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

FORM CIS

	age.)
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	,
LAURA ESPINOZA	22-013DR-02
2 Office Held	22-013 DE 02
ADMINISTRAVE ASSISTANT.	
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
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 13 month period do	ate 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 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 this statement covers the 12-month period described by Section Government Code. CHARISMA TOLBERT Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below:	o) of this local government officer. I ion 176.003(a)(2)(B), Local
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Laura Espinora this the 28	day of January
Praise Tollers (have Tollers	N. O.
Signature of officer administering oath Printed name of officer administering oath	Notary Yublic
OR	Title of officer administering cath
(2) Unsworn Declaration	
My лаme 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	, 20
(month)	(year)
Signature of Local Government Signature Signat	nent Officer (Declarant)

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Name of Local Government Officer	,
Simone C. Llorens	22/013DR-02
2 Office Held	22/0/3011
Administrative Assistant Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code . I A	
NA NA	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
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 Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that the 176.001(2), Local Government Code acknowledge that the	tion 176.003(a)(2)(B), Local
NOTARY STAMP/SEAL. Sworn to and subscribed before me by	day of January. Octory Public Title of officer administering oath
OR OR	
(2) Unsworn Declaration	1
My name is, and my date of birth is	
My address is,,,	
(street) (city) (state	
) (zip code) (country)
Executed in day of day of (month)) (zip code) (country) , 20

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

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(was a second se	
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	
THERESZ Perez	
2 Office Held	
1 HENESZ PEREZ 2 Office Held Executive Assistant	
3 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 each employment or other business relationship 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) 6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ackn	
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 also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.	e) of this local government officer. I tion 176.003(a)(2)(B), Local
NOTARY STAMP/SEAL Sworn to and subscribed before me by Theresa Pures this the 21	8th day of January
20 22 , to certify which, witness my hand and seal of office. have harsmul to be to the control of the control	Notary 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,,,	_11
(street) (city) (state)) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Competition of Local Coulom	amont Officer (Declarant)

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Name of Local Government Officer	
Nhitney Coachman	22-013 DR-02
Quality Assurance Specialist	15 14
Name of vendor described by Section's 176.001(7) and 176.003(a), Local Government Code	
NA	45.08(4)
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	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 also acknowledge that this statement covers the 12-month period described by Sec Government Code. CHARISMA TOLBERT Signature of Local 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 Whith Cocolman this the D	day of January.
20, to certify which, witness my hand and seal of office.	day of <u>Surfaces</u> ,
Charlem Tollows Signature of officer administering oath Printed name of officer administering oath	Notary Public 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)