CONFLICTS DISCLO	NT OFFICER SURE STATEMENT	FORM CIS
(Instructions for completing and filing	this form are provided on the next page.)	
This questionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
1 Name of Local Government Offic	er	
Thomas Hall		
2 Office Held	ne na serie de la companya de la comp	
School Board Trustee		
3 Name of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Government	Code
NIA		
with vendor named in item 3.		
from vendor named in item 3 exc	overnment officer and any family member, if aggreg eeds \$100 during the 12-month period described by Description of Gift	
from vendor named in item 3 exc	eeds \$100 during the 12-month period described by _ Description of Gift	Section 176.003(a)(2)(B).
from vendor named in item 3 exc	eeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
from vendor named in item 3 exc	eeds \$100 during the 12-month period described by _ Description of Gift	Section 176.003(a)(2)(B).
from vendor named in item 3 exc Date Gift Accepted Date Gift Accepted	eeds \$100 during the 12-month period described by _ Description of Gift	Section 176.003(a)(2)(B).
from vendor named in item 3 exc Date Gift Accepted Date Gift Accepted	eeds \$100 during the 12-month period described by _ Description of Gift	Section 176.003(a)(2)(B).
from vendor named in item 3 exc Date Gift Accepted Date Gift Accepted Date Gift Accepted 6 AFFIDAVIT CARI MICHELLE HOR Notary Public STATE OF TEXAS ID# 12423498-1	eeds \$100 during the 12-month period described by Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a Description of Local Operation	Section 176.003(a)(2)(B).
from vendor named in item 3 exc Date Gift Accepted Date Gift Accepted Date Gift Accepted Date Gift Accepted 6 AFFIDAVIT CARI MICHELLE HOR Notary Public STATE OF TEXAS ID# 12423498-1 My Comm. Exp. Jun. 04, 20	eeds \$100 during the 12-month period described by Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined forward covers the 12-month period described by Section 176.003(a) Description of Local Covers	Section 176.003(a)(2)(B).
from vendor named in item 3 exc Date Gift Accepted 6 AFFIDAVIT CARI MICHELLE HOR Notary Public STATE OF TEXAS ID# 12423498-1 My Comm. Exp. Jun. 04, 21 AFFIX NOTARY STAMP / SEAL ABOR Sworn to and subscribed before me, by t	eeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B). s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code. Government Officer

Form provided by Texas Ethics Commission

Revised 11/30/2015