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

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| 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 , | |
| _ Brigett Bentley | 21/0571/2 |
| Eudget Compliance Copydinator | 21/03/1/ |
| 3 Name of vendor descritted by Sections 176.001(7) and 176.003(a), Local Government Code | |
| NA | |
| 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 | 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) | |
| 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 Government Code. CHARISMA TOLBERT Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below: | ion 176.003(a)(2)(B), Local |
| NOTARY STAMP/SEAL Swom to and subscribed before me by Bright Bentley this the 9 20 2 , to certify which, witness my hand and seal of office. | day of |
| Signature of officer administering oath Printed name of officer administering oath | Notary Hubble |
| OR | Title of officer administering oath |
| 2) Unsworn Declaration | |
| Ay 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 Government | nent Officer (Declarant) |

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| 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 | 1 40 |
| PENISE JUHNSON | 21/057/R |
| 2 Office Held Program Manager 3 Name of vendor described by Sections #6.001(7) and 176.003(a), Local Government | , , |
| 3 Name of vendor described by Sections 676.001(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 | 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) | |
| | tion 176.003(a)(2)(B), Local Covernment Officer |
| NOTARY STAMP/SEAL Swom to and subscribed before me by Denise Johnson this the 19 20, 21, to certify which, witness my hand and seal of office. Charisma Talhert | 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 |
| Signature of Local Govern | nment Officer (Declarant) |

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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

| This questionnaire refl | This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. | | n. OFFICE | OFFICE USE ONLY | | |
|----------------------------------|---|------------------------------------|--|----------------------|--|--|
| government officer ha | the appropriate local governmental as become aware of facts that require hapter 176, Local Government Code. | the officer to file this statem | ■ Date Received | | | |
| Name of Local Government Officer | | | 21/05 | 21/057YR | | |
| 2 Office Held ASSIS | unt Director of | | | | | |
| 3 Name of vendor de Code | scribed by Sections 176.001(7) and | 176.003(a), Local Goverที่เก | ent | | | |
| with vendor name | /0 (/ | T | | | | |
| | d by the local government officer ar ed in item 3 exceeds \$100 during the | | | | | |
| Date Gift Accepted | d Description of Git | ft <u></u> | | | | |
| Date Gift Accepted | d Description of Git | it | | | | |
| Date Gift Accepted | Description of Gift (attach_additional | al forms as necessary) | | | | |
| CHARIS Notary Pub | to each family member (as defined by Sectionalso acknowledge that this statement covers Government Code. SMA TOLBERT Dic, State of Texas Expires 02-02-2025 ID 130990828 | s the 12-month period described by | by Section 176.003(a)(2)(Local Government Office | (B), Local | | |
| NOTARY STAMP/SEA | NL | | -2h - | | | |
| Sworn to and subscribed | before me by Edna E. Ja | ohn SOM this the | e day of | July. | | |
| 20 to certify | which, witness my hand and seal of office. | Tolbert | Notin 7 | Ublic | | |
| Signature of officer administr | | cer administering oath | Title of officer | r administering oath | | |
| | 。 | OR | | | | |
| (2) Unsworn Declarati | ion | | | | | |
| My name is | | , and my date of birth | is | | | |
| My address is | | | 1 | | | |
| Executed in | (street) County, State of | | (state) (zip code) , 20 | (country) | | |
| | | | Government Officer (Dec | | | |

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| 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 | 1 | |
| Linda khoko | 21/057/R | |
| 2 Office Held Director | 31/03/1/K | |
| 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. | p and each family relationship | |
| 5 List gifts accepted by the local government officer and any family member, if aggreg | ate 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) | | |
| I swear under penalty of perjury that the above statement is true and correct. I ackreto 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 Sec Government Code. CHARISMA TOLBERT Signature of Local | e) of this local government officer. I lion 176.003(a)(2)(B), Local | |
| Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below: | 1 | |
| NOTARY STAMP/SEAL | | |
| Sworn to and subscribed before me by Unda Fahako this the 19 | day of July | |
| 20 , to certify which, witness my hand and seel of office. | usy 0. | |
| Charren Tolles Charrent Tolles | Votary Dublic | |
| Sgristure of officer administering oath Printed name of officer administering oath | Title of officer administering oath | |
| TO DOMESTIC CONTROL OF THE PROPERTY OF THE PRO | | |
| 2) Unsworn Declaration | | |
| My name ie | | |
| 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 | mont Officer (Deplement) | |
| | ncocolium ilmosfanti | |