(Instructions for completing and filing this form are provided on the next page.)			
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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			
Inga Ash			
2 Office Held			
Procurement Coordinator			
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code		
N/A			
Description of the nature and extent of employment or other business relationship wi	th person named in item 3		
N/A			
List gifts accepted by the local government officer and any family member, excludi 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 excepted described by Section 176.003(a)(2)(B)			
Date Gift Accepted N/A Description of Gift			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
(attach additional forms as necessary)			
AFFIDAVIT  I swear under penalty of perjury that the above statement is	s true and correct. I acknowledge		
that the disclosure applies to a family member (as define	ed by Section 176 001(2), Local		
Government Code) of this local government officer. I also  MANABEQUEERT govers the 12-month period described by Section 176.003(a			
Digital Digita	tally signed by Inga Ash e: 2020.09.23 10:58:02 00'		
Signature of Local (	Government Officer		
AFFIX NOTARY STAMP / SEAL ABOVE	2 10 x		
of September, 20 20, to certify which, witness my hand and seal of office.	, this the day		
01 - 22	1 7.1.		
	otery Public  itle of officer administering oath		

FORM CIS

This questionnaire reflects changes made to the law by H.B. 1491, 80th 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 Office	er	
Lisa Boone		
2 Office Held		
Asst. Director of Education a	nd Operations	
3 Name of person described by Se	ctions 176.002(a) and 176.003(a), Local Government	Code
NA		
4 Description of the nature and ext	ent of employment or other business relationship wi	ith person named in item 3
NA		
	government officer and any family member, excludi f the gifts accepted from person named in item 3 exc 003(a)(2)(B)	
Date Gift Accepted NA	Description of Gift NA	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT SHIPSMA J. TOLBERT Public, State of Texas Public, State of Texas Public State of Texas Public State of Texas Public State of Texas Public, State of Texas Public, State of Texas Public Stat	Government Code) of this local government officer. I also by section 176,003( example of the s	ed by Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by to of Suptember, 20 20, to Signature of officer administering oath	the said Lisa M. Boone ocertify which, witness my hand and seal of office.  Chansma Tolbert	, this the 23 day
		The second second second

FORM CIS

10 September 2010 19 September	
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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	
Pamela Jones-Lee	
2 Office Held	1
Education and Special Services Manager - Head Start	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code
NA	
Description of the nature and extent of employment or other business relationship w	ith person named in item 3
List gifts accepted by the local government officer and any family member, excluded 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 ex	
period described by Section 176.003(a)(2)(B)	ceed \$230 daring the 12-month
Date Gift Accepted Description of Gift	
Data Ciff Assessed	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
6 AFFIDAVIT	400
CHARISMA J. TOLBERT I swear under penalty of perjury that the above statement that the disclosure applies to a family member (as defined by the control of t	The state of the s
Government Code) of this local government officer. I also	o acknowledge that this statement
Motory 104 Capers the 12-month period described by Section 176.003	
Pamela Jones-Lee Lee	
130990828	e: 2020.09.23 10:51:34 -05'00'  Government Officer
Ognation of Education	Overmient officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said tamela Jones - Lee	, this the day
of September, 20 20, to certify which, witness my hand and seal of office.	
harm low Chariam Tolbert N	Jotan Public
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire	eflects changes ma	ade to the law by H.B.	1491, 80th 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	overnment Offic	er		
*				
Venetia L Pea	cock			
2 Office Held				
Senior Directe	r of Head Star	t		
3 Name of persor	described by Se	ctions 176.002(a) an	d 176.003(a), Local Government	Code
N/A				
4 Description of	ne nature and ext	tent of employment of	or other business relationship w	ith person named in item 3
access to access				
N/A				
176.003(a-1), if		of the gifts accepted	and any family member, exclud from person named in item 3 ex	
Date Gift Accep	ed N/A	_ Description of Gift	N/A	
Date Gift Accep	ed	_ Description of Gift	ux.	
Date Gift Accep	ed	_ Description of Gift		
		(attach additiona	al forms as necessary)	
6 AFFIDAVIT			ally of perjury that the above statement	And the same of th
Darker Darker Darker			of this local government officer. I also th period described by Section 176.003	v salati sal
NO N	CHARISMA J. TOLE tary Public, State of	SERI	Diai	tally signed by Venetia
	omm. Expires 02-02 Notary ID 1309900	-2021	Venetia Peacock	cock e: 2020.09.23 11:05:08 -05'00'
Mille		CONTROL DIVIN	Signature of Local	Government Officer
AFFIX NOTARY	STAMP / SEAL AB	OVE		arrange in A
Sworn to and subs	cribed before me, by	the said Venetia	Peacock	, this the <u>23124</u> day
of System)	20 20 , to	certify which, witness m	ny hand and seal of office.	+
have	an lott	Por Chai	risma Tollberk	Notary Public
Signature of office	er administering oath	Printed name	of officer administering oath	Title of officer administering oath

FORM CIS

A CONTRACTOR CONTRACTO		mer:
El Section of the sec	ade to the law by H.B. 1491, 80th Leg., Regular Session.	OFFICEUSEONLY
This is the notice to the appropriate government officer has become awar in accordance with Chapter 176, Local Control of the	Date Received	
1 Name of Local Government Office	er	1
_		
Gulshan Rahman		
2 Office Held		1
Assistant Director of Compli	ance and Family Services, Head Sta	
<u> </u>	ections 176.002(a) and 176.003(a), Local Government	t Code
N/A		
4 Description of the nature and ex	tent of employment or other business relationship w	vith person named in item 3
N/A		
	government officer and any family member, exclude of the gifts accepted from person named in item 3 ex 5.003(a)(2)(B)	
Date Gift Accepted N/A	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
6 AFFIDAVIT	I swear under penalty of perjury that the above statement	is true and correct. I acknowledge
	that the disclosure applies to a family member (as defin	ned by Section 176.001(2), Local
	Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003	AND A STATE OF A STATE
CHARISMA J. TOLBE		\ ~
Comm. Expires 02-02-2 Netary ID 13099082		
- Mille	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL AB	OOVE	
Sworn to and subscribed before me, by	the said Caul Shan Rahman	, this the $23  \text{Rd}$ day
of September, 2020,	to certify which, witness my hand and seal of office.	
Charism Total	Chrosen Tolland	Natura Dublic
Signature of officer administering oat	h Printed name of officer administering oath	Title of officer administering oath
		1

CONFLICTS DISCLOSURE STATEMENT	
(Instructions for completing and filing this form are provided on the next page.)	The state of the s
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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	
Kendra Jackson	
Kendra Jackson 2 Office Held	
ASSISTANT DIRECTOR  Name of person described by Sections 176.002(a) and 176.003(a), Local Government	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code
<i>1</i> Λ **	
NIA	7
Description of the nature and extent of employment or other business relationship w	rith person named in item 3
4	
NIA	
5 List gifts accepted by the local government officer and any family member, exclud	
176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 experiod described by Section 176.003(a)(2)(B)	ceed \$250 during the 12-month
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT  I swear under penalty of perjury that the above statement	is true and correct. I acknowledge
that the disclosure applies to a family member (as defin Government Code) of this local government officer. I also	
CHARISMA TOLBERT CHARISMA TOLBERT CHARISMA TOLBERT	
Notary Public, State of Texas	b
Comm. Expires 02-02-2025  Notary ID 130990828  Rendu Jae	Re
Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	/
Sworn to and subscribed before me, by the said Rendra Cackson	, this the #2 nd day
of Jc, nlury . 20 21 , to certify which, witness my hand and seal of office.	
(1) Chan (h. III)	161 DII
Signature of officer administering oath  Printed name of officer administering oath	Title of officer administering oath

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. 1491, 80th Leg., Regular Session. OFFICE USE ONLY This is the notice to the appropriate local governmental entity that the following local Date Received government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. Name of Local Government Officer MARY D. GIOVER Office Held MANAGER Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code Description of the nature and extent of employment or other business relationship with person named in item 3 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 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) **AFFIDAVIT** I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local rnment Code) of this local government officer. I also acknowledge that this statement CHARISMA TOLBERT s the 12-month period described by Section 176.003(a), Local Government Code. Notary Public, State of Texas Comm. Expires 02-02-2025

Notary ID 130990828

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

of officer administering oath

, to certify which, witness my hand and seal of office

Musm

(Instructions for completing and filing this form are provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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	
Jacqueline Chavez	
2 Office Held	
Program Coordinator	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	t Code
N/A	
Description of the nature and extent of employment or other business relationship w	rith person named in item 3
NIA	
List gifts accepted by the local government officer and any family member, excluded 176.003(a-1), if aggregate value of the gifts accepted from person named in Item 3 experiod described by Section 176.003(a)(2)(B)	ling gifts described by Section ceed \$250 during the 12-month
Date Gift Accepted Description of Gift	<u> </u>
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	_200 - 40
I swear under penalty of perjury that the above statement that the disclosure applies to a family member (as define the disclosure applies the disclosure applies to a family member (as define the disclosure applies the disclosure applies to a f	ned by Section 176.001(2), Local o acknowledge that this statement (a), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	- A
Sworn to and subscribed before me, by the said Jacque in hours  of January, 20 21, to certify which, witness my hand and seal of office  Character Tollows  Signature of officer administering oath	this the 22 day

FORM CIS

(institutions for completing and ming this form are provided of the flext page.)	
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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	
Kathleen Erms	
2 Office Held	
2) Office Held	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code
N/A/	
Description of the nature and extent of employment of other business elationship w	ith person named in item 3
List gifts accepted by the local government officer and any family member, excludi 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 excepted described by Section 176.003(a)(2)(B)	ing gifts described by Section ceed \$250 during the 12-month
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT   swear under penalty of perjury that the above statement is	is true and correct   acknowledge
that the disclosure applies to a family member (as defin-	ed by Section 176.001(2). Local
CHARISMA TOLBERT corers the 12-month period described by Section 176 003(	
Notary Public, State of Texas	a) Cocai Government Code
Comm. Expires 02-02-2025 Notary ID 130990828	
Signature of Local of	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Kul S.	222
of Sworn to and subscribed before me by the said 1 10 th CVG S	this the day
of Sanutary 20 1 to certify which, witness my hand and seal of office.	
Signature of officer administering oath  Printed name of officer administering oath  T	Notary Public ite of officer administering oath

CONFLICTS DISCLOSURE STATEMENT	
(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.	Date Received
Name of Local Government Officer	]
Mary Causey	
2 Office Held	
Contract Compliance Specialist	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Co	ode
N/A	
Description of the nature and extent of employment or other business relationship with	vendor named in item 3
N/A	
List gifts accepted by the local government officer and any family member, if aggregate from vendor named in item 3 exceeds \$100 during the 12-month period described by Se	ection 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift AcceptedDescription of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003	efined by Section 176.001(2), Local so acknowledge that this statement
Frank Caux Signature of Loca	Uf Government Officer
Mary Causey  My name is (First, Middle, Last Name), my date of birth is, and my address is	Westview Drive
Houston, TX (Street) (City) (State) (Zip Code) and	y that the foregoing is true (Country) and
CORRECT EXECUTED III COUNTY, State of, on the day of, (Notion) (1)	

(Instructions for completing and filing this form are provided on the next page.)			
This questionnaire reflects changes ma	ade to the law by H.B. 23, 8	4th 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 Office	cer		
Stephen Kendrick			
2 Office Held			
Sr. Mgr. Facility Planning / HCD	Ξ		
Name of vendor described by So	ections 176.001(7) and 1	176.003(a), Local Government Cod	le
N/A			
Description of the nature and ex	tent of employment or o	other business relationship with v	rendor named in item 3
N/A			
		any family member, if aggregate v 2-month period described by Sec	
	social vice dailing inc.	z monur ponou docombou by coo	(a)(=)(=)
Date Gift Accepted	Description of Gift _	N/A	
Date Gift Accepted	Description of Gift _		
Date Gift Accepted	Description of Gift _		
	(attach addition	al forms as necessary)	
AFFIDAVIT  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.			
		Step Kerdik	
		Signature of Local (	Government Officer
My name is (First, Middle, Last Name), r	Stephen Ke	endrick , and my address is	estview Dr Houston
Texas , (Street) (City) (State) (Zip	Code) and	I declare under penalty of perjury	that the foregoing is true (Country) and
correct. Executed in Harris County, State	e of <u>TX</u> , on the <u>15th</u>	day of December, 2020 . (Month) (Yes	ar) Declarant"

(Instructions for completing and filing this form are provided on the next page.)			
This questionnaire reflects changes ma	de to the law by H.B. 23, 8	4th 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 Office	er		
Yaritza Roman			
2 Office Held			·
Contract Manager / HCDE			
Name of vendor described by Se	ections 176.001(7) and 1	176.003(a), Local Government Cod	le
N/A			
Description of the nature and ex	tent of employment or o	other business relationship with v	rendor named in item 3
N/A			
		any family member, if aggregate v 2-month period described by Sec	
	,		
Date Gift Accepted	Description of Gift _	N/A	
Date Gift Accepted	Description of Gift _		
Date Gift Accepted	Description of Gift _		
	(attach addition	al forms as necessary)	
6 AFFIDAVIT	that the disclosure Government Code)	alty of perjury that the above statement is applies to each family member (as defined) of this local government officer. I also the period described by Section 176.003(a	ned by Section 176.001(2), Local acknowledge that this statement
		Jaritza Roman	
		Signature of Local (	Government Officer
My name is (First, Middle, Last Name), n	Yaritza Ror ny date of birth is	man , and my address is	estview Dr Houston
Texas , (Street) (City) (State) (Zip 0	Code) and	I declare under penalty of perjury	that the foregoing is true (Country) and
correct. Executed in Harris County, State	of TX on the 15th	day of December, 2020 . (Month) (Yea	ar) Declarant"

(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	ո 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			
Laura Sprehe			
2 Office Held			
Contract Manager / Choice Partners			
Name of vendor described by Section	ns 176.001(7) and 176	5.003(a), Local Government Cod	e
N/A			
Description of the nature and extent of	of employment or oth	ner business relationship with v	endor named in item 3
N/A			
List gifts accepted by the local govern from vendor named in item 3 exceeds			
nom vondor namod in tom o oxocode	, 4 100 dailing the 12	monai ponou acconsca sy coc	(1011 11 0.000 (d)(2)(5).
Date Gift AcceptedD	escription of Gift	N/A	
Date Gift AcceptedD	escription of Gift		
Date Gift AcceptedD	escription of Gift		
	(attach additional	forms as necessary)	
6 AFFIDAVIT	that the disclosure ap Government Code) of	of perjury that the above statement is plies to each family member (as defi f this local government officer. I also period described by Section 176.003(a	ned by Section 176.001(2), Local acknowledge that this statement
		Laura Ann Spreke	
		Signature of Local 0	Government Officer
My name is (First, Middle, Last Name), my date	Laura Sprehe e of birth is	, and my address is	estview Dr Houston
			that the foregoing is true (Country) and
correct. Executed in Harris County, State of	ΓΧ , on the 15th day	of December, 2020 (Month) (Yea	ar) Declarant"

(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.			Date Received
Name of Local Government Officer			
Kristi Nichols			
2 Office Held			
Contract Manager / Choice Part	ners		
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 employment or other business relationship with vendor named in item 3			
N/A			
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).			
nom vondor namod m nom o oz	toodd y foo dafnig tilo 12	. month period decented by eec	(1011 17 01000 (a)(2)(5)1
Date Gift Accepted	Description of Gift	N/A	
Date Gift Accepted	Description of Gift		<u> </u>
Date Gift Accepted	Description of Gift		
(attach additional forms as necessary)			
AFFIDAVIT  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.			
Kristi Nichols			
		Signature of Local (	Government Officer
Kristi Nichols 6005 Westview Dr Houston ,, and my address is,,,,			
Texas, (Street) (City) (State) (Zip Code) and I declare under penalty of perjury that the foregoing is true (Country) and			
correct. Executed in Harris County, State of TX on the 15th day of December, 2020 (Month) (Year) Declarant"			