LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

(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.

1 Name of Local Government Officer
Bob Dorsett

2 Office Held
School Board member

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

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

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).

<table>
<thead>
<tr>
<th>Date</th>
<th>Gift Accepted</th>
<th>Description of Gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

(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.

AMI J. TOBIN
Notary Public, State of Texas
Comm. Expires 09-17-2024
Notary ID 8260552

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bob Dorsett this the 31 day of March 21, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is __________________________, and my date of birth is __________________________.

My address is __________________________, __________________________, __________________________, __________________________.

Executed in __________________________ County, State of __________________________, on the _______ day of __________________________, 20 _______.

Signature of Local Government Officer (Declarant)