LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regu	OFFICE USE ONLY		
This is the notice to the appropriate local governmental entity that the for government officer has become aware of facts that require the officer to file the in accordance with Chapter 176, Local Government Code.			
1 Name of Local Government Officer			
Brigett Bentley			
Brigett Bentley 2 Office Hold Budget PD Coordinator	21/05448-02		
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Code	Government		
NA			
Description of the nature and extent of each employment or other busine with vendor named in item 3. $\mathcal{M}\mathcal{H}$	ess relationship and each family relationship		
5 List gifts accepted by the local government officer and any family mem from vendor named in item 3 exceeds \$100 during the 12-month period			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
(attach additional forms as necessary)			
Sarray bilanti b. bozzook	· •		
Notary Public, State of Texas lease complete either option below: (1) Notary ID 129327325			
NOTARY STAMP/SEAL Sworm to and subscribed before me by Brigett Bentley this the 17th day of August.			
Dianchy W. Bullock Brandy D. Bullock	Molary		
Signature of officer administering oath Printed name of officer administering oath	Title of officer edministering oath		
OR OR			
(2) Unsworn Declaration			
My name is, and my dat	ate of birth is		
My address is,,,			
(street) (city)			
Executed in, on the da	ay of, 20 (month) (year)		
Signature	e of Local Government Officer (Declarant)		

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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	ago. ,	
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.	Date Received	
1 Name of Local Government Officer		
Linda Fehoko	21 05448-02	
2 Office Held Director	21/0 32/10	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
NIA		
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.		
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in Item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted 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)		
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. BRANDY D. BULLOCK Signature of Local Government Officer		
Notary Public, State of Texas Comm. Expires 02-28-2025 lease complete either option below: Notary ID 129327325		
	7th day of August.	
Buandy N. Bullet Brandy D. Bullock	Notary	
Signature of efficer administering oath Printed name of officer administering oath	Title of officer administering oath	
AND THE PERSON OF THE PERSON O		
(2) Unsworn Declaration		
My name is, and my date of birth is		
My address is,,,	- <i>,</i>	
(street) (city) (state)	(zip code) (country)	
Executed in County, State of, on the day of(month)	20 (year)	
Signature of Local Govern	ment Officer (Declarant)	

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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(instructions for completing and filing this to	m are provided on the next t	page.)	
This questionneire 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 engovernment officer has become aware of facts that require the in accordance with Chapter 176, Local Government Code.		Date Received	
1 Name of Local Government Officer		1	
		21/157. VP-02-	
Stephanie Kass		21 0 56 4R-02	
2 Office Held	1	V	
SR. DIRECTOR OF ACTUAL TO 3 Name of vendor described by Sections 176.001(7) and 176			
	.uus(a), Local Government		
Code N/A-			
4 Description of the nature and extent of each employment of	r other business relationsh	ip and each family relationship	
with vendor named in Item 3.			
5 List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12-	ny family member, if aggree -month period described by	jate value of the gifts accepted / Section 176.003(a)(2)(B).	
7	·		
Date Gift Accepted			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
(attach additional for	ms as necessary)		
	<u> </u>	nowledge that the disclosure angles	
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	• • •	•	
Government Code.	Xtardea sh	2 -	
	Duys land	1973	
BRANDY D. BULLOCK Signature of Local Government Officer			
Notery Public, State of Texas Complete either option below:			
(1) Individual Notary ID 129327325			
(1) BINGSVIRITE TOTAL TO TEST			
NOTABLE COTAL	Λ	<u> </u>	
NOTARY STAMP/SEAL	Vano 11	with American	
Swom to aind subscribed before me by Stephanie A	035 this the	7th day of August.	
20, to certify) which/witness/my hand and seal of office.			
Mardy N. Bullek Bandy D.	Bullook	Motary	
Signature of officer administering oath Printed name of officer ad	ministering oath	Title of officer administering oath	
OR			
(2) Unsworn Declaration			
Mu nama la	and an alaba of black to		
My name is	, and my date of birth is		
My address is			
(street)	(city) (state) (zip code) (country)	
Executed in County, State of, or	the day of(month)	, 20 (year)	
	Signature of Local Couper	nment Officer (Declaract)	

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

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.	Date Received	
1 Name of Local Government Officer	,	
Yaritza Roman	21/0561/R-02	
2 Office Held	- Too of Road	
Contract Manager		
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
N/A		
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. N/A	p and each family relationship	
5 List gifts accepted by the local government officer and any family member, if aggreg	jate value of the gifts accepted	
from vendor named in item 3 exceeds \$100 during the 12-month period described by		
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)	2.637	
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. CHARISMA TOLBERT Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below:		
NOTARY STAMP/SEAL Sworn to and subscribed before me by Carita homes	day of August. Notary Public Title of afficer administering oath	
OR CONTINUE DESIGNATION		
(2) Unsworn Declaration		
My name is, and my date of birth is		
My address is	_,	
(street) (city) (state	(,	
Executed in County, State of, on the day of(month)	, 20 (year)	
Signature of Local Gover	rnment Officer (Declarant)	