LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This is the notice to the appropriate local government and 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 Your name Lanna Ratterson 2 Office Held Your title Accounts Payable Analyst 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Vendor Name or N/A if none. 1 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A IF NONE. 1 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A IF NONE. 2 Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT 1 swear under penalty of payiny that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 178.001(2), Local more companies of the companies of the statement of the disclosure applies to each family member (as defined by Section 178.001(2), Local more companies of the companies of the statement of the disclosure applies to each family member (as defined by Section 178.001(2), Local more companies of the companies of the statement of the companies of the companies of the statement of the companies of the companies of the statement of the companies of the compan			
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