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 Skeet Lee Jones	
Office Held OUNTY Judge Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code PHM Jones Family Ranch	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Part owne	
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	ate value of the gifts accepted
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Please complete either option below: NOTARY STAMP/SEAL	Government Officer
Sworn to and subscribed before me by Skeet Lee Jones this the 1	6th day of January
to certify which, witness my hand and seal of office.	Chief ClerkLow
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
2) Unsworn Declaration	
My name is, and my date of birth is	
	,
	e) (zip code) (country)
(street) (city) (state of on the day of (month)	e) (zip code) (country)

FORM CIS

This questionnaire r	eflects changes made t	o the law by H.B. 23, 84th	Leg., Regular Sessi	on.	OFFICE	USE ONLY
government officer		cal governmental entity to facts that require the office overnment Code.			Date Received	
1 Name of Local G	overnment Officer					
Yar 19	y Wolfe					
2 Office Held	SS/AND PC J	/				7
Code Vol	re	(,, =	•			
4 Description of the with vendor name		feach employment or oth	ner business relat	ionship	and each fam	ily relationship
5 List gifts accept from vendor na	ed by the local gove ned in item 3 exceed	rnment officer and any fa s \$100 during the 12-mor	mily member, if a oth period describ	ggrega ed by S	te value of th Section 176.0	e gifts accepted 03(a)(2)(B).
Date Gift Accep	red	Description of Gift				
Date Gift Accept	ed	Description of Gift	Alt			
Date Gift Accept	ed De	escription of Gift	1 ~			
		(attach additional forms a	is necessary)			
(1) Affidavit NOTARY TAME SE Sworn to and subscript 20, to cert May ll, to cert Signature of officer adminitions (2) Unsworn Declaration	Government Code. ARY ARY The lore may by ify which, witness my hand are stering oath	Please complete eit Har lan Hoppe and seal of office. Mozelle Car Printed name of officer adminis	Signature of Signature of this to	Local G	overnment Office day of G	
		•••••••••••••••••••••••••••••••••••••••	and my date of birth	is	Markey	
My address is	(street)		/city\	(etata)	(zip.codo)	(country)
Executed in	,	e of, on the	(city) day of (mo	(state)	(zip code) 20 (year)	(country)
		_	Signature of Local	Govern	ant Officer /Da	olorant\

FORM CIS

	lects changes made to the law by H.B		OFFICEUS	EONLY
government officer ha	the appropriate local government as become aware of facts that requi hapter 176, Local Government Cod	re the officer to file this statement	Date Received	
Name of Local Go				
Office Held Office Held Name of vendor de	Junty Commission escribed by Sections 176.001(7) an			
Code	M Trucking			
with vendor name Half D 5 List gifts accepte	e nature and extent of each employ ed in item 3. NOTHEN ANNUFO ed by the local government officer ned in item 3 exceeds \$100 during	Molinar & Nepher and any family member, if aggre	V Iram)	Molingi gits accepted
Date Gift Accepte	ed Description of	Gift		
Date Gift Accept	ed Description of	Gift		
Date Gift Accepte	ed Description of G	ift		
	(attach addition	onal forms as necessary)		
(1) Altitle vilo	Please cor Sombefore me by	mplete either option below		anuary
2024, to cer Mocelle Signature of officer admin	Carr Mozell		ounty and D	istrat Con administering oath
(2) Unsworn Declar	ation			
My name is		and my date of birth is		
My address is	(shank)		,,,,,,,,,,	/aquate :
Executed in	(street) County, State of	, .,	state) (zip code)	(country)
		(month	(year)	
		Signature of Local G	overnment Officer (Dec	larant)

FORM CIS

(9-7
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	
RAYMOND KING	
2 Office Held	
COUNTY COMMISSIONER PCT 3	La U
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
TARGET HOSPITALITY 4 Description of the nature and extent of each employment or other business relationship	and each family relationship
with vendor named in item 3.	
DIRECTOR FACILITIES + MAINT	
5 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	
,	
Date Gift Accepted Description of Gift	VAR. 1874.
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	And the second s
(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 Section Government Code. Signature of Local Complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworm to and statement covers the 12-month period described by Section Government Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworm to and statement covers the 12-month period described by Section Government Code. Signature of Local Complete either option below: NOTARY STAMP/SEAL Sworm to and statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge by Section 176.001(2), Local Government Co	ion 176.003(a)(2)(B), Local
(2) Unsworn Declaration	
My name is RAY mon 0 IZ ING , and my date of birth is 1 My address is 9032 UALERIE LANE , MENTONE , TX (street) (city) (state) Executed in LOUING County, State of TEXAS , on the 22 day of TANUA (month)	, >9>54, USA) (zip code) (country)
(month)	

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing 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 in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	1
Bradford D. Cook	
Office Held	
County Commissioner Pct. 4	
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 relations with vendor named in item 3.	hip and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggre from vendor named in item 3 exceeds \$100 during the 12-month period described to	egate value of the gifts accepted 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)	
Please complete either option below: NoTARY STANF (SEAL SANF) Sworn to and inscreame by Brad Cook this the	Lounty and District Clerk
OR LICENSE OR LICENSE OF THE PROPERTY OF THE P	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is	
	tate) (zip code) (country)
Executed in County, State of, on theday of(month)	(year)
Signature of Local Go	evernment Officer (Declarant)