Bread

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 HEE 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	
Ralph Wilkins	
2 Office Held	
Assistant Director	
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 ver	ndor 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 Accepted N/A Description of Gift N/A	
Date Gift AcceptedDescription of GiftN/A	
(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. Signature of Local Government Onlicer	
My name is (First, Middle, Last Name), my date of birth is and my address is	that the foregoing is true (Country) and