

**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 JACK CHRISTIANA	
2 Office Held LCISD BOARD OF TRUSTEES	

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

4 Description of the nature and extent of employment or business relationship with person named in item 3
 MY WIFE'S COMPANY IS AN APPROVED VENDOR FOR SPEECH PATHOLOGY STAFFING SERVICES. CLINICAL COMMUNICATIONS

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

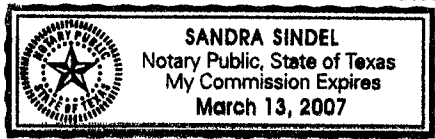
Date Gift Received _____ Description of Gift _____ Did Not Accept Gift

Date Gift Received _____ Description of Gift _____ Did Not Accept Gift

(attach additional forms as necessary)

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.



Jack Christiana

 Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jack Christiana, this the 19th day of January, 20 06, to certify which, witness my hand and seal of office.

Sandra Sindel Sandra Sindel Notary Public

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath