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 government officer has become aware of facts that require the officer to file this statement Date Received in accordance with Chapter 176, Local Government Code. Name of Local Government Officer Gregory P. Kerr 2 Office Held Weslaco City Commission - District 2 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code Jones, Galligan, Key + Lozano, LLP Description of the nature and extent of employment or other business relationship with person named in item 3 City Commissioner is an employee of the above-named firm who represents a party involved in Hemit III Ataflus litigation related to items III.C., III.D., VI.D, VI.E, + VII.L. 5 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) 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 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), Local Government Code. ELIZABETH MEREDITH WALKER Notary Public, State of Texas My Commission Expires January 31, 2019 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 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

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