LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire re	OFFICE USE ONLY			
This is the notice is government officer in accordance with	Date Received			
Name of Local G)			
Cierra	21/1/2010			
Office Held			12 - 1	21/668YR
Climate	e and Cult	ture Specia	1115+	,
Name of vendor			B(a), Local Government	
Code NA				
with vendor nan	ned in item 3.	A		p and each family relationship
				ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accept	tedD	escription of Gift		OF LATER STATE STA
Date Gift Accep	ted D	escription of Gift		
Date Gift Accept	ed De	scription of Gift	Martin	·
		(attach additional forms	as necessary)	
Notary F Comm.	also acknowledge that the Government Code RISMA TOLBERT Public, State of Texas Expires 02-02-2025	*	Signature of Local	e) of this local government officer. I tion 176.003(a)(2)(B), Local Government Officer
NOTARY STAMP/S	\bigcap	ma Nichus	on this the 25	5th day of August.
20 2), to cer	tify which, witness my hand	and seal of office. Considered Dobert Printed name of officer admin	istering gath	Notary Public Title of officer administering oath
and the state of t		OR	AND THE RESERVE OF THE PARTY OF	
(2) Unsworn Declar	ation			
My name is			_, and my date of birth is	· · · · · · · · · · · · · · · · · · ·
My address is			*	
	(street)		(city) (state	e) (zip code) (country)
Executed in	County, State	e of, on th	e day of(month)	, 20
			Signature of Local Gover	nment Officer (Declarant)

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
Name of Local Government Officer Colon E. Johnson 2 Office Held ASSISTANT DIrector	21/0684R
2 Office Held Assistant Director	' '
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	
5 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	
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 acked to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12 month period described by Section 176.001(2)	e) of this local government officer.
NOTARY STAMP/SEAL Swom to and subscribed before me by Edna E. Johnson this the 2	Sth down of Aun of
20,21 , to certify which, witness my hand and seal of office. Neuron Tolbert **Tolbert**	Standary Public Title of officer administering oath
Signature of officer administering oath Printed name of officer administering oath OR	Title of Officer administering Oath
(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)	, , , , , , , , , , , , , , , , , , , ,
Signature of Local Gover	nment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

(intoll desirate not completing and ming this total are provided on the flexit	aye.)				
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 .					
2 Office. Hold Safety & Security Specialist	21/068 yr				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code					
Description of the nature and extent of each employment or other business relationshi with vendor named in Item 3.					
5 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					
Date Gift Accepted Description of Gift					
Date Gift Accepted Description of Gift					
Date Gift Accepted Description of Gift					
(attach additional forms as necessary)					
to each family member (as defined by Section 176.00)(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-priorith period described by Section 176.003(a)(2)(B), Local Government Code. CHARISMA TOLBERT Signature of Local Government Officer Signature of Local Government Officer Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 (1) Amutavit					
NOTARY STAMP/SEAL Sworn to and subscribed before me by	Sth day of August				
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, and my date of birth is	·				
My address is) (min anda) (min anda)				
(street) (city) (state Executed in County, State of on the day of (month)) (zip code) (country) , 20 (year)				
Signature of Local Govern	nment Officer (Declarant)				

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next p	age.)				
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				
Name of Local Government Officer Tulia V. Andreus 2 Office Held	21/66848				
Director Safe + Serve Schools	/ (
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code					
4 Description of the nature and extent of each employment or other business relationship 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)					
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknown to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period to 1	e) of this local government officer. I tion 176.003(a)(2)(B), Local				
NOTARY STAMP/SEAL Sworm to and subscribed before me by Julia V. Andrews this the	5th day of August.				
20 2), to certify which, witness my hand and seal of office.	Notary Public				
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath				
(2) Unsworn Declaration My name is, and my date of birth is					
My address is	•				
(street) (city) (state)) (zip code) (country)				
Executed in County, State of , on the day of (month)	, 20 (year)				
Signature of Local Govern	iment Officer (Declarant)				