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	
Linda Mitchell Duran	
2 Office Held	
Rockwall Independent School District, Board of Trustees, Place 3	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	Code
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
with vendor named in item 3.	
List gifts accepted by the local government officer and any family member, if aggrega from vendor named in item 3 exceeds \$100 during the 12-month period described by \$	
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 define	ed by Section 176.001(2), Local
Government Code) of this local government officer. I also a evers the 12-month period described by Section 176.003(a)(a)(a)(b)	
My Notary ID # 8013801	
Expires October 14, 2024 Sinda Mitchell	Muran
Signature of Local Go	overnment Officer
AFFIX NOTARY STAMP / SEAL ABOVE	11
Sworn to and subscribed before me, by the said Linda Mitchell Duran	, this the day
of	
Diana Chapman Diana Chapman	Notary Public
Signature of officer administering oath Printed name of officer administering oath Title	le of officer administering oath

### 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	
Frank Conselman	
2 Office Held	
Rockwall Independent School District, Board of Trustees, Place 2	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government (	Code
Description of the nature and autout of each applicament or other business valetionable	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	) and each family relationship
=1	
List gifts accepted by the local government officer and any family member, if aggrega from vendor named in item 3 exceeds \$100 during the 12-month period described by \$	ite value of the gifts accepted 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 define	
DIANA CHAPMAN  My Notary ID # 8013801  Government Code) of this local government officer. I also a coders the 12-month period described by Section 176.003(a)	1-0
Expires October 14, 2024	
Signature of Local G	overnment Officer
AFFIX NOTARY STAMP / SEAL ABOVE	,
Sworn to and subscribed before me, by the said Frank Conselman	_, this the day
of	1
Diana Chanman	Natom Dublio
Signature of officer administering oath  Printed name of officer administering oath  Titl	Notary Public le of officer administering oath
	ie of officer administering oath

### 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	
Bart Miller	
Office Held	
Rockwall Independent School District, Board of Trustees, Place 7	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	Code
Description of the nature and extent of each employment or other business relationship	and and family relationship
with vendor named in item 3.	and each family relationship
List wifts accounted by the least gave mount officer and any family many by if a many	
List gifts accepted by the local government officer and any family member, if aggrega 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. Lacknowledge
hat the disclosure applies to each family member (as define	ed by Section 176.001(2), Local
DIANA CHAPMAN Government Code) of this local government officer. I also a sovers the 12-month period described by Section 176.003(a)(a)(a)(b)	
Expires October 14, 2024	
+DMIL	
Signature of Local Go	overnment Officer
AFFIX NOTARY STAMP / SEAL ABOVE	a H
Sworm to and subscribed before me, by the said Bart Miller	_, this the day
of, 20 23, to certify which, witness my hand and seal of office.	
Diana Chapman Diana Chapman	Notary Public
	e 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 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	
Stan Britton	
2 Office Held	
Rockwall Independent School District, Board of Trustees, Place 4	
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 relationship with vendor named in item 3.	and each family relationship
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	ate value of the gifts accepted 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)	
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin overnment Code) of this local government officer. I also sovers the 12-month period described by Section 176.003(a)  My Notary ID # 8013801  Expires October 14, 2024	ed by Section 176.001(2), Local acknowledge that this statement
Signature of Local G	overnment Officer
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Stan Britton	_, this the day
of	
Diana Chapman  Signature of officer administrating path  Printed name of officer administration path	Notary Public
Signature of officer administering oath Printed name of officer administering oath Tit	le of officer administering oath

FORM CIS

	J	
	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	te local governmental entity that the following local are of facts that require the officer to file this statement cal Government Code.	Date Received
1 Name of Local Government Office	eer	1
Jim White		
<u> </u>		
2 Office Held		
Rockwall Indepo Place 5	endent School District, Board of Trustees,	
Name of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Government	Code
Description of the nature and extend	ent of each employment or other business relationsh	in and each family relationship
with vendor named in item 3.	ent of each employment of other business relationsh	p and each family relationship
5 List sifts assented by the level of		
from vendor named in item 3 exc	overnment officer and any family member, if aggreg eeds \$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)	
DIANA CHAPMAN My Notary ID # 8013801	I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined as Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)	ned by Section 176.001(2), Local acknowledge that this statement
Expires October 14, 2024	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABC	VE	
Sworn to and subscribed before me, by the	ne said_ Jim White	this the 12 the day
/ /	certify which, witness my hand and seal of office.	
Dung Chubanan	Diana Chapman	Notany Public
Signature of officer administering oath		Notary Public itle of officer administering oath

FORM CIS

		ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
go		te local governmental entity that the following local are of facts that require the officer to file this statement cal Government Code.	
1	Name of Local Government Office	er	-
	Sherry Packer		
2	Office Held		-
	Rockwall Indepe Place 1	endent School District, Board of Trustees,	
3	Name of vendor described by Sec	ctions 176.001(7) and 176.003(a), Local Governmen	it Code
1	Description of the nature and exte with vendor named in item 3.	ent of each employment or other business relationsh	nip and each family relationship
	With vehicle manion in none 3.		
		overnment officer and any family member, if aggree eeds \$100 during the 12-month period described by	
	Date Gift Accepted	Description of Gift	
	Date Gift Accepted	Description of Gift	
	Date Gift Accepted		
		(attach additional forms as necessary)	
	AFFIDAVIT	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(	fined by Section 176.001(2), Local to acknowledge that this statement
	DIANA CHAPM My Notary ID # 80 Expires October 14	MAN 013801	
	"Marian"	Sherry Pack Signature of Local	Government Officer
	AFFIX NOTARY STAMP / SEAL ABOV	VE	
5	Sworn to and subscribed before me, by the		, this the day
	of Our, 20 23, to	certify which, witness my hand and seal of office.	, this the uay
	N. DI		
1-	Niena Chypmen	Diana Chapman	Notary Public
	Signature of officer adroinistering oath	Printed name of officer administering oath T	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 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
1 Name of Local Government Officer	
Amy Hilton	
2 Office Held	
Rockwall Independent School District, Board of Trustees, Place 6	
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 relationshi	n and each family relationship
with vendor named in item 3.	p and odon family relationship
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 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	s true and correct. Lacknowledge
that the disclosure applies to each family member (as defin	ned by Section 176.001(2), Local
DIANA CHAPMAN c vernment Code) of this local government officer. I also DIANA CHAPMAN c vers the 12-month period described by Section 176.003(a	
My Notary ID # 8013801 Expires October 14, 2024	<b>5</b>
7/11/10/00	<u> </u>
Şiğnature of Local C	aovernment Officer
AFFIX NOTARY STAMP / SEAL ABOVE	12 th
Sworn to and subscribed before me, by the said Amy Hilton of, 20 23, to certify which, witness my hand and seal of office.	, this the day
Diana Chapman	Notary Public
Signature of officer administering oath Printed name of officer administering oath Ti	tle of officer administering oath