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

1 **Name of Local Government Officer**
Mary Lou Anderson

2 **Office Held**
ECHD Board Member (District 2)

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

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

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.

Mary Lou Anderson
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

KERSTIN CONNOLLY
Notary Public, State of Texas
Comm. Expires 12-18-2021
Notary ID 131384768

Sworn to and subscribed before me by Mary Lou Anderson this the 8th day of July, 2021, to certify which, witness my hand and seal of office.

Kerstin Connolly — Kerstin Connolly — Notary Public

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 _____ (month), 20_____ (year).

_____
Signature of Local Government Officer (Declarant)

ANNUAL CONFLICT OF INTEREST AFFIDAVIT
MADE PURSUANT TO ARTICLE VIII OF THE ECHD BOARD BY-LAWS

THE STATE OF TEXAS §
§ **KNOW ALL MEN BY THESE PRESENTS:**
COUNTY OF ECTOR §

BEFORE ME the undersigned authority, on this day personally appeared Mary Lou Anderson, who being by me first duly sworn, did upon (his/her) oath depose and state as follows:

1. My name is Mary Lou Anderson. I am a member of the Board of Directors of the ECTOR COUNTY HOSPITAL DISTRICT.

2. I have read Article VIII of the ECHD Board By-Laws and am familiar with same. This affidavit is being filed pursuant to requirements of Article VIII.

3. I have not knowingly violated Article VIII during the past twelve (12) months, or since assuming my position as a Director if less than 12 months, and I am not now in violation of Article VIII.

4. In addition to Article VIII of the By-Laws, I have also received training on Sections 171 and 176 of the Texas Local Government Code pertaining to conflicts of interest in having a substantial interest in a business entity and/or real property and/or gifts from vendors. I have filed an annual conflict of interest statement as required by Section 176 of the Texas Local Government Code. Should there be a material change to the statements made in the affidavit, I will prepare a new one setting out any conflict or potential conflict of interest and place on file with the Board Secretary.

Signed this 8th day of July, 2021.

Mary Lou Anderson

SUBSCRIBED AND SWORN to before me by the said Mary Lou Anderson on this 8th day of July, 2021.

KERSTIN CONNOLLY
Notary Public, State of Texas
Comm. Expires 12-18-2021
Notary ID 131384768

Kerstin Connolly
NOTARY PUBLIC in and for the State of Texas

MCHS
COMPLIANCE STANDARDS OF CONDUCT

CERTIFICATION OF RECEIPT AND UNDERSTANDING

I, Mary Lou Anderson
(Print Name)

ECHD Board Member (District 2)
(Position)

MCHS Board of Directors Member
(Employee/Medical Staff/ MCHS Board of Directors Member/ Volunteer/Contractor/Vendor/Agent)

I hereby certify that I have received the MCHS Compliance Standards of Conduct and participated in Compliance Standards of Conduct Training, and understand that compliance with the provisions of the Standards of Conduct is mandatory. If I have any question concerning the principles in the Compliance Standards of Conduct or any other MCHS policy or procedure, I will discuss my questions with my supervisor or other appropriate resource to obtain a clear understanding of my responsibilities.

I also certify that I have been informed that all Protected Health Information (PHI) in the systems at MCHS will be monitored for access and all inappropriate access will be reported to the Chief Compliance and Privacy Officer and my supervisor.

Mary Lou Anderson
(Signature)

7-8-21
(Date)