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. 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.	Date Received
1 Name of Local Government Officer	RECEIVED
Jeff Miller	NOV 10 2021
2 Office Held	Galena Park ISD Purchasing Dept
Trustoo	Contrained Dept
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Socomb Insurance Agency Inc.	
4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.	
Dwner	
List gifts accepted by the local government officer and any family member, if aggregate value of the gifts 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.	
Signature of Local Government Officer	
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Jeff Miller</u> , this the <u>sth</u> day	
of	Notary Rubic

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