

**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

RECEIVED

JUN - 9 2022

Legal Office

1 Name of Local Government Officer

PHILIP J. RITTER

2 Office Held

DARUS COLLEGE TRUSTEE, DISTRICT 2

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

MEADOWS MENTAL HEALTH POLICY INSTITUTE

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

SENIOR FELLOW

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 n/a Description of Gift \_\_\_\_\_

Date Gift Accepted n/a Description of Gift \_\_\_\_\_

Date Gift Accepted n/a 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.

*Philip J. Ritter*

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

OR

(2) Unsworn Declaration

My name is PHILIP J. RITTER, and my date of birth is 11-1-58

My address is 8616 TURTLE CREEK BLVD #519 DARUS TX 75225 USA

(street) (city) (state) (zip code) (country)

Executed in Darus County, State of TEXAS, on the 3 day of June, 20 22

(month) (year)

*Philip J. Ritter*

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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### OFFICE USE ONLY

Date Received

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Legis. Office  
3020B

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.

1 Name of Local Government Officer

PHILIP J. RITTER

2 Office Held

DALLAS COLLEGE TRUSTEE, DISTRICT 2

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

GREENLIGHT CREDENTIALS, LLC

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

SENIOR VICE PRESIDENT

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 n/a Description of Gift \_\_\_\_\_

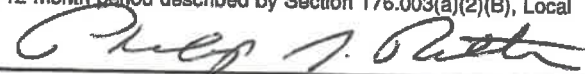
Date Gift Accepted n/a Description of Gift \_\_\_\_\_

Date Gift Accepted n/a 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:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_, 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

OR

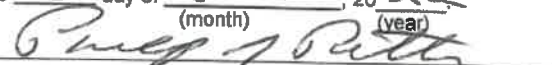
(2) Unsworn Declaration

My name is PHILIP J. RITTER, and my date of birth is 11-1-58

My address is 8616 TURTE CREEK BLVD #519 DALLAS, TX, 75225 USA

Executed in DALLAS County, State of TEXAS, on the 3 day of JUNE, 20 22

(street) (city) (state) (zip code) (country)  
(month) (year)



Signature of Local Government Officer (Declarant)