#### **CONFLICT OF INTEREST QUESTIONNAIRE**

FORM CIQ

For vendor doing business with local governmental entity

	, .,
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).	Date Received
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.	
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.	·
Name of vendor who has a business relationship with local governmental entity.	
Matagorda Fire Extinguisher, LLC.	
Check this box if you are filing an update to a previously filed questionnaire. (The law recompleted questionnaire with the appropriate filing authority not later than the 7th business you became aware that the originally filed questionnaire was incomplete or inaccurate.)	s day after the date on which
Name of local government officer about whom the information is being disclosed.	
Christy A Bishop	
Name of Officer	
Describe each employment or other business relationship with the local government offi officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship wit Complete subparts A and B for each employment or business relationship described. Attac CIQ as necessary.	h the local government officer.
Christy Bishop is the spouse of Clay Bishop, the owner of Matagorda F	Flre Extinguisher, LLC.
A. Is the local government officer or a family member of the officer receiving or I other than investment income, from the vendor?	ikely to receive taxable income,
X Yes No	
B. Is the vendor receiving or likely to receive taxable income, other than investment of the local government officer or a family member of the officer AND the taxable local governmental entity?	t income, from or at the direction income is not received from the
Yes X No	
Describe each employment or business relationship that the vendor named in Section 1 m other business entity with respect to which the local government officer serves as an ownership interest of one percent or more.	naintains with a corporation or officer or director, or holds an
Fire Extinguisher inspections, sales and maintenance	
Check this box if the vendor has given the local government officer or a family member as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(2)(B) and the control of	of the officer one or more gifts 003(a-1).
$\frac{7}{2}$	
Signature of vendor doing business with the governmental entity	·
Tomas do not do not generally with the governmental entity	Date

FORM CIS

	e to the law by H.B. 23, 84th Leg., Regular Ses	l O	FFICE USE ONLY
This is the notice to the appropriate I government officer has become aware in accordance with Chapter 176, Local	local governmental entity that the following of facts that require the officer to file this stat Government Code.	local Date Rec	eived
1 Name of Local Government Officer			
Christy A Bishop			
2 Office Held	***************************************		
Matagorda ISD School Board M	ember		
**************************************	ons 176.001(7) and 176.003(a), Local Gover	nment	
Matagorda Fire Extinguisher, LLC.			
with vendor named in item 3.	t of each employment or other business rel		ch family relationship
Owner of Matagorda Fire	Extinguisher is the Spouse of Christy B	ishop	
5 List gifts accepted by the local government from vendor named in item 3 exceeds	vernment officer and any family member, it eds \$100 during the 12-month period descr	aggregate value ibed by Section	e of the gifts accepted 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)		
	er (as defined by Section 176.001(2), Local Government this statement covers the 12 month period described Signature		03(a)(2)(B), Local
	Please complete either option be	low:	
(1) Affidavit	opilon State of the State of th		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by	this	the day	y of
20, to certify which, witness my ha	and 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 Christy A Bishop	, and my date of bi	th is 08/08/197	5
My address is 121 Private Rd 638	Matagorda	TX 7745	
(stree Executed in Matagorda County, St	tate of Texas , on the 4 day of M	(state) (zip coarch , 20	ode) (country) 24 (year)
	Signature of Lo	al Sovernment Offic	cer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing 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 176, Local Government Code.	
Name of Local Government Officer	<del></del>
E Tina c Keen	
2) Office Held	
Vice Pres- MISP	
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 relations with vendor named in item 3.	hip and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described between the second seco	
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 Coalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coalso Signature of Local Government Coalso Signature Octobro	
Please complete either option below:	
(1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by this the	day of
20, 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	
	4
	te) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Cov	organit Officer (Declarant)

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
Name of Local Government Officer	
Catherine Gann	
2 Office Held	
Secretary	]
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
List gifts accepted by the local government officer and any family member, if aggre- 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	A STATE OF THE STA
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 ack to each family member (as defined by Section 176.001(2), Local Government Coc also acknowledge that this statement covers the 12-month period described by Se Government Code.	le) of this local government officer. I ction 176.003(a)(2)(B), Local
TINA C KEEN Notary ID #12#76#36 complete either option below: My Commission Expires January 11, 2027  NOTARY STAMP/SEAL	Government Officer
λ `	Olh my Colo
Swom to and subscribed before me by this the	<b>X1h</b> day of <u>le lo</u> .
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	
	te) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
	ernment Officer (Declarant)

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
Name of Local Government Officer	
RIKKI STANley	
2 Office Held	
MISO PRESIDENT	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
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	gate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift 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 this statement covers the 12-month period described by Section 176.001(2), Local Government Code.	e) of this local government officer. I stion 176.003(a)(2)(B), Local
TINA C KEEN Notary ID #128436487 My Commission Expires Please complete either option below: January 11, 2027	Government Officer
NOTARY STAMP/SEAL	
λ., μ	oi. Ci
Sworn to and subscribed before me by	8H day of Kb
20 25, 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 $R$ , $KK$ , $STAW/EY$ , and my date of birth is	1 June 1948
My address is NO But 631 , MATA gorda, 7	7. 1748/ USA.
(street) (city) (state	e) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Gover	roment Officer (Declarant)

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
Name of Local Government Officer	
CHEKSTINA TREYBIG	
2 Office Held	
MATAGORDA ISD BOARD MEMBER	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code N A	
1 *	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. $ N \mid k $	
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	00001011 170.000(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)	
TINA C KEEN Please complete either option below:  Notary ID #128436487 My Commission Expires January 11, 2027	
20, to certify writers, withess my rand and scaror 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	
•	e) (zip code) (country)
Executed in County, State of , on the day of (month)	
(month)	(year)
Signature of Local Gove	rnment Officer (Declarant)

FORM CIS

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  Catherine Canh  2 Office Held  Secretary  3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government
Catherine Gann  2 Office Held  Socretical
2 Office Held
2 Office Held
Secretary
Al
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.
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)
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
TINA C KEEN Notary 1D #128436487 P ease complete either option below: My Commission Expires January 11, 2027
NOTARY STAMP/SEAL
Sworn to and subscribed before me by
20 23, 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 Catherine Gan, and my date of birth is 08/21/1958.
My address is P.O. Box 94 . Metagode, R. 77457.
(street) (city) (state) (zip code) (country)
Executed in County, State of, on the day of, 20  (month) (year)
Signature of Local Government Officer (Declarant)