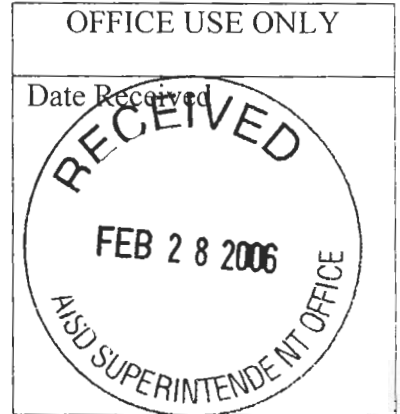


LOCAL GOVERNMENT OFFICER
CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the back)

This is the notice to the appropriate local governmental 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
Robert Schneider

2 Office Held
Trustee of the Austin Independent School District

3 Name of person described by Sections 176.002(a) and 176.003 (a) Local Government Code
None

4 Description of the nature and extent of employment or business relationship with person named in item 3
None

5 List gifts if aggregate value of the gifts received from person names in item 3 exceed \$250 – NOT APPLICABLE
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 _____

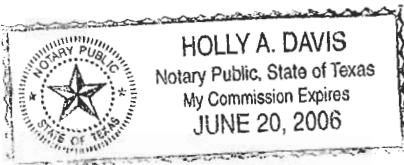
(attach additional forms as necessary)

AFFIDAVIT

6 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.

Robert Schneider

Signature of Local Government Officer



Affix Notary Stamp / Seal Above

Sworn to and subscribed before me, by the said Robert Schneider, this the 23rd day of February, 20 06, to certify which, witness my hand and seal of office.

Holly A. Davis
Signature of officer administering oath

Holly A. Davis
Printed name of officer administering oath

Secretary to the Board
Title of officer administering oath