

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

THE STATE OF TEXAS   §  
                                  §  
COUNTY OF ECTOR     §

**KNOW ALL MEN BY THESE PRESENTS:**

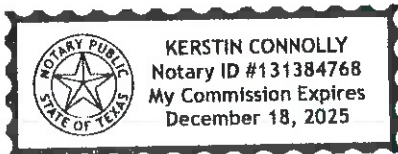
BEFORE ME the undersigned authority, on this day personally appeared Bryn Dodd, who being by me first duly sworn, did upon (his/her) oath depose and state as follows:


1. My name is Will Kappauf. 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 6<sup>th</sup> day of February, 2024.

  
\_\_\_\_\_

SUBSCRIBED AND SWORN to before me by the said Will Kappauf on this 6<sup>th</sup> day of February, 2024.



  
\_\_\_\_\_ NOTARY PUBLIC in and for the State of Texas

# 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**  
Will Kappauf

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 \_\_\_\_\_

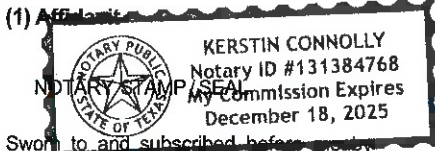
(attach additional forms as necessary)

### 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.

Signature of Local Government Officer

### Please complete either option below:



Sworn to and subscribed before me by Will Kappauf this the 6th day of February,

20 24, to certify which, witness my hand and seal of office.

Kerstin Connolly  
Signature of officer administering oath

Kerstin Connolly  
Printed name of officer administering oath

Notary Public  
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)