

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

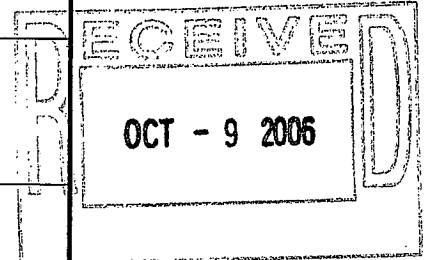
FORM CIS

(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

William L. Horne

2 Office Held

Database Manager

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

AT&T

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

Retiree life and health insurance for self and spouse.

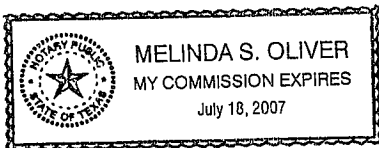
5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

- 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.



[Redacted Signature]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Horne, this the 9th day of October, 2006, to certify which, witness my hand and seal of office.

[Redacted Signature]

Signature of officer administering oath

MELINDA S. OLIVER

Printed name of officer administering oath

CFO

Title of officer administering oath