LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

	de 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 local. Government Code.	Date Received
Name of Local Government Office	r	
Joseph Shan	ie Wimmer	
School Board		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
Memorial Hospital		
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.		
Dire I Serve as director of rehab for Memorial Hospital and the hospital Serves as the therapy provider to school. A small portion of my income comes from that relationship.		
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).		
nom vendor named in item 3 exce	eas \$100 daming 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)	
AFFIDAVIT	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined as defined as the statement of the s	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the of	certify which, witness my hand and seal of office. Andy Black N	CINDY BLACK Notary Public STATE OF TEXAS My Comm, Exp. 12-16-2018 Otary Tublic Title of officer administering oath