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

FORM CIS

This questionnaire r	eflects changes made to	to the law by H.B. 23, 84th	Leg., Regular Session.	OFFICE USE ONI	LY
		cal governmental entity to facts that require the office		Date Received	111
	Chapter 176, Local Go		Jet to life trile statement		E C
	Government Officer				SUPERINTENDENT'S OFFICE
Mike Mackey					Burn Silva Silva S a ll
2 Office Held	Manager Anna Carlotte Control of the				
DISD Trustee					LLI Para
	described by Sections	s 176.001(7) and 176.003	(a), Local Government	OC	
Code				ADM/AND	5
N/A 4 Description of the	he nature and extent o	of each employment or ot	har husiness relationshi	in and each family relation	nehin
with vendor nan		i each employment of ot	ilei busilless relationsii	p and each family related	mamp
		rnment officer and any fa			
from vendor nai	med in item 3 exceeds	s \$100 during the 12-mo	nth period described by	Section 176.003(a)(2)(B	,).
Date Gift Accep	ted	Description of Gift		-	
Date Gift Accept	ted [Description of Gift			
Date Gift Accept	ed De	escription of Gift			
		(attach additional forms	as necessary)		
		(as defined by Section 176.00 his statement covers the 12-m	onth period described by Sec	tion 176.003(a)(2)(B), Local	ficer. I
		Please complete eit	her option below:		
(1) Affidavit			·		
NOTARY STAMP/SE	EAL.				
Sworn to and subscribe	ed before me by Mike Ma	ackey this the 9 day of Septe	mber, 2024, to certify which, v	vitness my hand and seal of off	ice.
Laure Bou	w roa				
Signature of officer admini		Rachel L. Baker		Superintendent Secreta Title of officer administeri	2
Signature of officer admini	stering oath	Printed name of officer adminis	tering oath	Title of officer administers	ng oatn
(2) Unswern Doclar	ation.	. OR			
(2) Unsworn Declara	ation				
My name is			, and my date of birth is		······································
My address is					·
	(street)		, ,	e) (zip code) (country)	
Executed in	County, State	e of, on the	day of(month)	, 20	
			(monut)	(your)	
			Signature of Local Govern	nment Officer (Declarant)	

FORM CIS

This questionnaire re	flects changes made to the	ne law by H.B. 23,	, 84th Leg.,	Regular Ses	sion.	OFFICE	USEONL	•
government officer l	o the appropriate local has become aware of fac Chapter 176, Local Gove	cts that require th				Date Received		OFFICE OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF
1 Name of Local G	overnment Officer							
Veanna Veasey						850 870		N.J
2 Office Held				THE REAL PROPERTY OF THE PROPE			CED CED	
DISD Trustee								Bene ange etera
	escribed by Sections 1	76.001(7) and 17	6.003(a), L	ocal Gover	nment			SUPERITURE
N/A	e nature and extent of ea		****					
4 Description of th with vendor nam		ach employment	or other b	usiness rela	ationshi	o and each fan	nily relation	ship
	ed by the local governm ned in item 3 exceeds \$							
Date Gift Accepte	ed Des	cription of Gift _						
Date Gift Accepte	ed Des	cription of Gift _						
Date Gift Accepte	ed Desc	ription of Gift						
	(a	ttach additional fo	orms as ne	cessary)				
	to each family member (as also acknowledge that this s Government Code.	Particular de la company de la	e 12-month p	eriod describe	d by Sect	ien 176.003(a)(2)	(B), Local	er. I
	Ple	ease complet	e either	option be	low:			
(1) Affidavit								
NOTARY STAMP/SE	AL							
Sworn to and subscribe	d before me by Veanna Vea	sey this the 9 day	of September	, 2024, to cer	tify which,	witness my hand	and seal of of	fice.
10								
Kaulle. 12	aller	Rachel L. Baker		and the same that the same		Company William Systems	dent Secretary	
Signature of officer adminis	ering oath Pr	inted name of officer		oath		Title of office	r administering	, oath
ATHREW SHIPS FOR		OF						
(2) Unsworn Declarat	ion							
My name is		7-7-21	, and r	my date of bir	th is			
My address is					.,	_,		······································
	(street)			(city)		(zip code)	(country)	
Executed in	County, State of		on the	day of	nonth)	, 20 (vear)		
			<u>Valimentalistas musi</u>				clarant\	
			Sig	nature of Loc	ai Govern	ment Officer (De	uaranı)	

FORM CIS

This questionnaire	reflects changes ma	de to the law by H	.B. 23, 84th Leg	g., Regular Sessi	ion.	OFFICE	USEONL	Y
This is the notice government office in accordance with	r has become awa	e of facts that req	uire the officer			Date Received		14 02 14 02 14 16 16 16 16 16 16 16 16 16 16 16 16 16
	Government Office	***************************************	ua en nestament lunco e sano es terro en el saco					
Jonathan Mills						EQ.	2073	H
2 Office Held								2
DISD Trustee						€		
3 Name of vendor Code	described by Sec	tions 176.001(7) a	ind 176.003(a),	Local Governi	ment	Ĺ		SUPERINTENDENT'S
N/A	he nature and exte							
with vendor na	med in item 3.							
	ted by the local g med in item 3 exc							
Date Gift Accep	oted	_ Description of	Gift					
Date Gift Accep	oted	_ Description of	Gift					
Date Gift Accep	ted	Description of G	ift					
		(attach additi	onal forms as ı	necessary)				
		ber (as defined by S hat this statement co		period described	by Section		(B), Local	cer. I
		Please con	nplete eithe	r option bel	ow:			
(1) Affidavit								
NOTARY STAMP/S	SEAL							
Sworn to and subscrib	oed before me by Jor	athan Mills this the 9	day of September	er, 2024, to certify	which, w	itness my hand a	nd seal of off	ice.
1000000	-d.							
Kaulle, Pr	lle		L. Baker			AUTHORIS CANADA	dent Secretar	
Signature of officer admin	istering oath	Printed name of	officer administering	ng oath		litle of office	r administerin	g oath
(2) Unsworn Declar	ation		OR					
My name is			, an	d my date of birth	ı is			
My address is						,, _		
	(620)	reet)		(city)	3 (5)	(zip code)	(country)	
Executed in	County,	State of	, on the	day of (mo	onth)	, 20 (year)		
			-	Signature of Local			clarant)	-

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 176, Local Government Code.						Date Received		OFFIC M
1 Name of Local	Government Offic	er					7202	φ
Kenna Cotton						ENDER ON E		2
2 Office Held								
DISD Trustee							SE	fecas vings Afters vinus of cut
3 Name of vendor Code	described by Sec	ctions 176.001(7) ar	nd 176.003(a),	Local Gover	nment	Û	Same and the same	SUPERINTENDENTS
N/A								
4 Description of t with vendor na		ent of each employ	ment or other	business rela	ationshi	p and each fam	ily relation	ship
		government officer ceeds \$100 during t						
Date Gift Accep	oted	Description of 0	Gift					
Date Gift Accep	ited	Description of (Gift					
Date Gift Accep	ted	_ Description of Git	ft					
		(attach additio	nal forms as n	ecessary)				
		mber (as defined by Se that this statement cover	ers the 12-month	period describe	ed by Sect	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	B), Local	er. I
		Please com	plete either	r option be	low:			
(1) Affidavit								
NOTARY STAMP/S	EAL							
Sworn to and subscrib	ed before me by Ke	enna Cotton this the 9	day of September	, 2024, to certif	fy which, w	vitness my hand ar	d seal of offic	е.
Variable Por	uliu)	Rachel L.	Raker			Superintens	ent Secretary	
Signature of officer admin	istering oath		officer administering	g oath		Title of officer		
			OR				W. Harris	
(2) Unsworn Declar	ation							
My name is			, and	d my date of bir	th is			
My address is					_1			
	2	treet)		(city)		(zip code)	(country)	
Executed in	County	, State of	, on the	day of (n	nonth)	, 20 (year)		
			s	Signature of Loc	al Govern	ment Officer (Dec	larant)	

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 176, Local Government Code.	Date Received UI
Name of Local Government Officer	
Corey Magliolo	
2 Office Held	
DISD Trustee	SEP SEP
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	SEP 0 9 20%.
N/A	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	
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 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)	
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this statement covers the 12-month period described by Section Government Code. Signature of Local of Signature of	e) of this local government officer. I tion 176,003(a)(2)(B), Local
Please complete either option below:	
(1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Corey Magliolo this the 9 day of September, 2024, to certify which,	witness my hand and seal of office.
Rachel L. Baker	Superintendent Secretary
ignature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR OR	
2) Unsworn Declaration	
My name is, and my date of birth is	•
Лy address is,,,	
) (zip code) (country)
executed in County, State of, on the day of	, 20 (year)
Signature of Local Govern	nment Officer (Declarant)

FORM CIS

This questionnaire re	eflects changes ma	de to the law by H.B. 2	23, 84th Leg., Regula	ır Session.	OFFICE	USE ONLY
government officer	has become awa	e local governmental re of facts that require al Government Code.			Date Received	
1 Name of Local G	overnment Office	er				
Jessica Rodrigu	Jez					
2 Office Held	Automotive and the control of the co	West and the State of the State				
DISD Trustee						
	described by Sec	tions 176.001(7) and	176.003(a), Local C	overnment		
Code						Bedser D
N/A						
4 Description of the with vendor name		ent of each employme	nt or other busines	ss relationshi	p and each far	nily relationship
		overnment officer an eeds \$100 during the				
Date Gift Accept	.ed	_ Description of Gift	t	December 1981		
Date Gift Accept	ted	_ Description of Gift				
Date Gift Accepte	ed	_ Description of Gift _				
		(attach additional	forms as necessar	ry)		
		nber (as defined by Section hat this statement covers	the 12-month period d	escribed by Sect	tion 176.003(a)(2)(B), Local
		Please compl	ete either optio	n below:		
(1) Affidavit		•	•			
NOTARY STAMP/SE	EAL					
Sworn to and subscribe	ed before me by Jes	ssica Rodriguez this the 9	day of September, 20	24, to certify which	ch, witness my ha	and and seal of office
Ramel Ba	lle	Rachel L. Ba	ker		Superinter	ndent Secretary
Signature of officer adminis	stering oath	2000 De 14 DE 200 DE 20	er administering oath			er administering oath
			OR			
(2) Unsworn Declara	tion					
Mv name is			and my date	e of birth is	31	
						NACH WENT CONTROL OF C
		reet)	(city)	(state)	(zip code)	(country)
Executed in	County,	State of	, on the day	of(month)	, 20(year)	_ :
			Signature	of Local Govern	ment Officer (De	eclarant)

FORM CIS

This questionnaire refle	ects changes made to the law by H.B. 23, 84	4th Leg., Regular Session.	OFFICE USE ONLY
government officer ha	the appropriate local governmental entities become aware of facts that require the chapter 176, Local Government Code.	,	Date Received
1 Name of Local Gov			
Mary Anthamatten			
2 Office Held			
DISD Trustee			
	scribed by Sections 176.001(7) and 176.0	003(a), Local Government	SUPERNTENDENTS
N/A			T.52
4 Description of the i with vendor named	nature and extent of each employment or d in item 3.	other business relationshi	p and each family relationship
	by the local government officer and and in item 3 exceeds \$100 during the 12-r		
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional form	ns as necessary)	
al	e each family member (as defined by Section 176 lso acknowledge that this statement covers the 12 overnment Code.		tion 176.003(a)(2)(B), Local
	Please complete	either option below:	
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed I	before me by Mary Anthamatten this the 9 day of	of September, 2024, to certify which	ch, witness my hand and seal of office.
Raylly Bally	Rachel L. Baker		Superintendent Secretary
Signature of officer administer		ninistering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaratio	n		
My name is		, and my date of birth is	
My address is			
	(street)) (zip code) (country)
executed in	County, State of, on	the day of (month)	, 20 (year)
		Signature of Local Govern	ment Officer (Declarant)