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. 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 Date Received in accordance with Chapter 176, Local Government Code. Name of Local Government Officer MICHAEL D. MORGAN FLOUR BLUFF ISD TRUSTEE Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code STATE FARM Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. SELF EMPLOYED AGENT 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) **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 overs the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



YVONNE CLAVETTE Notary ID #: 1073669-8 My Commission Expires 02/19/2021

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

to certify which, witness my hand and seal of office

lature of officer administoring oath

Printed name of officer administering oath

Title of office; administering cath