unsworn Declaration	
My name is Holly 10eS, and my date of birth is	October 30,1976
My address is 2/22 Lilerera Lane Leaght City, TX (street) (city) (state	77573 falkston
(street) (city) (state) (zip code) (country) Executed in Harris County, State of , on the // day of // (month) (year)	
Signature of Local Govern	hynent Officer (Declarant)