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.	OFFICE USE ONLY
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.		Date Received
Name of Local Government Off	lcer	
	Satisfied Later	
Ashlea Weiss		
Office Held	SANTA SANTA CARA STRUMAN AND AND AND AND AND AND AND AND AND A	
Data & Compliance Specialis	+	
	Sections 176.001(7) and 176.003(a), Local Government (2ada
	sections 170.001(7) and 170.003(a), Local Government	Sode
V/A		
Description of the nature and e	xtent of each employment or other business relationship	and each family relationship
with vendor named in item 3.	none of each employment of other basiness relationship	and caon family relationship
N/A		
List gifts accepted by the local	government officer and any family member, if aggrega	ate value of the gifts accepted
	xceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
	N/A IF NONE	
Date Gift Accepted		
Date Gift Accepted	and of experience with the community and the pro-	
bate ant necepted	Description of Gift	
	Description of Gift	Name of the latest of the late
Date Gift Accepted		
Date Gift Accepted		
Date Gift Accepted	Description of Gift	
and selection of the managed for the day. The selection of the selection o	Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is	true and correct. I acknowledge
and selection of the managed for the day. The selection of the selection o	Description of Gift	true and correct. I acknowledge led by Section 176.001(2), Local
and selection of the managed for the day. The selection of the selection o	Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is	true and correct. I acknowledge led by Section 176.001(2), Local acknowledge that this statement
AFFIDAVIT	(attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	true and correct. I acknowledge led by Section 176.001(2), Local acknowledge that this statement
JANNA GOODLET Notary Public	(attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	true and correct. I acknowledge led by Section 176.001(2), Local acknowledge that this statement
JANNA GOODLET Notary Public STATE OF TEXAS ID# 12992530-3	(attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	e true and correct. I acknowledge led by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
JANNA GOODLET Notary Public STATE OF TEXAS ID# 12992530-3 My Comm. Exp. Aug. 19,	(attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	e true and correct. I acknowledge led by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
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