## 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.					
1 1	Name of Local Government Officer				
	Katherine Smith				
2 (	Office Held			7	
	Nutrition Coordina	ator			
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code					
1	N/A				
4 1	Description of the nature and extent of employment or other business relationship with vendor named in item 3				
	N/A				
			and any family member, if aggreg		
]	from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).				
	Date Gift Accepted N/A		ift N/A		
	Date Gift Accepted	ADescription of G	ift N/A		
	Nate Gift Accepted	/A Description of G	iftN/A		
(attach additional forms as necessary)					
6	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 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.				
Katherine Smith (Jun 9, 2021 16:52 CDT)					
	Signature of Local Government Officer				
My name is katherine Smithin, my date of birth is _n/a, and my address is,					
(City) (State) (Zip Code) and Frisco, TX 75035. I declare under penalty of perjury that the foregoing is true (Country) and correct. Executed in					
_Harris_ County, State ofTX, on the13 day of _May,2021 (Month) (Year) _Katherine Smith Declarant"					
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