

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

**FORM CIS**

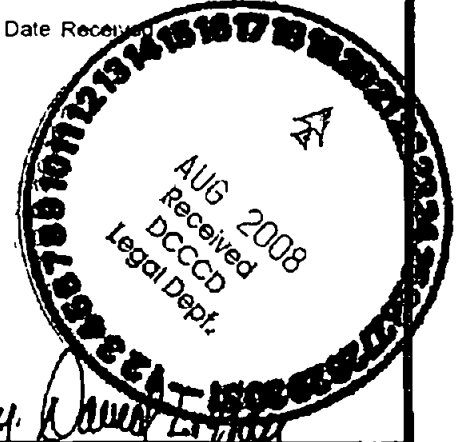
(Instructions for completing and filing this form are provided on the next page )

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



1 Name of Local Government Officer

*CHARLETTA ROGERS COMPTON*

2 Office Held

*BOARD OF TRUSTEES - DIST. 7*

3 Name of person described by Sections 176 002(a) and 176 003(a), Local Government Code

*DBSD/DALLAS COUNTY ADULT BASIC EDUCATION*

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

*P-T FACILITATOR*

**Record**

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)

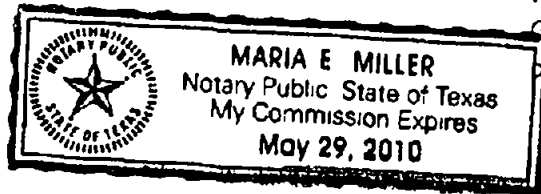
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

**Administrator**

(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 this local government officer I also acknowledge that this statement covers the 12 month period described by Section 176 003(a) Local Government Code



*Charletta M. Compton*  
 Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Charletta M Compton this the 20 day of AUGUST 20 08 to certify which witness my hand and seal of office

*Maria E Miller*

*MARIA E MILLER*

*Notary Public*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath