LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

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

Phillip Davis

2 Office Held

School Board Trustee

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

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

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 Gift Accepted</th>
<th>Description of Gift</th>
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(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.

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC

Sworn to and subscribed before me by this the __ day of __, 20__

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(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)

Form provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020