

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 178, Local Government Code.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Reagan David

2 Office Held

Board Trustee

3 Name of person described by Sections 178.002(a) and 178.003(a), Local Government Code

New York Life Investment Management

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

Statutory Employee of the parent company,
New York Life Insurance Co.

5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

Date Gift Received None 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)

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 178.001(2), Local Government Code) of a government officer. I also acknowledge that this statement covers the 12-month period described by Section 178.003(a)(2)(b), Local Government Code.



Reagan David
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Reagan David this the 25 day
of May, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Lisa M. Pinkernell Sr. Agency Assistant