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.

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
APR 22 2026
By: JJ

1 **Name of Local Government Officer**

Tara Bushnoe

2 **Office Held**

General Manager

3 **Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

Riverside Nature Center

4 **Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**

Board member 2016 - present

5 **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 **SIGNATURE** 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.

Tara M Bushnoe
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
TAMERA KAYE THOMPSON
Notary ID #126126501
My Commission Expires
May 25, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tara M. Bushnoe this the 22nd day of April, 20 26, to certify which, witness my hand and seal of office.

Tamera K Thompson | Tamera K. Thompson | Notary

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Local Government Officer (Declarant)

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.

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 04/22/2026

1 **Name of Local Government Officer**

Jonathan Letz

2 **Office Held**

Upper Guadalupe River Authority Board Director

3 **Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

Kerr County

4 **Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.** Mr. Letz is a consultant with Peter Lewis Architect who has a contract with Kerr County. UGRA has a grant agreement with Kerr County to rebate costs associated with the rainwater catchments system and filter strips which Mr. Letz will be facilitating completion of through his consulting role with Peter Lewis Architect.

5 **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 **SIGNATURE** 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

Please complete either option below:

(1) Affidavit

TAMERA KAYE THOMPSON
Notary ID #126126501
My Commission Expires
May 25, 2027
STATE OF TEXAS NOTARY PUBLIC

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jonathan Letz this the 22nd day of April, 20 26, to certify which, witness my hand and seal of office.

Tamera K. Thompson — Tamera K. Thompson — Notary

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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This questionnaire reflects changes made to the law by H.B. 23, 84th 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 04/22/2026

1 **Name of Local Government Officer**

Austin Dickson

2 **Office Held**

UGRA Board Secretary

3 **Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

The Community Foundation of the Texas Hill Country

4 **Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**

Chief Executive Officer

5 **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 **SIGNATURE** 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.

Austin D

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
TAMERA KAYE THOMPSON
Notary ID #126126501
My Commission Expires
May 25, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Austin Dickson this the 22nd day of April, 20 26, to certify which, witness my hand and seal of office.

Tamera K. Thompson — Tamera K. Thompson — Notary

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

(month) (year)

_____

Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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This questionnaire reflects changes made to the law by H.B. 23, 84th 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 04/27/2026

1 **Name of Local Government Officer**
Blake Smith

2 **Office Held**
UGRA Board Director

3 **Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**
The Community Foundation of the Texas Hill Country, Community and Culture Fund Committee

4 **Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**
Committee member

5 **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 **SIGNATURE** 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

NOTARY PUBLIC STATE OF TEXAS
TAMERA KAYE THOMPSON
Notary ID #126126501
My Commission Expires
May 25, 2027

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Blake Smith this the 27th day of April, 20 26, to certify which, witness my hand and seal of office.

Tamera K Thompson — Tamera K. Thompson — Notary

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Local Government Officer (Declarant)