LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Form CIS

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
   Joe Carrington

2 Office Held
   Trustee

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

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

5 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   NA   Description of Gift
   Date Gift Accepted   NA   Description of Gift
   Date Gift Accepted   NA   Description of Gift

(attach additional forms as necessary)

6 SIGNATURE
   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 Joe Carrington this the 14th day of June 2021, to certify which, witness my hand and seal of office.

   Nancy C. Law

   Signature of officer administering oath
   Printed name of officer administering oath

   Title of officer administering oath

   Or

   (2) Unsworn Declaration

   My name is ___________________________, and my date of birth is ___________________________.
   My address is ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________.
   Executed in __________ County, State of __________, on the __________ day of __________, 20___ (month) (year)

   Signature of Local Government Officer (Declarant)

   Form provided by Texas Ethics Commission
   www.ethics.state.tx.us
   Revised 8/17/2020