

# 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

RFP#26/010TD-02

Local Food and Catering  
Services

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 \_\_\_\_\_

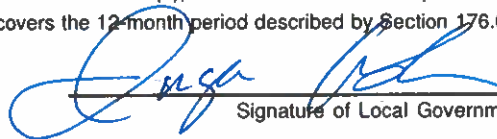
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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.



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

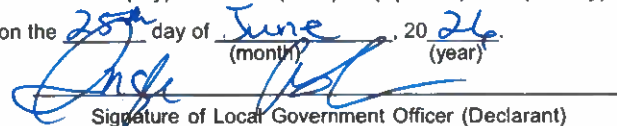
OR

(2) Unsworn Declaration

My name is Inga Ash and my date of birth is 10/21/1970

My address is 6300 Irvington Blvd. Houston Tx 72022 US  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 25th day of June, 20 26.  
(month) (year)



Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

**FORM CIS**

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**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.

1 Name of Local Government Officer  
**Shelby Buchtien**

RFP#26/010TD-02

2 Office Held  
**Event Coordinator**

Local Food and Catering  
Services

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.

*Shelby Buchtien*

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 **Shelby Buchtien**, and my date of birth is **5/7/97**My address is **6300 irvington blvd**, **Houston**, **Tx**, **77022**, **US**  
(street) (city) (state) (zip code) (country)Executed in **Harris** County, State of **Texas**, on the **25** day of **June**, 20 **26**  
(month) (year)*Shelby Buchtien*

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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## OFFICE USE ONLY

RFP#26/010TD-02

Local Food and Catering  
Services

1 Name of Local Government Officer

Jasmine Imo

2 Office Held

Family 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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

N/A

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

N/A

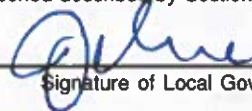
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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.



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 Jasmine Imo, and my date of birth is 5/1/81

My address is 16300 Irvington Blvd, Houston, TX, 77022 US  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TX, on the 25 day of June, 20 26  
(month) (year)

Signature of Local Government Officer (Declarant)