

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.

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.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Danielle Clark

2 Office Held

Chief Communications Officer

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

NA

RFP# 25/013YR-02 Advisors, Coaches, Counselors, Consultants, Speakers, and Trainers.

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. NA

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 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)

6 SIGNATURE

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.

Danielle Clark

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Danielle Clark, and my date of birth is 11-19-1972

My address is 88 Vela Rd Huntsville TX 77340

(street)

(city)

(state)

(zip code)

(country)

Executed in Harris County, State of Texas, on the 25 day of April, 20 25

(month)

(year)

Danielle Clark

Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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

Flancia Andreia Leiva

2 Office Held

Chief Accounting Officer

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

RFP# 25/013YR-02 Advisors, Coaches, Counselors, Consultants, Speakers, and Trainers.

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

N/A

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 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)

6 SIGNATURE

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.

Flancia D. Leiva
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Flancia Andreia Leiva, and my date of birth is 11/13/1981.

My address is 6300 Springton Blvd, Houston, TX, 77022, Harris.
(street) (city) (state) (zip code) (country)

Executed in Harris County County, State of Texas, on the 23 day of April, 2025.
(month) (year)

Flancia D. Leiva
Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

2 Office Held

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

RFP# 25/013YR-02 Advisors, Coaches, Counselors, Consultants, Speakers, and Trainers.

4 Description of the nature and extent of each employment or other business relationship and each family relationship 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 period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift N/A

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 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.

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Vanitha Raman, and my date of birth is 3/17/74

My address is 6300 Livingston Blvd, Houston, TX, 77022
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 23 day of April, 20 25
(month) (year)

Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Linda Fehoko

2 Office Held

Director

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

RFP# 25/013YR-02 Advisors, Coaches, Counselors, Consultants, Speakers, and Trainers.

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

N/A

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 period described by Section 176.003(a)(2)(B).

N/A

Date Gift Accepted _____ Description of Gift _____

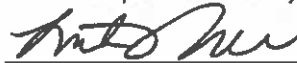
Date Gift Accepted _____ Description of Gift _____

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 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.



Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Linda Fehoko and my date of birth is 1-31-66

My address is 16300 Irvington Blvd. Houston Tx 77020
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 23 day of April, 2025.
(month) (year)

Signature of Local Government Officer (Declarant)