LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing 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	
Name of Local Government Officer		
Edna E. Johnson		
2 Office Held	RFP 22/012IA-2	
Assistant Director of Purchasing Services		
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
N/A	9032	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. N/A		
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		
nom render named in item o exoceds grow during the 12 month period described by	Geotion 176.000(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 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. CHARISMA TOLBERT Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below:		
NOTARY STAMP/SEAL	ath	
Sworn to and subscribed before me by Edna E. Johnson this the 10th day of March.		
20 22 , to certify which, witness my hand and seal of office.	NA DUL	
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath	
OR		
(2) Unsworn Declaration		
My name is, and my date of birth is	, ,	
My address is,,		
(street) (city) (state		
Executed in County, State of, on the day of(month)	, 20 (year)	
	nment 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	
Name of Local Government Officer A COUNTY WILSON	RFP 22/072IA-2	
Program Cooldinate (CASE)		
Name of vendor described 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.	•	
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		
1.0		
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
(attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge		
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 priod described by Section 176.003(a)(2)(B), Local Government Code. CHARISMA TOLBERT Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below:		
NOTARY STAMP/SEAL Sworm to and subscribed before me by Laterika Wilson this the 16	day of March	
20 22 , to certify which, witness my hand and seal of office.		
Charisma Charisma Charisma Charisma	Notary Public	
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering cath	
2) Unsworn Declaration		
My name is and my date of birth is		
My address is,,		
(street) (city) (state) Executed in County, State of, on the day of (month)) (zip code) (country) , 20 (year)	
Signature of Local Govern	ment Officer (Declarant)	

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Name of Local Government Officer	OCD
TORACIA SIMMONS-SWIFF	22/6/2 IA -2
2 Office Held	22/6/2 TA -2
Program Covediwater	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
4 Description of the nature and extent of each employment or other business relationsh	in and each family relationship
with vendor named in item 3.	ip and each family relationship
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	/ 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 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	nowledge that the disclosure applies
to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sec	The state of the s
Government Code.	Alon 1702006(a)(2)(b), Lucai
CHARISMA TOLBERT	
Notary Public, State of Texas Comm. Expires 02-02-2025	Government/pincer
Notary ID 130990828 Please complete either option below:	
(1) Amgavit	
NOTARY STAMP/SEAL	M M
Sworn to and subscribed before me by Torack Sunnong-Suith this the 11	day of I larch
20 22 to certify which, witness my hand and seal of office.	
harrism alter Charuma Jolbert	Potary Public
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is, and thy date of birth is,	•
(street) (city) (state	e) (zip code) (country)
Executed in County, State of , on the day of	20
(month)	(year)
Signature of Local Government	rnment Officer (Declarant)