Part 3. Income from a listed vendor.

If you or a family member and a vendor listed on the Register have an employment or business relationship that results in you or that family member receiving gross income from the vendor, please complete the following (attach additional sheets if needed) and execute the affidavit on the last page of this form.

The vendors' names:	WELLS FARGO	₹ Co.	
Recipient's name	Recipient's family rela- tionship with Director	State the nature and extent of the recipient's relationship with the vendor and the approximate percentage of income received from the vendor during preceding 12 months	
The Director (check if applicable) (check if applicable)	Self	INTEREST PAYMENT FROM CNECKING ACCOUNT. LESS 7HAN 16 OF INCOME	
2.			
3.			
[please attach additional sheets as needed]			

If as the result of employment or other business relationship with the vendor, you or a family member received taxable income, other than investment income, that exceeds \$2,500 during the 12 months preceding the date you became aware the vendor has or is seeking a contract with NTTA, you must complete the form above and the affidavit on the last page.

Also, if in the last 12 months, you or a family member received more than 10% of your (or the family member's) gross income from vendor named above, you may not participate in any Board deliberations, discussions, or votes concerning an NTTA matter involving that vendor. If you or a family member did not receive more than 10% of your (or the family member's) gross income from that vendor, you are not disqualified from participating in Board deliberations, discussions, or votes concerning an NTTA matter involving that vendor, and you should consider whether to abstain pursuant to Part 6 below.

Part 5. Disclosure of family relationships with vendors doing business with the NTTA.

If any of the following family relationships exist between (a) you and (b)(i) a vendor listed on the Register or (ii) an owner, employee, or agent of such a vendor, please complete the following <u>and execute the affidavit on the last page of this form</u>.

1.	The vendor's name: BANK OF AMERICA		
	The vendor's owner, employee, or agent with whom you have a family relationship:		
	The person listed above is your [check applicable relationship]:		
	Spouse/Domestic Mother-in-law Niece partner Father-in-law Nephew Child Sibling Great grandchild Step-child Sister-in-law Great grandparent Parent Brother-in-law Spouse's grandchild Daughter-in-law Aunt Spouse's grandparent Son-in-law Uncle		
Existence of a family relationship does not disqualify you from participating in Board deliberations, discussions, or votes; disclosure of the relationship is all that is required. But you may nonetheless consider whether abstention is appropriate under Part 6 below. However, if you are disqualified under Parts 1, 2, or 3, you may not participate in any Board deliberations, discussions, or votes concerning an NTTA matter involving a vendor listed in those parts.			
[please attach additional sheets as needed]			

Part 6. Abstention: Apparent Conflict/Appearance of Impropriety

Section III.F of the Board Ethics Policy provides as follows:

F. Apparent conflict of interest/Appearance of impropriety. An apparent conflict of interest exists when a reasonable person would believe that a Director's private interest (financial, personal or otherwise) might cause the Director to perform his or her duties in a way other than they would have been performed if the Director had no such private interest. A Director with an apparent conflict of interest shall abstain from participation in that matter and note the basis of that abstention in an affidavit on a form approved by the NTTA filed before the Board takes a vote or other action on the matter. A Director who reasonably believes that his or her involvement in a vote or other action by the Board may give rise to an appearance of impropriety shall abstain from participation in that matter and submit an affidavit in the same manner.

Please describe below any apparent conflict of interest and appearance of impropriety that you wish to avoid through abstention (and attach additional sheets as needed):

AFFIDAVIT

Please complete this affidavit if you entered any information in the Parts above.

I swear under penalty of perjury that the information set forth above is true, correct, and complete. I acknowledge that the disclosure of the information applies to each family member (as defined by § 176.001(2) of the Local Government Code) of the undersigned Director. I also acknowledge that these statements cover the 12-month period described by § 176.003(a) of the Local Government Code.

Dated: 3/15, 2022

Signature of Director

25acs

Print Name

Sworn to and subscribed before me, by the said of this the 2020 to certify which, witness my hand and seal of office.

Signature of officer administering path

Printed name of officer administering oath

Title of officer administering oath

AFFIX NOTARY STAMP / SEAL

