FORM CIS

(Instructions for completing and filing t	his form are provided on the next page.)	
(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
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		
2 Office Held		
	-++-	
Commissioners Prt	-#2	
3 Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
AIM Construction		
AIM LONSTruction	,	
	nt of each employment or other business relationshi	p and each family relationship
with vendor named in Item 3.		
UNCLE TO OWNER		
5 List gifts accepted by the local gr		
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 din Accepted	Description of ant	
Date Gift Accepted	Description of Gift	
(attach additional forms as necessary)		
6 AFFIDAVIT		
NINIMOZELLE CHILIN	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	
OLARY AU PA	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.
10000000000000000000000000000000000000	. 01	
APIRES	Signature of Local	
16 1111 04-2017 MILLINE	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABO	- DVE .	
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. AFFIX NOTARY STAMP / SEAL ABOVE Signature of Local Government Officer		
of <u>January</u> , 20 <u>Ita</u> , to certify which, witness my hand and seal of office.		
Maelle Can	Mozelle Carr	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

OFFICE USE ONLY

Date Received

(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.

1 Name of Local Government Officer

Mozelle Carr
2 Office Held

Loving County and District Clerk

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

P+M Fresh Water Station P+M Jones Family Ranch, INC.

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

Nonations of Caliche, Water, land damage, some storage

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**

> TINA BURROWS My Commission Expires February 22, 2019

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 Mozelle Carr

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

Tina Burrows Printed name of officer administering oath Signature of officer administering oath

FORM CIS

CONFLICTS DISCLOSURE STATEMENT (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 This is the notice to the appropriate local governmental entity that the following local Date Received government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. Name of Local Government Officer ndor 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 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 _ AFFIDAYITIMINING (attach additional forms as necessary) ADAM

SAPE OF LEFT

SAPIRES

NOTARY WITHOUT STAMP

OSCRIBER

OSCRI 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 cal Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Harlan Hopper Sworn to and subscribed before me, by the said ___ , 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Mozelle Carr

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. OFFICE USE ONLY This is the notice to the appropriate local governmental entity that the following local Date Received government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. Name of Local Government Officer Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code PAM Fresh Water Station P+M Jones Ranch Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Donate Calchi water + Land damage 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** AFFIDAVIT

OF 15 O 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. Sanature of Local Government Officer Sworn to and subscribed before me, by the said ___ , 20 16 , to certify which, witness my hand and seal of office. Moselle Can Commissioner

Printed name of officer administering oath

Title of officer administering oath

LOCAL GOVERNMENT OFFICER

FORM CIS

CONFLICTS DISCLOSURE STATEMENT (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 This is the notice to the appropriate local governmental entity that the following local Date Received government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. Name of Local Government Officer Skeet Lee Jones LOUING County Judge Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code P+M Fresh WATER STATION P+M Jones Family RANCH INC. Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. DONATIONS OF CALICLE, WATER, LAND DAMAGE, STOMGE ON LAND. 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. **TINA BURROWS** My Commission Expires February 22, 2019 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Sket Sones _, to certify which, witness my hand and seal of office.

Form provided by Texas Ethics Commission

Signature of officer administering oath

www.ethics.state.tx.us

Printed name of officer administering oath

Revised 11/30/2015

Title of officer administering oath