

CONFLICT OF INTEREST QUESTIONNAIRE

FORM

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

Security State Bank
~~*Security State Bank - Mark D. Noland*~~

2

Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

Security State Bank serves as the depository for Reagan County ISD. I am an officer of Security State Bank.
I serve on the board of Reagan County ISD as President.

4 Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

Security State Bank is the depository for Reagan County ISD.

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5 Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

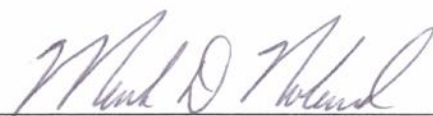
Yes No

D. Describe each affiliation or business relationship.

1) I am the President of the Board of Trustees of Reagan County I.S.D.
2) I serve as Vice President of Security State Bank which is the depository for Reagan County I.S.D.
3) My spouse is employed by Reagan County I.S.D. and was working there when I took office on the Reagan County I.S.D. Board of Trustees

6 Describe any other affiliation or business relationship that might cause a conflict of interest.

7



Signature of person doing business with the governmental entity



Date

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM

(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

Mark D. Noland

2 Office Held

President of Board of Trustees

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

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

Security State Bank serves as the depository for Reagan County IS. I serve as an officer of Security State Bank

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 Acc

Date Gift Received _____ Description of Gift _____ Did Not Acc

Date Gift Received _____ Description of Gift _____ Did Not Acc

(attach additional forms as necessary)

6 AFFIDAVIT

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



Mark D. Noland

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark D. Noland, this the 22nd of August, 2006, to certify which, witness my hand and seal of office.

Rita Blake

Rita Blake

Notary Public