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	
Name of Local Government Officer		
Inga Ash	RFP #25/001EJ	
2 Office Held		
Procurement Coorndated		
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.	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. It also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer		
Please complete either option below:		
(1) Affidavit NOTARY STAMP/SEAL KIMBERLY CONDIT My Notary ID # 132541677 Expires June 26, 2028 Sworn to and subscribed before me by KIMDENLY CONDIT this the 314 day of December		
to certify which, witness my hand and seal of office.	Notary	
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		
	e) (zip code) (country)	
Executed in County, State of , on the day of (month)	, 20 (vear)	
	mment 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	25/00/EJ	
Deisy Rubio	25/00-20	
2 Office Held		
Procurement Cookdingtor 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government		
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.	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 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 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 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 the 12-mont		
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(1) Affidavit NOTARY STAMP/SEAL KIMBERLY CONDIT My Notary ID # 132541677 Expires June 26, 2028 Sworn to and subscribed before me by this the 2	, Rd day of <u>Occamber</u>	
20 to certify which, witness my hand and seal of office. Kimberry Condit Signature of officer administering oath Printed name of officer administering oath	Title of officer administering path	
Signature of diffice administering oath Printed name of officer administering oath OR	Title of officer administering batti	
(2) Unsworn Declaration		
My name is, and my date of birth is		
My address is,,	····	
· · · · · · · · · · · · · · · · · · ·	e) (zip code) (country)	
Executed in County, State of, on the day of (month)	20	
Signature of Local Gove	roment Officer (Declarant)	

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

FORM CIS

(A TAILBOOK TO SEE TO SEE THE SECOND S
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Re	
This is the notice to the appropriate local governmental entity that the government officer has become aware of facts that require the officer to fill in accordance with Chapter 176, Local Government Code.	e following local le this statement
Name of Local Government Officer	
Jamese Stanuil	RFP #25/001EJ
2 Office Held	
Assistant Director of Education and O	on setions!
Name of vendor described by Sections 176.001(7) and 176.003(a), Lo	ical Government
Code //	
NIA	
Description of the nature and extent of each employment or other bu with vendor named in Item 3.	
5 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 pe	eriod described by 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 nec	
6 SIGNATURE I swear under penalty of perjury that the above statement is to each family member (as defined by Section 176.001(2), Lalso acknowledge that this statement covers the 12-month p. Government Code.	eriod described by Section 176:003(a)(2)(B), Local Signature of Local Government Officer
Please complete either	option below:
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by KIMBERLY CONDIT My Notary ID # 132541677 Expires June 26, 2028 CYNO	uty Cordit 3ed day of December, Ut Ustary Title of officer administering oath
20 84 to day which, witness my hand and seal of office.	lit Notaras
Signature of officer administering oath Printed name of officer administering	oath Title of officer administering oath
OR	
(2) Unsworn Declaration	
	Lower data of high in
My name is, and	my date of diffinits
My address is	(ain) (ainta) (ain anda) (anustra)
(street)	(city) (state) (zip code) (country)
Executed in County, State of on the	day of 20 (year)
1 S	Signature of Local Government Officer (Declarant)

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This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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Name of Local Government Officer	
Mkerhingere Washington 2 Office Held	RFP #25/001EJ
Instructional Coach	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code / _	
M/H	
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)	
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. Signature of Local Please complete either option below:	
(1) Affidavit	
NOTARY STAMP/SEAL KIMBERLY CONDIT My Notary ID # 132541677	grd day of December.
20 24 pertify which, witness my hand and seal of office.	Notary
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 Gove	rnment Officer (Declarant)