

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.

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.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Lori Carroll

2 Office Held

Health & Physical Education Coordinator

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

QuaverEd INC

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

Content advisor for curriculum development

5 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 06/30/20 Description of Gift \$420

Date Gift Accepted 07/15/20 Description of Gift \$560

Date Gift Accepted 08/15/20 Description of Gift \$400

(attach additional forms as necessary)

6 SIGNATURE

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

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 Lori Carroll, and my date of birth is 01/11/1967.

My address is 23910 Spring Dane Dr., Spring, TX, 77373, USA.
(street) (city) (state) (zip code) (country)

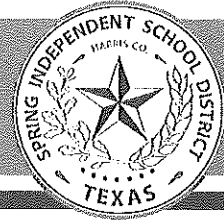
Executed in Harris County, State of Texas, on the 26th day of February, 2021.
(month) (year)

Signature of Local Government Officer (Declarant)

Spring Independent School District

Health & Physical Education Department

16717 Ella Blvd. • Houston, Texas 77090 • Tel. 281.891.6159



Continued list of gifts accepted by the local government officer (Lori Carroll):

| | | |
|---------------------|----------|----------------------------|
| Date Gift Accepted: | 10/30/20 | Description of Gift: \$200 |
| Date Gift Accepted: | 11/15/20 | Description of Gift: \$70 |
| Date Gift Accepted: | 12/15/20 | Description of Gift: \$210 |
| Date Gift Accepted: | 12/30/20 | Description of Gift: \$60 |