

**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. 1491, 80th Leg., Regular Session.

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.

**OFFICE USE ONLY**

Date Received

21/029IA

1 Name of Local Government Officer

GULSHAN RAHMAN

2 Office Held

Assistant Director of Compliance  
& Family Services

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of employment or other business relationship with person named in item 3

N/A

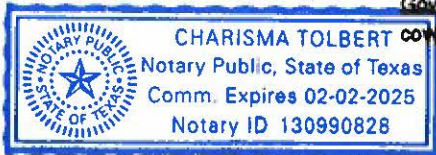
5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

Date Gift Accepted N/A Description of Gift \_\_\_\_\_  
 Date Gift Accepted N/A Description of Gift \_\_\_\_\_  
 Date Gift Accepted N/A 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 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), Local Government Code.



*[Handwritten Signature]*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gulshan Rahman, this the 24<sup>th</sup> day of May, 2021, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Charisma Tolbert  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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**OFFICE USE ONLY**

Date Received

21/029IA

1 Name of Local Government Officer

Jamese Stancill

2 Office Held

Assistant Director of child care Partnerships

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of employment or other business relationship with person named in item 3

N/A

5 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 \_\_\_\_\_

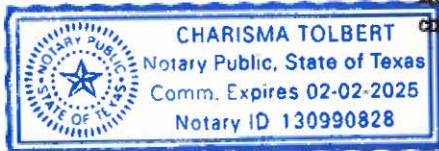
Date Gift Accepted \_\_\_\_\_ Description of Gift N/A

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 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), Local Government Code.



Jamese H. Stancill  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

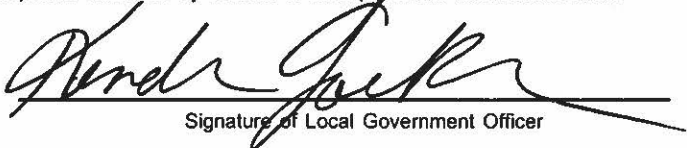
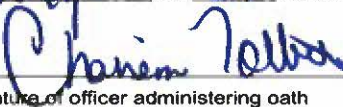
Sworn to and subscribed before me, by the said Jamese Stancill this the 24<sup>th</sup> day of May, 20 21, to certify which, witness my hand and seal of office.

Charisma Tolbert Charisma Tolbert Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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

<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</p> <p>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.</p>	<b>OFFICE USE ONLY</b>
<b>1</b> Name of Local Government Officer  Kendra Jackson	Date Received  21/029IA
<b>2</b> Office Held  DIRECTOR OF PURCHASING	
<b>3</b> Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  N/A	
<b>4</b> Description of the nature and extent of employment or other business relationship with person named in item 3	
<b>5</b> 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 _____ <p>(attach additional forms as necessary)</p>	
<b>6</b> 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 Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a) Local Government Code.   Signature of Local Government Officer  AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Kendra Jackson</u> , this the <u>24th</u> day of <u>May</u> , 20 <u>21</u> , to certify which, witness my hand and seal of office.   <u>Charisma Tolbert</u> <u>Notary Public</u> Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

**FORM CIS**

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**OFFICE USE ONLY**

Date Received

21/029 IA

1 Name of Local Government Officer

Lisa M. Boone

2 Office Held

Asst. Director of Education & Operation

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of employment or other business relationship with person named in item 3

N/A

5 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 \_\_\_\_\_

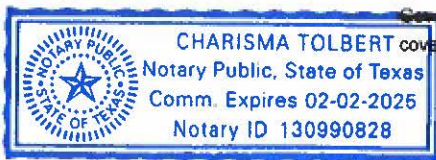
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

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 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), Local Government Code.



*Lisa M. Boone*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa M. Boone this the 24<sup>th</sup> day

of May, 2021, to certify which, witness my hand and seal of office.

*Charisma Tolbert*

Signature of officer administering oath

Charisma Tolbert

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**LOCAL GOVERNMENT OFFICER  
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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

21/029 IA

1 Name of Local Government Officer

Venetia L Peacock

2 Office Held

Senior Director of HeadStart

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of employment or other business relationship with person named in item 3

N/A

5 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 N/A

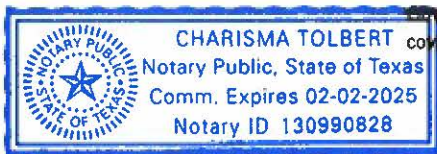
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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 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), Local Government Code.



*Venetia L Peacock*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Venetia L Peacock, this the 24th day of May, 20 21, to certify which, witness my hand and seal of office.

*Charisma Tolbert* Charisma Tolbert Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath