

**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.

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

RECEIVED
OCT 05 2015
11:00 AM NC

1 Name of Local Government Officer

DARYL L. FOWLER

2 Office Held

DEWITT COUNTY JUDGE

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

BRYAN NETHARY A/B/A ABN CONSTRUCTION

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

ABN CONSTRUCTION EMPLOYS MY SON, REAGAN FOWLER. AND HE HAS RECEIVED MORE THAN \$2,500 TAXABLE INCOME

IN PRECEDING
12 MO. PERIOD.

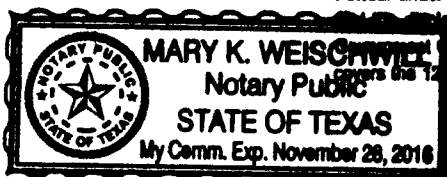
5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in Item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

Date Gift Accepted _____ Description of Gift _____
Date Gift Accepted _____ Description of Gift _____
Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this 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.



[Handwritten Signature]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DARYL L. FOWLER, this the 5TH day of OCTOBER, 20 15, to certify which, witness my hand and seal of office.

Mary K. Weischwill MARY K. WEISCHWILL NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath