

**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

Dr. Charlie Mohr

2 Office Held

Andrews ISD School Board Member

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

Andrews Vet Clinic

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

Shareholder

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

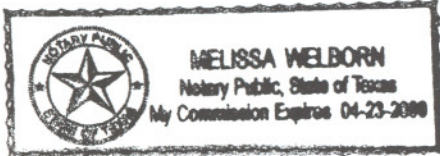
Date Gift Received _____ Description of Gift _____ Did Not Accept Gift

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.



Charlie O. Mohr

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charlie O. Mohr, this the 12th day of June, 2007, to certify which, witness my hand and seal of office.

Melissa Welborn Melissa Welborn Superintendent Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath