FORM CIS

(g		
This questionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
1 Name of Local Government Office	r	
CHANNING BOOKER		
2 Office Held		
Brady Independent School Dis	trict Single Member District 1	
3 Name of vendor described by Sec	ctions 176.001(7) and 176.003(a), Local Government	Code
NA		
4 Description of the nature and ext	ent of each employment or other business relations	hin and each family relationship
With vendor named in item 3.	on cach employment of other business relations	mp and caon family rotationemp
NA		
	overnment officer and any family member, if aggreem 3 exceed \$100 during the 12-month period desc	
Date Gift Accepted	Description of Gift	
Data Cit Asserted	Description of Oife	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement	is true and correct. I acknowledge
	that the disclosure applies to a family member (as defin	ned by Section 176.001(2), Local
	Government Code) of this local government officer. I also covers the 12-month period described by Section 176	
BARBARA LANDRY	Code.	
Notary Public STATE OF TEXAS	Chair B.	ek_
(D#00875606-5 My Comm. Exp. Juna 25, 2024	- Contract of the contract of	0
Suggestion of the second	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABO	VE A L	2
Sworn to and subscribed before me, by the	said Channing Broker	, this theday
of June 20 23, to c	ertify which, witness my hand and seal of office.	2
Barbara Landry	Barbara Landry B	Hesiness Manager
Signature of officer administering oath	Printed name of officer administering oath T	Title of officer administering oath

FORM CIS

This questionnaire reflects changes ma	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	te local governmental entity that the following local are of facts that require the officer to file this statement all Government Code.	Date Received
1 Name of Local Government Office	er	
WILL ENGER		
2 Office Held		
Brady Independent School Di	strict Single Member District 2	
	-	
3 Name of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Government	Code
NA		
Description of the nature and ex With vendor named in item 3.	tent of each employment or other business relations	hip and each family relationship
NA		/A
,		
	government officer and any family member, if aggre	
Section 176.003(a)(2)(B)	item 3 exceed \$100 during the 12-month period desc	ribea by
Date Gift Accepted		
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement	is true and correct. I acknowledge
	that the disclosure applies to a family member (as defin	ned by Section 176.001(2), Local
	Government Code) of this local government officer. I also covers the 12-month period described by Section 176	
BARBARA LANDRY	Code.	51
Notary Public STATE OF TEXAS	1/11/1/2	400-
ID#00079606-5 My Comm. Exp. June 25, 2024	ori fl.	7
	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL AB		
Sworn to and subscribed before me, by the	e said Will Enger	, this the <u>19th</u> day
of June 20 23, to	certify which, witness my hand and seal of office.	
Barbara Landres	Barbara Landry B	usiness Wonacer
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made	le to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	local governmental entity that the following local e of facts that require the officer to file this statement Government Code.	Date Received
Name of Local Government Office	г	
REED WILLIAMS		
2 Office Held		
Brady Independent School Dist	rict Single Member District 3	
3 Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
Brady National Bank		
Description of the nature and extermination With vendor named in item 3.	ent of each employment or other business relations	hip and each family relationship
CEO		
	overnment officer and any family member, if aggreem 3 exceed \$100 during the 12-month period desc	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
DARBARA LANDRY Notary Public STATE OF TEXAS ID#00078608-5 Mr. Comm. Exp. June 25, 2024	I swear under penalty of perjury that the above statement that the disclosure applies to a family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176 Code. Signature of Local	ned by Section 176.001(2), Local o acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABO Sworn to and subscribed before me, by the	Read TIDDE	, this theday
of June 20 23, to c	ertify which, witness my hand and seal of office.	Business and
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
÷	·	-

FORM CIS

(matructions for completing and liling	inis form are provided on the flext page.)	
This questionnaire reflects changes ma	OFFICE USE ONLY	
	e local governmental entity that the following local be of facts that require the officer to file this statement al Government Code.	Date Received
1 Name of Local Government Office	r	
ERIC BIERMAN		
-		
2 Office Held		
Brady Independent School Dis	rict Single Member District 4	
3 Name of wonder desprished by Soc	** 470 004/7\ 470 002/a\	0-4-
NA	ctions 176.001(7) and 176.003(a), Local Government	Code
IVA		
	ent of each employment or other business relationsl	hip and each family relationship
─ With vendor named in item 3. NA		
IVA		
	overnment officer and any family member, if aggre	
Section 176.003(a)(2)(B)	em 3 exceed \$100 during the 12-month period descr	ribed by
Date Gift Accepted	Description of Gift	
Data Ciff Assessed	Description of Oth	
Date Gill Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement i	is true and correct. I acknowledge
	that the disclosure applies to a family member (as define Government Code) of this local government officer. I also	
	covers the 12-month period described by Section 176.	
BARBARA LANDRY	Code.	
Notary Public STATE CF TEXAS ID#00879606-5	Ma Dellano	le_
My Comm. Exp. June 25, 2024	Signature of Local (Government Officer
ASSIV NOTABY STAMP / SEAL ADO		
AFFIX NOTARY STAMP / SEAL ABO	Enia Bin	19.1
Sworn to and subscribed before me, by the	ertify which, witness my hand and seal of office.	, this theday
Barles L. I.	D	Wans
10 WWW orandy	Barbara Landry D	usiness of regel
Signature of officer administering oath	Printed name of officer administering oath Ti	itle of officer administering oath

FORM CIS

(Instructions for completing and filling t	this form are provided on the next page.)	
This questionnaire reflects changes made	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local be of facts that require the officer to file this statement all Government Code.	Date Received
Name of Local Government Office	r	
CAYCE RAYBION		
2 Office Held		
Brady Independent School Dist	rict Single Member District 5	
Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	: Code
	g & Restoration and Customize -It	
Description of the nature and extended With vendor named in item 3.	ent of each employment or other business relations	hip and each family relationship
Owner		
	overnment officer and any family member, if aggre em 3 exceed \$100 during the 12-month period desci	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	-2
Date Gift Accepted	Description of Gift	5
61	(attach additional forms as necessary)	
BARBARA LANDRY Notary Public STATE OF TEXAS IDMG/B739508-5 My Comm. Exp. Jone 25, 2024	I swear under penalty of perjury that the above statement that the disclosure applies to a family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176 Code. Signature of Local Code.	ned by Section 176.001(2), Local o acknowledge that this statement
Sworn to and subscribed before me, by the of	Can Ra Aug	, this theday
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

(mode deterror for completing and ming t	nie ferri die previded en the flext page.)	
This questionnaire reflects changes mad	OFFICE USE ONLY	
	local governmental entity that the following local e of facts that require the officer to file this statement I Government Code.	
1 Name of Local Government Office	r	1
CONNIE LOCKLEAR		
2 Office Held		
Brady Independent School Dist	rict Single Member District 6	
3 Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	t Code
NA		
 Description of the nature and extended With vendor named in item 3. 	ent of each employment or other business relations	ship and each family relationship
NA		
	overnment officer and any family member, if aggreem 3 exceed \$100 during the 12-month period desc	
Date Gift Accepted	Description of Gift	
×		
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
EARBAHA LANDRY Notary Public STATE OF TEXAS ID#00379676-5 tay Comm. Exp. June 25, 2024	I swear under penalty of perjury that the above statement that the disclosure applies to a family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176 Code. Signsture of Local Signsture of Local Code.	ned by Section 176.001(2), Local so acknowledge that this statement
	Signature of Local	Government Officer
Sworn to and subscribed before me, by the	Con Labor	, this theday
of July , 20 23 , to c	ertify which, witness my hand and seal of office.	
Barbara Landry	Barbara Landry	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

(matrictions for completing and filling this	s form are provided on the flext page.	
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.		OFFICE USE ONLY
	ocal governmental entity that the following local of facts that require the officer to file this statement Government Code.	Date Received
1 Name of Local Government Officer		
COLBY HUFFMAN		
2 Office Held		
Brady Independent School Distric	t Single Member District 7	
Name of vendor described by Section	ons 176.001(7) and 176.003(a), Local Government	Code
NA		
Description of the nature and exten With vendor named in item 3.	t of each employment or other business relations	hip and each family relationship
NA		
	vernment officer and any family member, if aggre n 3 exceed \$100 during the 12-month period descr	
Date Gift Accepted [Description of Gift	
D 4- 0:4 A	200	
Date Gift Accepted L	Description of Gift	
Date Gift Accepted	Description of Gift	1
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement is	is true and correct. I acknowledge
	that the disclosure applies to a family member (as defin	ned by Section 176.001(2), Local
	Government Code) of this local government officer. I also covers the 12-month period described by Section 176	
BARBARA LANDRY Notary Public	Code.	/
STAT OF TEXAS DECORRES SEE My Comm. Ext. Juna 25, 2024	(owyst.	Mana
My COHILL TO 19416	Signature of Local	Ouranment Officer
	Signature of Essain	Government Onice
AFFIX NOTARY STAMP / SEAL ABOVE	A 61 11 11	11
Sworn to and subscribed before me, by the sa	id Colley Duffman	, this theday
of June 20 23 to cert	tify which, witness my hand and seal of office.	0
Barbara Landrey	Barbara Lundry Pa	dusinese Managin
Signature of officer administering oath	Printed name of officer administering oath T	Fitle of officer administering oath

FORM CIS

(instructions for completing and filling	this form are provided on the next page.)	
This questionnaire reflects changes ma	OFFICE USE ONLY	
	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
1 Name of Local Government Office	≥ Γ	
HECTOR MARTINEZ		
2 Office Held		
Brady Independent School Dis	trict Superintendent of Schools	
3 Name of condendary described by O.		
-	ctions 176.001(7) and 176.003(a), Local Government	. Code
NA		
4 Description of the nature and ext	ent of each employment or other business relations	hip and each family relationship
■ With vendor named in item 3.		
NA		
	overnment officer and any family member, if aggre em 3 exceed \$100 during the 12-month period descr	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	•	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement i	is true and correct. I acknowledge
	that the disclosure applies to a family member (as defin Government Code) of this local government officer. I also	
	covers the 12-month period described by Section 176	•
BARBARA LANDRY	Code.	
Notary Public STATE OF TEXAS ID#00679806-5	Hate Mark	1
My Comm. Exp. Jens 25, 2024	Signature of Local of	Government Officer
AFFIX NOTABY STAMP / SEAL ARE		
AFFIX NOTARY STAMP / SEAL ABO	llest marti	2011
Sworn to and subscribed before me, by the	X .	, this the
B41. 1	ertify which, witness my hand and seal of office.	· •
Touward dandry	Barbara Landry B	usness " unager
Signature of officer administering oath	Printed name of officer administering oath T	itle of officer administering oath