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
Name of Local Government Officer	
alicia Lacy-Castille 2 Office Held	
Board Trustee	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code	
NONE	
4 Description of the nature and extent of employment or business relationship with person named in item 3	
NONE	
5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250	
Date Gift Received Description of Gift	Did Not Accept Gift
Date Gift Received Description of Gift	Did Not Accept Gift
Date Gift Received Description of Gift	Did Not Accept Gift
(attach additional forms as necessary)	
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 officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(b), Local Government Code.  THERESA LYNN LOUDENBURG My Commission Expires September 23, 2018  Signature of Local Government Officer	
Sworn to and subscribed before me, by the said AICIA LACY - Castille, this the 15Th day of JUNE, 20 15, to certify which, witness my hand and seal of office.  There sa Loudenburg Notary  Signature of officer administering oath  Printed name of officer administering oath	