LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing 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
1 Name of Local Government Officer	4
LAURA ESAINOZA	11200
2 Office Held	22/013 DR
FACILITIES- ADMIN. ASSISTANT.	
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 relationship	and each family 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	
nom 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 mooth period described by Section 176.00 M2, Local Government Code also acknowledge that this statement covers the 12 mooth period described by Section 176.00 M2, Local Government Code 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:	e) of this local government officer. I tion 176.003(a)(2)(B), Local
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Laura Espinora this the	lith day of October.
20 21 to certify which, witness my hand and seal of office.	1
Change Tolker Charism Talkert	Notcry
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 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 Gover	ament Officer (Declarant)

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

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(Postage and ming this form are provided on the flext p.	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
Name of Local Government Officer	1
Toni Cardis	an/NODD
2 Office Held	22/013 DR
Project Coordinator	1
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
code PA	
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 aggregation 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)	
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 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 12-month period described by Section 176.001(2), Local Government Code also acknowledge that the 12-month period described by Section 176.001(2), Local Government Code acknowledge that the 12-month period described by Section 176.001(2), Local Government Code acknowledge that the 12-month	o) of this local government officer. I iden 176.003(a)(2)(B), Local
Sworn to and subscribed before me by	day of October.
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)	(zip code) (country), 20 (year)
Signature of Local Govern	ment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (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 ICTURE Continues	22/013DR			
Administrative Assistant	1			
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government				
$\mathcal{N} - \mathcal{A}$				
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 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 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 2-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 Sworn to and subscribed before me by Victoria Cortinas this the	day of October.			
20 2), to comity which, witness my hand and seal of office. Narisma 16/but	Noting			
Signature of officer administering oath Printed name of officer administering oath	Title of office administering oath			
(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	nment Officer (Declarant)			

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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This questionnaire reflects changes made to the law		OFFICE USE ONLY		
This is the notice to the appropriate local government officer has become aware of facts that in accordance with Chapter 176, Local Government	t require the officer to file this statement	Date Received		
Name of Local Government Officer		1 ,		
Whitney Coachman		22 013 DR		
2 Office Held		00/01		
Quality Assurance Spe	cialist			
3 Name of vendor described by Sections 176.001 Code	(7) and 176.003(a), Local Government			
NA				
4 Description of the nature and extent of each en with vendor named in item 3.	nployment or other business relationsh	ip and each family relationship		
5 List gifts accepted by the local government o from vendor named in item 3 exceeds \$100 du				
Date Gift Accepted Description	on of Gift			
Date Gift Accepted Description	on of Gift			
Date Gift Accepted Description	of Gift			
(attach a	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 Sworn to and subscribed before me by	Coachmen this the	day of October.		
20, to certify which witness my hand and seal of	foffice. Ausma Tolhex	Motan		
Signature of officer administering oath Printed n	ame 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) (star	te) (zip code) (country)		
Executed in County, State of	, on the day of(month)	, 20 (year)		
	Signature of Local Gove	ernment Officer (Declarant)		