

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

**FORM CIS**

(Instructions for completing and filing this form are provided on the back.)

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.

**OFFICE USE ONLY**

Date Received

**1 Name of Local Government Officer**

Roderick "Shorty" Mitchell

**2 Office Held**

TISD Board Member

**3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code**

Floyd's Glass Company

**4 Description of the nature and extent of employment or business relationship with person named in item 3**

Floyd's Glass Company Employee (Sales Consultant)

**5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250**

Date Gift Received N/A Description of Gift \_\_\_\_\_  Did Not Accept Gift

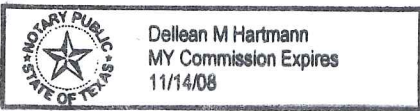
Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

(attach additional forms as necessary)

**6 AFFIDAVIT**

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of a 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

Roderick S. Mitchell  
Signature of Local Government Officer

Sworn to and subscribed before me, by the said Roderick S. Mitchell, this the 10<sup>th</sup> day of January, 20 06, to certify which, witness my hand and seal of office.

Dellean M Hartmann  
Signature of officer administering oath

Dellean M Hartmann  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

(Instructions for completing and filing this form are provided on the back.)

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.

### OFFICE USE ONLY

Date Received

**1 Name of Local Government Officer**

Anita Volek

**2 Office Held**

School Board Trustee

**3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code**

Anita Volek (Self)

**4 Description of the nature and extent of employment or business relationship with person named in item 3**

Provides musical/piano services for Band students competing in UIL District and/or State competitions.

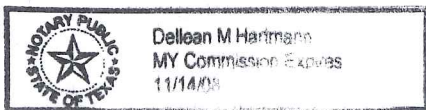
**5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250**

- Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift
- Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift
- Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

(attach additional forms as necessary)

**6 AFFIDAVIT**

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of a government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(b), Local Government Code.



Anita Volek  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anita Volek, this the 17<sup>th</sup> day of July, 20 06, to certify which, witness my hand and seal of office.

Dellean M. Hartmann  
Signature of officer administering oath

Dellean M. Hartmann  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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.  
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.

OFFICE USE ONLY	
Date Received	

1 Name of Local Government Officer  
*Henry Daniel Philhower*

2 Office Held  
*Board of Trustee*

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

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

*I am the CFO for Granite Publications who manages the operations and accounting for the Taylor Press. Granite does not own Taylor Press*

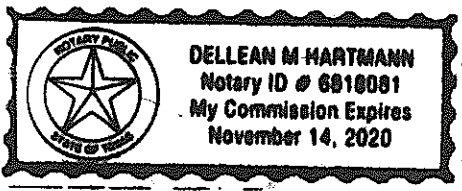
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 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.



*Henry Daniel Philhower*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Henry Daniel Philhower*, this the *23<sup>rd</sup>* day of *May*, 20 *17*, to certify which, witness my hand and seal of office.

*Dellean M Hartmann*  
Signature of officer administering oath

*Dellean M Hartmann*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath