

**LOCAL GOVERNMENT OFFICER
CONFLICTS DISCLOSURE STATEMENT**

FORM CIS

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

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

Michael S. Richard

2 Office Held

BOARD OF TRUSTEES - LCISD

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

SOUTH TEXAS MEDICAL CLINIC, PA.

4 Description of the nature and extent of employment or business relationship with person named in item 3

EMPLOYEE / CFO

5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

Date Gift Received _____	Description of Gift _____	<input type="checkbox"/> Did Not Accept Gift
Date Gift Received _____	Description of Gift _____	<input type="checkbox"/> Did Not Accept Gift
Date Gift Received _____	Description of Gift _____	<input type="checkbox"/> Did Not Accept 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 a family member (as defined by Section 176.001(2), Local Government Code) of a government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(b), Local Government Code.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Michael S. Richard, this the 8 day of February, 2006, to certify which, witness my hand and seal of office.

Sheryl Rhodes

Signature of officer administering oath

Sheryl Rhodes

Printed name of officer administering oath

Notary Public

Title of officer administering oath