LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)			
1	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	Name of Local Government Officer	RECEIVED	
	Cheryl Knape Office Held	JUL 1 8 2018	
2	Office Held	LVIN COMMUNITY COLLEG	
	Regent		
3	1	Code	
	Duef Cast Saize anana Clinic		
4	Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship	
	Spacese		
5	tion give accepted by the local government difficer and any family member, it addredate value of the diffe 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)		
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.		
	TAMMY GIFFROW)(2)(B), Local Government Code.	
	My Notary ID # 2581708 Explras October 26, 2019	2060	
	Signature of Local G	Government Officer	
	AFFIX NOTARY STAMP / SEAL ABOVE	Usta	
Sworn to and subscribed before me, by the said		, this the day	
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	Sommer Start Trans Giffon Exec	Admin Aceistan	
	Signature of office of the side of the sid	tle of officer administering oath	