

# 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

RFP# 25/0361A  
Basic and Advanced  
Digital Threat  
Assessment  
Training (Center for  
Safe and Secure  
Schools)

1 Name of Local Government Officer

Leslie Etheridge

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.

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.

*Leslie Etheridge*  
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 Leslie Etheridge and my date of birth is 5/4/69

My address is 6300 Tarrington 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)

*Leslie Etheridge*  
Signature of Local Government Officer (Declarant)

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Date Received

RFP# 25/0361A  
Basic and Advanced  
Digital Threat  
Assessment  
Training (Center for  
Safe and Secure  
Schools)

1 Name of Local Government Officer

*Yaritza Roman*

2 Office Held

*Procurement 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.

*Yaritza Roman*  
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 *Yaritza Roman* and my date of birth is *5/17/74*

My address is *6300 Irrington Blvd.* *Houston* *TX* *77022* *Harris*  
(street) (city) (state) (zip code) (country)

Executed in *Harris* County, State of *Texas*, on the *23* day of *May*, 20 *20*  
(month) (year)

*Yaritza Roman*  
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.

Date Received

1 Name of Local Government Officer

Michelle Calhoun

2 Office Held

School Climate and Culture Specialist

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

N/A

RFP# 25/0361A  
Basic and Advanced  
Digital Threat  
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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

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Michelle Calhoun

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 Michelle Calhoun, and my date of birth is June 9, 1971

My address is 6005 Westview Dr., Houston, TX 77055, U.S.  
(street) (city) (state) (zip code) (country)

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

Michelle Calhoun

Signature of Local Government Officer (Declarant)

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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

NA

RFP# 25/0361A  
Basic and Advanced  
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Assessment  
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Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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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:

(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 Janice Owolabi and my date of birth is 10/24/60

My address is 6005 Westview Rd Houston Tx 77055 USA  
(street) (city) (state) (zip code) (country)

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

*Janice Owolabi*  
Signature of Local Government Officer (Declarant)