

# 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

02/19/2021  
@ 4:37

1 Name of Local Government Officer

*Julia Antilley*

2 Office Held

*City Clerk*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  
*Concho Propane; FAA/SJT; CRMWD; Cienfuegos Lawn & Landscape; Concho Valley Electric; TXDOT; Christoval ISD*

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. *Husband's business, Pinnacle Spraying, LLC, has received income in excess of \$2500 in the prior 12 months from these vendors affiliated w/CO SA.*

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 \_\_\_\_\_

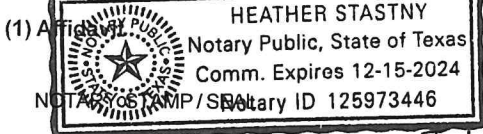
(attach additional forms as necessary)

### 6 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.

*Julia W. Antilley*  
Signature of Local Government Officer

Please complete either option below:



Sworn to and subscribed before me by *Julia W. Antilley* this the *19* day of *February*.

*21* to certify which, witness my hand and seal of office.

*H. Stastny*  
Signature of officer administering oath

*Heather Stastny*  
Printed name of officer administering oath

*Deputy City Clerk*  
Title of officer administering oath

OR

### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)

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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

5/27/2021  
UND.

1 Name of Local Government Officer

Stephen Paris-Clay Conley

2 Office Held

Stormwater Superintendent

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

Shannon Medical Center - Republic Services

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. David Draper is the father of Stephen Conley & works as a nurse for Shannon. Josh Smith is the nephew of Stephen & works for Republic

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 \_\_\_\_\_

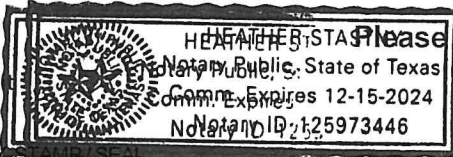
(attach additional forms as necessary)

**6 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.

*Steve Conley*

Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Stephen Conley this the 27 day of May, 2021, to certify which, witness my hand and seal of office.

*Heather Stastny*  
Signature of officer administering oath

Heather Stastny  
Printed name of officer administering oath

Deputy City Clerk.  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)



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### OFFICE USE ONLY

Date Received

**1 Name of Local Government Officer**

Patrick Frerich

**2 Office Held**

Assistant Director of Operations

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

Mueller, Inc.

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

Adam Frerich, Sales for Mueller, Inc. - Relationship: Brother

**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 \_\_\_\_\_

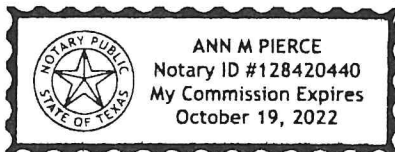
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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.



*Patrick Frerich*  
\_\_\_\_\_  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patrick Frerich, this the 7<sup>th</sup> day of October, 20 21, to certify which, witness my hand and seal of office.

*Ann M. Pierce*  
\_\_\_\_\_  
Signature of officer administering oath

Ann M. Pierce  
Printed name of officer administering oath

Admin Asst. Sr.  
Title of officer administering oath