

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

### OFFICE USE ONLY

Date Received

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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.

1 Name of Local Government Officer

JEFF DRURY

2 Office Held

DIRECTOR

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.

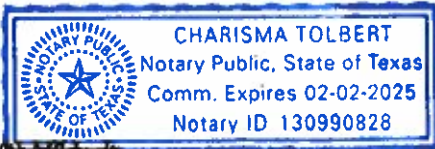
N/A

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in Item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



*Jeff Drury*  
Signature of Local Government Officer

Please complete either option below:

#### NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jeff Drury this the 17<sup>th</sup> day of November

20 22, to certify which, witness my hand and seal of office.

*Charisma Tolbert*

Charisma Tolbert

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 (month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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.

**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Stephen Kendrick

2 Office Held

Sr. Mgr. of Facilities Planning

3 Name of vendor described by Sections 176.001 (7) and 176.003(a), Local Government Code

N/A

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

4 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

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift N/A

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

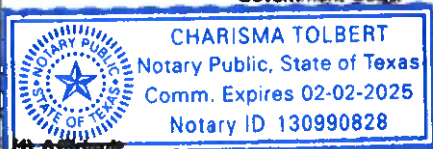
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001 (2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



Signature of Local Government Officer



Please complete either option below:

**NOTARY STAMP/SEAL**

Sworn to and subscribed before me by Stephen Kendrick

this the 14 day of November

20 22, to certify which, witness my hand and seal of office.



Charisma Tolbert

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**(2) Unsworn Declaration**

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer  
Trisha Prestigiacomo

2 Office Held  
Asst. Director

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code  
N/A

RFP #23/008EJ  
(Advisors, Coaches, Counselors, Consultants, Speakers, and Trainers)

4 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

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

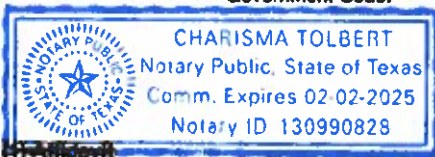
Date Gift Accepted \_\_\_\_\_ Description of Gift N/A

Date Gift Accepted \_\_\_\_\_ Description of Gift N/A

Date Gift Accepted \_\_\_\_\_ Description of Gift N/A

(attach additional forms as necessary)

6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



*Trisha Prestigiacomo*  
Signature of Local Government Officer

Please complete either option below:

#### NOTARY STAMP/SEAL

Sworn to and subscribed before me by Trisha Prestigiacomo this the 14<sup>th</sup> day of November

2022, to certify which, witness my hand and seal of office.

*Charisma Tolbert*  
Signature of officer administering oath

Charisma Tolbert  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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### OFFICE USE ONLY

Date Received

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

**1 Name of Local Government Officer**

Yaritza Román

**2 Office Held**

Procurement Services Manager

**3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

N/A

**4 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

**5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).**

Date Gift Accepted N/A Description of Gift N/A

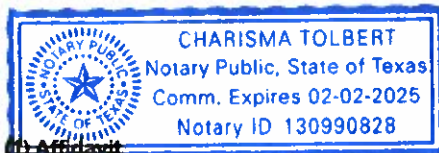
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

**6 SIGNATURE**

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Local Government Officer

**Please complete either option below:**

**NOTARY STAMP/SEAL**

Sworn to and subscribed before me by Yaritza Román this the 14<sup>th</sup> day of November

2022 to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Charisma Tolbert  
\_\_\_\_\_  
Printed name of officer administering oath

Notary Public  
\_\_\_\_\_  
Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of Local Government Officer (Declarant)

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### OFFICE USE ONLY

Date Received

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

1 Name of Local Government Officer

Inga Ash

2 Office Held

Procurement Coordinator

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift N/A

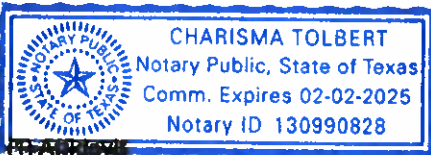
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Inga Ash  
Signature of Local Government Officer



Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Inga Ash this the 16<sup>th</sup> day of November

20 22, to certify which, witness my hand and seal of office.

Charisma Tolbert

Charisma Tolbert

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Janice Owolabi

2 Office Held

School Safety & Security Specialist

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

4 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

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

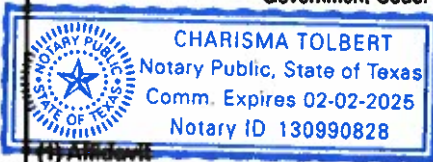
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Janice Owolabi  
Signature of Local Government Officer



Please complete either option below:

### NOTARY STAMP/SEAL

Sworn to and subscribed before me by Janice Owolabi this the 16<sup>th</sup> day of November

2022, to certify which, witness my hand and seal of office.

Charisma Tolbert  
Signature of officer administering oath

Charisma Tolbert  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

OR

### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Julia Andrews

2 Office Held

Director, CSSS

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

NIA

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.

NIA

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in Item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted NIA Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

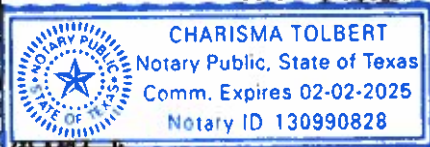
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Julia Andrews  
Signature of Local Government Officer



Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Julia Andrews this the 16<sup>th</sup> day of November

20 22, to certify which, witness my hand and seal of office.

Charisma Tolbert

Charisma Tolbert

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

*Sasha Blake*

2 Office Held

*Climate and Culture Specialist*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

*N/A*

RFP #23/008EJ  
(Advisors, Coaches, Counselors, Consultants, Speakers, and Trainers)

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in Item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted *N/A* Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

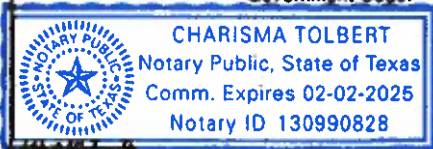
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*SBlake*

Signature of Local Government Officer



**Please complete either option below:**

**NOTARY STAMP / SEAL**

Sworn to and subscribed before me by *Sasha Blake* this the *16<sup>th</sup>* day of *November*

20*22*, to certify which, witness my hand and seal of office.

*Charisma Tolbert*

*Charisma Tolbert*

*Notary Public*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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### OFFICE USE ONLY

Date Received

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

1 Name of Local Government Officer

*Inga Ash*

2 Office Held

*Procurement Coordinator*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

*N/A*

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in Item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

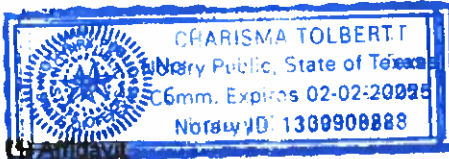
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*[Handwritten Signature]*

Signature of Local Government Officer



Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Inga Ash* this the *17th* day of *November*

20 *22*, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

*Charisma Tolbert*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

*Kathleen Evans*

2 Office Held

*Manager*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

*n/a*

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

4 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*

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in Item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift *n/a*

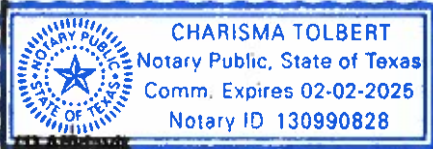
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*Kathleen Evans*  
Signature of Local Government Officer



Please complete either option below:

#### NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Kathleen Evans* this the *17th* day of *November*

20 *22*, to certify which, witness my hand and seal of office.

*Charisma Tolbert*  
Signature of officer administering oath

*Charisma Tolbert*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

*Kithra Hewitt*

2 Office Held

*Project Coordinator Quality*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

*N/A*

RFP #23/008EJ  
(Advisors, Coaches,  
Counselors, Consultants,  
Speakers, and Trainers)

4 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*

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted *N/A* Description of Gift \_\_\_\_\_

Date Gift Accepted *N/A* Description of Gift \_\_\_\_\_

Date Gift Accepted *N/A* Description of Gift \_\_\_\_\_

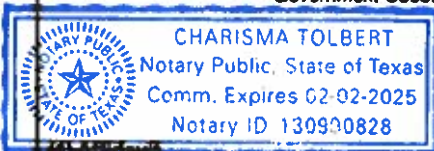
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*[Handwritten Signature]*

Signature of Local Government Officer



Please complete either option below:

#### NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Kithra Hewitt* this the *18th* day of *November*

20 *22* to certify which, witness my hand and seal of office.

*Charisma Tolbert*  
Signature of officer administering oath

*Charisma Tolbert*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Local Government Officer (Declarant)

# 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.

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.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Tineka Bentie

2 Office Held

Program Coordinator

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

RFP #23/008EJ  
(Advisors, Coaches, Counselors, Consultants, Speakers, and Trainers)

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

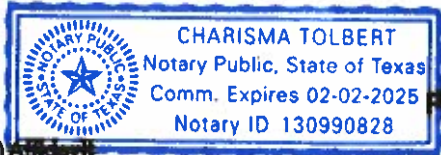
N/A

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_  
 Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 **SIGNATURE** I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



Tineka Bentie  
Signature of Local Government Officer

Please complete either option below:

(1) ~~Sworn~~

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tineka Bentie this the 17<sup>th</sup> day of November, 2022, to certify which, witness my hand and seal of office.

Charisma Tolbert Charisma Tolbert Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Local Government Officer (Declarant)