CONFLICTS DISCLOS	T OFFICER SURE 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. 1491, 80th Leg., Regular Session.		OFFICE USE ONLY	
in accordance with Chapter 176, Local Government Code.		Date Received	
		CITY OF WESLACO JAN 2 0 2015 CITY SECRETARY'S OFFICE	
Office Held Commissioner Dist.	2		
	tions 176.002(a) and 176.003(a), Local Government	t Code	
Jones, Galligan, Key, s	+ Lozano, LLP		
Conprojecto de sinto.	my at IGW Toth Gbore, Retain Knopp Medical Cente	- regarding VIII, creasi	
	overnment officer and any family member, exclud the gifts accepted from person named in item 3 ex	ling gifts described by Section	
176.003(a-1), if aggregate value of period described by Section 176.0	overnment officer and any family member, exclud the gifts accepted from person named in item 3 ex	ling gifts deścribed by Section ceed \$250 during the 12-month	
176.003(a-1), if aggregate value of period described by Section 176.0 Date Gift Accepted	overnment officer and any family member, excluc the gifts accepted from person named in item 3 ex 003(a)(2)(B)	ling gifts deścribed by Section ceed \$250 during the 12-month	
176.003(a-1), if aggregate value of period described by Section 176.0         Date Gift Accepted         Date Gift Accepted	overnment officer and any family member, exclud the gifts accepted from person named in item 3 ex 003(a)(2)(B) Description of Gift Description of Gift	ling gifts deścribed by Section ceed \$250 during the 12-month	
176.003(a-1), if aggregate value of period described by Section 176.0	overnment officer and any family member, exclud the gifts accepted from person named in item 3 ex 003(a)(2)(B) Description of Gift Description of Gift	ling gifts deścribed by Section ceed \$250 during the 12-month	
176.003(a-1), if aggregate value of period described by Section 176.0         Date Gift Accepted         AFFIDAVIT         My Comm. Expires         January 31, 2015         January 31, 2015         January 31, 2015	overnment officer and any family member, excluding the gifts accepted from person named in item 3 excluding the gifts accepted from pe	ling gifts described by Section ceed \$250 during the 12-month is true and correct. I acknowledge ned by Section 176.001(2), Local o acknowledge that this statement	
176.003(a-1), if aggregate value of period described by Section 176.0         Date Gift Accepted         AFFIDAVIT         My Comm. Expires         My Comm. Expires         January 31, 2015         January 31, 2015         Sworm to and subscribed before me, by the formation of the second subscribed before me, by the second subscribed before m	overnment officer and any family member, exclude the gifts accepted from person named in item 3 ex 203(a)(2)(B) Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) 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 als covers the 12-month period described by Section 176.003 Magaalana Signature of Local VE ne said	ling gifts described by Section aceed \$250 during the 12-month is true and correct. I acknowledge ned by Section 176.001(2), Local o acknowledge that this statement B(a), Local Government Code.	
176.003(a-1), if aggregate value of period described by Section 176.0         Date Gift Accepted         AFFIDAVIT         My Comm. Expires         January 31, 2015         January 31, 2015         January 31, 2015         Sworg to and subscribed before me, by the second	overnment officer and any family member, exclude the gifts accepted from person named in item 3 ex 203(a)(2)(B) Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) 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 als covers the 12-month period described by Section 176.003 Magaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	Ing gifts described by Section acceed \$250 during the 12-month is true and correct. I acknowledge ned by Section 176.001(2), Local o acknowledge that this statement 8(a), Local Government Code.	

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. 1491, 80th 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.	Date Received		
1 Name of Local Government Officer	- ACU		
Gragory P. Kerr	OTTY OF WESL JAN 20 2015 OTTY SECRETARY'S OFFICE		
2 Office Held	n an gui Alexan an ann an ann an stàinn an gui ann an ann an ann an ann an ann an ann ann ann an a		
Commissioner Dist 2			
3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code			
Jores Galligny, 144 & Lozano, LLP			
4 Description of the nature and extent of employment or other business relationship with person named in item 3			
Employed as attoray at law with above firm, who represents Knapp			
Medical Center wether regarding VII. Report-serves 2008A+2008B band			
<ul> <li>List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)</li> </ul>			
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 (attach additional forms as necessary) 6 AFFIDAVIT (attach additional forms as necessary) 1 swear under penalty of perjury that the above statement that the disclosure applies to a family member (as defind Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003 AFFIX NOTARY STAMP / SEAL ABOVE	ned by Section 176.001(2), Local o acknowledge that this statement		
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Greatly Return</u> of <u>Hatam</u> , 20 <u>S</u> , to certify which, witness my hand and seal of office. <u>Hatam</u> Signature of officer administering oath Printed name of officer administering oath	, this the <u>205</u> day <u>Cathe Secondar</u> Title of officer administering onth		

LOCAL GOVERNMENT OFFICER FORM CIS CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.) This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. **OFFICE USE ONLY** This is the notice to the appropriate local governmental entity that the following local Date Received 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 Graging P. Kerr 2 Office Held OMMIGSIONE Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code 3 Description of the nature and extent of employment or other business relationship with person named in item 3 attoring at law with above firm represents 96 Employed Donna regarding items potenhally discussed in VII.E. in executive List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 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) Elizaber 1 AFFIDAVIT 6 WWWWITH WW 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 defined by Section 176.001(2), Local My Comm. Expires Government Code) of this local government officer. I also acknowledge that this statement January 31, 2015 covers the 12-month period described by Section 176.003(a), Local Government Code. Minner W Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE , this the dC Sworn to and subscribed before me, by the said dav to certify which itness my hand and seal of office. 20 Walker Cm Signature of officer administering oath Printed name of officer administering oath

Adopted 06/29/2007