## 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	Date Received
government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	00 11 1 20 21
1 Name of Local Government Officer	02   19   202
	@ 4:37
Julia Antilley 2 Office Held City Clerk	1
City Clerk	1
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code Concho Propane; FAA/SJT; CRIMWD: Clientela Lawn	l .
Code Concho Propane; FAA/SJT; CRIMWD; Clientela Lawn Plandscape; Concho Valley Electric; Tx100T; Christoval ISD	<b>i</b>
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Husband's business, Pinnacle Spraying	p and each family relationship പ്രധ്യ പ്രവാധി
income in excess of \$2500 in the prior 12 months from these 5 List gifts accepted by the local government officer and any family member, if aggreg	vendors affiliated w/cost
5 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
nom 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 ackn	owledge that the disclosure applies
to each family member (as defined by Section 176.001(2), Local Government Code	e) of this local government officer. I
also acknowledge that this statement covers the 12-month period described by Seci Government Code.	tion 176.003(a)(2)(B), Local
Walleta	ittila
Signature of Local	Government Officer
Rease complete either option below:	
(1) Afficial HEATHER STASTNY	
HEATHER STASTNY Notary Public, State of Texas Comm. Expires 12-15-2024	
NUTARYOS TAMP/SDAtary ID 125973446	
Sworn to and subscribed before me by Julia W. Antilley this the 1	9 February
20 2 . to certify which, witness my hand and seal of office	9 day of February.  Deputy City Clerk
20 21, to certify which, witness my hand and seal of office.	5 1 2 2 2
Signature of officer administering oath  Printed name of officer administering oath	Deputy City Gerk
V Times name of smoot daministering sauti	Title orefficer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is, and my date of birth is	
	(zip code) (country)
Executed in County, State of , on the day of (month)	
(month)	(year)
Signature of Local Covern	pmont Officer (Declarant)

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filling this form are provided on the next page.)

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 170 Level Co	Date Received
in accordance with Chapter 176, Local Government Code.  Name of Local Government Officer	6/27/2021
Stephen Paris - Clay Conley	5/27/2021 (hd).
2 Office Held	$\mathcal{U}_{\mathcal{V}}$ .
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 relationshi with vendor named in item 3. David Draper is the Father of Stephen Conley Shannon. Josh Smith is the Noplew of Stephen & Work for Rous List gifts accepted by the local government officer and any family member, if aggreg	p and each family relationship works as a nurse for blic
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)	
to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Sect Government Code.  Signature of Local Complete either option below:	tion 176.003(a)(2)(B), Local
(1) ATTIGAV Note of the note	
Sworn to and subscribed before me by Stephen Conley this the 27 20 21, to certify which, witness my hand and seal of office.	day of <u>MW</u> ,
Unstastny Heather Stastny De	outy City Clerk.
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is	
My name is, and my date of birth is My address is,,,	·
Executed in County, State of, on the day of (month)	, , , , , , , , , , , , , , , , , , , ,
Signature of Local Govern	ment Officer (Declarant)

## 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 in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	
Patrick Frerich	
Office Held	
Assistant Dissistant of Occasions	ŧ
Assistant Director of Operations  Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Mueller, Inc.	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Adam Frerich, Sales for Mueller, Inc Relationship: Brother	
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
we was to make the most of 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 the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies to each family member (as defined by the disclosure applies by the disclosur	ed by Section 176.001(2), Local
covers the 12-month period described by Section 176.003(a)	
Notary ID #128420440 My Commission Expires	
October 19, 2022 Patrick (nerich	
Signature of Local G	overnment Officer
AFFIX NOTARY STAMP / SEAL ABOVE	. 16.
Sworn to and subscribed before me, by the said Patrick Frerich  of October 20 21 to certify which witness my hand and seal of office	, this the day
of ()ctoper , 20 21 , to certify which, witness my hand and seal of office.	
Cean'the Lierce Ann M. Pierce Ad	min Asst. Sr.
Signature of officer administering oath Printed name of officer administering oath Tit	le of officer administering oath