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 in accordance with Chapter 176, Local Government Code.	Date Received			
1 Name of Local Government Officer				
Darlene Breaux 2 Office Held	22 02665			
Director of Research and Evaluation Institute	,			
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government				
Code N/A				
4 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 from vendor named in item 3 exceeds \$100 during the 12-month period described by				
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 Signature of Local Government Officer Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below:				
NOTARY STAMP/SEAL. Sworn to and subscribed before me by Darline Breaux this the 26	and March			
Sworn to and subscribed before me by this the do this this this this this this this this	day of Warch,			
Corcerns Tollons	atom Alblic			
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)	, , . , . , . , . , . , . , .			
Signature of Local Gover				

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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A CONTRACTOR OF THE CONTRACTOR	
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	
Inga Ash	22/02/07
2 Off <u>ice</u> Held ✓	22/026EJ
Procurment Coordinates	
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 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 Cod also acknowledge that this statement covers the 12-month period described by Sec Government Code. CHARISMA TOLBERT Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below:	/ 11
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Those Ash this the 28	day of March
20 22 , to certify which, witness my hand and seal of office.	
Charison Talban Charison Tollbert	Notary Rublic
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	e) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Gover	nment Officer (Declarant)

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

FORM CIS

This questionnaire reflects of	changes made to the law by H.B. 2	3, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has be-	appropriate local governmental come aware of facts that require to 176, Local Government Code.	entity that the following local the officer to file this statement	Date Received
Name of Local Government Tonathan Par 2 Office Held	rker		22 026 EJ
Assistant Sup	reintendent		
3 Name of vendor describ	ed by Sections 176.001(7) and 1	76.003(a), Local Government	
N/A			
4 Description of the natur with vendor named in it	e and extent of each employmentem 3.	it or other business relationshi	p and each family relationship
List gifts accepted by to from vendor named in i	he local government officer and tem 3 exceeds \$100 during the	any family member, if aggreg 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)	
also aci	ote of Texas 02-02-2025 Please comple	Signature of Local Cote either option below:	on 176.003(a)(2)(B), Local
	me by Orathan Par witness my hand and seal of office.	this the 20	day of March.
ignature of officer administering oat		administering oath	Title of a licer administering oath
2) Unsworn Declaration by name is	Ol		
ly address is			
xecuted in	(street) County, State of,	(month)	20 (year)
		Signature of Local Government	nent Officer (Declarant)

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

FORM CIS

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		
Natasha Truitt	22/026EJ	
Executive Director Human Resources		
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	1	
Code		
4 Description of the nature and extent of each employment or other business relationsh 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 aggre- from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate 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) 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 Please complete either option below:		
NOTARY STAMP/SEAL		
Swom to and subscribed before me by Natasha Trutt this the 8	2nd day of March.	
20, to certify which, witness my hand and seal of office.	N. O.	
haven Olbert Carisma Olbert Signature of officer administering oath Printed name of officer administering oath	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 (year)	
Signature of Local Govern	nment Officer (Declarant)	

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 Sess	OFFICE OSE ONLY
This is the notice to the appropriate local governmental entity that the following government officer has become aware of facts that require the officer to file this state in accordance with Chapter 176, Local Government Code.	
1 Name of Local Government Officer	,
PATRICIA MENARD	22/22/5=
2 Office Held	- 22/026EJ
ASST. DIRECTOR HR	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Govern	ment
Code N/A	
Description of the nature and extent of each employment or other business relawith vendor named in item 3.	tionship and each family relationship
5 List gifts accepted by the local government officer and any family member, if from vendor named in Item 3 exceeds \$100 during the 12-month period descri	
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 to each family member (as defined by Section 176.001(2). Local Government also acknowledge that this statement covers the 12-month period described Government Code. CHARISMA TOLBERT Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option be	ent Code) of this local government officer. I d by Section 176.003(a)(2)(B). Local f Local Government Officer
NOTARY STAMP/SEAL Sworn to and subscribed before me by Patricia Menard this	the 22rd day of March,
20 22 , to certify which, witness my hand and seal of office.	Notary Public
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR OR	
(2) Unsworn Declaration	
My name is, and my date of bird	h is
My address is	••
(street) (city)	(state) (zip code) (country)
Executed in County, State of , on the day of (m	onth) , 20 (year)
Cinnetum of Lea	Government Officer (Paglamet)