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 |
| Name of Local Gavernment Officer T | 23/047DR-3 |
| Office Hold Spacial Projects Workflow Specialist | |
| 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 |
| 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) | |
| I swear under penalty of perjury that the above statement is true and correct. I acked 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 176.001(2) | e) of this local government officer. 1 |
| NOTARY STAMP/SEAL Sworm to and subscribed before me by Jorge Garza this the 2 20 44 , to certify which, witness my hand and seal of office. Charsen Tolked | Notary |
| 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 of on the day of (month) | e) (zip code) (country), 20 (year) |
| Signature of Local Gove | emment Officer (Declarant) |

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

FORM CIS

| | | Part Strategy | 8-7 |
|--|--|--------------------------|--|
| This questionnaire reflects of | changes made to the law by H.B. 23, 84th Le | eg., Regular Session. | OFFICE USE ONLY |
| government officer has be- | appropriate local governmental entity the come aware of facts that require the office or 176, Local Government Code. | | Date Received |
| Name of Local Governr | | | |
| JULIA 1 | 1)2000 | | 29047PR-3 |
| 2 Office Held | WEITS. | | 2909177 |
| Senion 4 | CCOUNTANT | | |
| Name of vendor describ | ed by Sections 176.001(7) and 176.003(a | a), Local Government | |
| 4 Description of the natu with vendor named in i | re and extent of each employment or other tem 3. | er business relationshi | and each family relationsh |
| | the local government officer and any fai Item 3 exceeds \$100 during the 12-month | | |
| Date Gift Accepted | Description of Gift | | |
| Date Gift Accepted | Description of Gift | | |
| Date Gift Accepted | Description of Gift | | |
| | (attach additional forms as | s necessary) | |
| | State of Texas s 02-02-2025 Please complete eith | Signature of Local | |
| NOTARY STAMP/SEAL Sworn to and subscribed before | e me by Julia Wats | this the | 14th day of July |
| 21 | , witness my hand and seal of office. | | 1 |
| (haren la) | harisme To | Ther | el stant |
| Signature of officer administering o | ath Printed name of officer administ | ering oath | Title of officer administering of |
| | OR | Marie Town | AND DESCRIPTION OF THE PARTY OF |
| (2) Unsworn Declaration | | | |
| My name is | | and my date of birth is | |
| My address is | , | | |
| | (street) | (city) (state | c) (zip code) (country) |
| Executed in | County, State of, on the | day of (month) | , 20 |
| | | 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 changes made to the law by H.B. 23, 84th Leg., Regular Session. | | | |
|--|---|--|--|
| This is the notice to the appropriate local governmental entity that the following local | OFFICE USE ONLY | | |
| 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 | | | |
| RODRIGUE GIND KAMMYA | 1 - 00 2 | | |
| 2 Office Held | 23/047/DR-3 | | |
| DATA COMPLIANCE MANAGER | 4 | | |
| 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code | | | |
| 4 (1 /) | | | |
| 4 Description of the nature and extent of each employment or other business relationshi | n and each family relationship | | |
| with vendor named in Item 3. | b and each raining relationship | | |
| N/A 5. List gifts accepted by the local government officer and any family member, if aggregations and any family member, if aggregations are supplied to the local government officer and any family member, if aggregations are supplied to the local government of the loca | | | |
| 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) | | | |
| I swear under penalty of perjury that the above statement is true and correct. I acker 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 acknowledge that the 12 month period described by Section 176.001(2), Local Government Code ack | e) of this local government officer. I | | |
| NOTARY STAMP/SEAL | | | |
| Sworm to and subscribed before me by Radrique and Kunaing this the 24th day of July | | | |
| 20 , to certify which, witness my hand and seal of office. | Malari | | |
| Signature of officer administering cath Printed name of officer administering cath | Title of officer administering oath | | |
| OR | Management of the state of the | | |
| (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) | | |
| (monus) | (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.)

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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 | | |
| Tameisha Davenport | RFP 23/047DR-3 | |
| 2 Office Held | Software Services | |
| Contract Manager | | |
| 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 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 | ate value of the gifts accepted | |
| | Section 170.003(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: | | |
| NOTARY STAMP/SEAL Sworm to and subscribed before me by Igwasha Davenport this the 2 | 4th day of July, | |
| 20, to certify which, witness my hand and seal of office. | | |
| Charmen Other Charmen Obod | Noting | |
| Signature of officer administering oath Printed name of officer administering oath | Title of officer administering oath | |
| OR | | |
| (2) Unsworn Declaration | J | |
| 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 | |
| (month) | (ycar) | |
| Signature of Local Gove | rnment Officer (Declarant) | |