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.	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 accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	
Kristi Nichols	
Office Held Evaluator for Choice Partners RFP 21/046LS	
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).	
Date Gift Accepted N/A Description of Gift	
Date Gift AcceptedDescription of GiftN/A	
Date Gift AcceptedDescription 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.	
Wristi Nicholts (Jun 10, 2021 09:07 CDT)	
Signature of L	ocal Government Officer
My name is ^{K. Nichols} , my date of birth is _n/a, and my address is 6005 Westview Dr (City) (State) (Zip Code) and N/A I declare under penalty of perjury that the foregoing	
Harris County, State ofTX, on the13 day of _May,2021 (Month) (Year)	