

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.

RFQ #26/008GM
Construction Related
Professional Services

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 Alberto Garza Jr, and my date of birth is August 31, 1994

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

Executed in Harris County, State of Texas, on the 23 day of January, 2026.
(month) (year)

Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

RFQ #26/008GM
Construction Related
Professional Services

1 Name of Local Government Officer

Joe Carreon

2 Office Held

Construction 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 _____

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 Joe Carreon, and my date of birth is 08/03/1980.

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

Executed in Harris County, State of Texas, on the 23 day of January, 2026. (month) (year)



Signature of Local Government Officer (Declarant)

26-008GM CIS Form_Joe Carreon

Final Audit Report

2026-01-23

Created:	2026-01-23
By:	Gabriel Moya (gabriel.moya@hcde-texas.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAwiIcLuGON737tOrTQZAXvDQqddOQ78lv

"26-008GM CIS Form_Joe Carreon" History

-  Document created by Gabriel Moya (gabriel.moya@hcde-texas.org)
2026-01-23 - 3:24:13 PM GMT
-  Document emailed to Joe Carreon (jcarreon@hcde-texas.org) for signature
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-  Email viewed by Joe Carreon (jcarreon@hcde-texas.org)
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-  Document e-signed by Joe Carreon (jcarreon@hcde-texas.org)
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-  Agreement completed.
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OFFICE USE ONLY

RFQ #26/008GM
Construction Related
Professional Services

1 Name of Local Government Officer

Marcia Leiva

2 Office Held

Chief Accounting Officer

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 _____

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.

Marcia Leiva

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 Marcia Leiva, and my date of birth is 11/13/1981.

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 29th day of January, 2026.

(month) (year)

Marcia Leiva

Signature of Local Government Officer (Declarant)

26-008GM CIS Form

Final Audit Report

2026-01-29

Created:	2026-01-29
By:	Gabriel Moya (gabriel.moya@hcde-texas.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAPR_2-wcDLc_LP-laMS2cz9nbEi9iMmqY

"26-008GM CIS Form" History

-  Document created by Gabriel Moya (gabriel.moya@hcde-texas.org)
2026-01-29 - 3:18:12 PM GMT
-  Document emailed to Marcia Leiva (mleiva@hcde-texas.org) for signature
2026-01-29 - 3:19:09 PM GMT
-  Document e-signed by Marcia Leiva (mleiva@hcde-texas.org)
Signature Date: 2026-01-29 - 7:17:19 PM GMT - Time Source: server
-  Agreement completed.
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OFFICE USE ONLY

RFQ #26/008GM
Construction Related
Professional Services

1 Name of Local Government Officer

Michelle Williams

2 Office Held

Chief Operations Officer

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.



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 Williams, and my date of birth is 3/29/1971.

My address is 6005 Westview, Houston, TX, 77055, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Harris County, State of Texas, on the 23 day of January, 2026.

(month)

(year)

Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

RFQ #26/008GM
Construction Related
Professional Services

1 Name of Local Government Officer

Gabriel Moya

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.

N/A

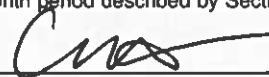
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

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:

(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 Gabriel Moya, and my date of birth is 04/30/1997.
My address is 6300 Ervington blvd, houston, TX, 77022, USA.
(street) (city) (state) (zip code) (country)
Executed in Harris County, State of texas, on the 23 day of January, 2026.
(month) (year)

Signature of Local Government Officer (Declarant)