

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

CSP 25/031TD Short
Term Workforce
Certification Training
for Adult Education

1 Name of Local Government Officer

Deisy Rubio

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.

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Deisy Rubio*, and my date of birth is *7-12-82*

My address is *6300 Irvington Blvd.*, *Houston*, *Tx*, *77002*, *U.S.*
(street) (city) (state) (zip code) (country)

Executed in *Harris* County, State of *Texas*, on the *22* day of *May*, 20 *25*.
(month) (year)

Deisy Rubio

Signature of Local Government Officer (Declarant)

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CSP 25/031TD Short
Term Workforce
Certification Training
for Adult Education

1 Name of Local Government Officer

Jorge Garza

2 Office Held

Special Projects Workflow Specialist

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

NIA

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 NIA

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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jorge Garza, and my date of birth is August 31, 1994

My address is 6300 Irvington Blvd, Houston, Tx, 77022, USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 22 day of May, 20 25.
(month) (year)

Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

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1 Name of Local Government Officer

EDUARDO HONOLD

2 Office Held

SENIOR DIRECTOR

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

NA

CSP 25/031TD Short
Term Workforce
Certification Training
for Adult Education

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

NA

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 NA 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.

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is EDUARDO HONOLD, and my date of birth is 3/17/1960

My address is 6515 Irvington Blvd, Houston, TX, 77022, USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas on the 22 day of May, 2025
(month) (year)

Signature of Local Government Officer (Declarant)

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Term Workforce
Certification Training
for Adult Education

1 Name of Local Government Officer

Mark Perez

2 Office Held

Career Pathway 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 _____

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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Mark Perez*, and my date of birth is *2/3/69*

My address is *6315 Irvington Blvd.* *HOV* *TX* *77021* *USA*
(street) (city) (state) (zip code) (country)

Executed in *Harris* County, State of *TX*, on the *22* day of *May*, 20 *25*
(month) (year)

Mark Perez
Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

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Term Workforce
Certification Training
for Adult Education

1 Name of Local Government Officer

Linda Fehoko

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 _____ 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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Linda Fehoko, and my date of birth is 6/30/65

My address is 6515 Irvington Blvd, Houston, TX, 77020

Executed in May County, State of TX, on the 22 day of May, 20 25

Houston

Texas

[Signature]

Signature of Local Government Officer (Declarant)