

**TOWN OF DOUBLE OAK
PUBLIC FUNDS INVESTMENT POLICY
CONFLICTS DISCLOSURE STATEMENT FORM**

Name of Town Officer/Official: Eileen Kennedy

Position: Town Secretary

Date: 07/14/2023

Pursuant to the Town Of Double Oak's Investment Policy, I am an elected Town official, an appointed member of the Town's Investment Committee, an appointed Treasurer or assistant treasurer, or am employed by the Town and a member of Town staff, and hold the position stated above. I acknowledge that I may have some degree of influence or control over the investments of the Town's funds.

I have read and understand my ethical obligations under the Town's Investment Policy. I swear and/or attest that I have no material financial interests in financial institutions that conduct business with the Town, nor do I hold a position as an officer, director, employee or representative of any financial institution or third party that conducts business with the Town where my financial interests or position would create any conflict of interest, whether actual or potential, except as set forth below as a Disclosure.

I further swear and/or attest that I have no personal business relationship with any broker, dealer, trader, or organization or entity that seeks to sell any form of investment to the Town, except as set forth below as a Disclosure.

I acknowledge that the above conflict of interest declarations are true and correct as to all family members and persons related to me within the second degree by affinity or consanguinity, except as set forth below as a Disclosure. Should my circumstances change such that my statements in this document become untrue after the date of this statement, I will submit a new statement with correct information and disclosures.

Disclosures:

1. Material Financial Interests in financial institutions doing business with Town:
None

2. Business Relationship with Broker:
None

3. Relatives with Financial Interests or Broker Relationships:
None

I swear under penalty of perjury that the above statements are true and correct. I acknowledge that the disclosures apply to each family member related to me within two degrees of consanguinity (blood) or affinity (marriage).

Eileen Kennedy
(Signature)

Sworn to and subscribed before me by Eileen Kennedy this the 14 day of July, 2023, to certify which, witness my hand and seal of office.

Lynn Jones
Notary Public, State of Texas

