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 Government Officer			
Jonathan Parker			
Assistant Superintendent	RFP# 25/014IA CASE for Kids' College and		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Career Readiness Youth		
Code	Service for Afterschool, Summer and Enrichment		
N/A			
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	ate value of the gifts accepted Section 176.003(a)(2)(B).		
Date Gift Accepted			
Date Gift Accepted			
Date Gift Accepted Description of Gift	1		
(attach additional forms as necessary)			
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 describes by Section 176.003(a)(2)(B), Local Government Code. CHARISMA TOLBERT Signature of Local Government Officer 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 Johnson Jonahan Parker this the 30th day of Jonahan.			
20, to certify which, witness my hand and soul of office			
Olmann Other Charism Tolher	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,	e) (zip code) (country)		
(street) (city) (state	, , , , , , , , , , , , , , , , , , , ,		
Executed in County, State of, on the day of(month)	(year)		
Signature of Local Cove	rnment Officer (Declarant)		

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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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		
Lisa Thompson Carothers		
Sr. Director, CASS for Kids	RFP# 25/014IA CASE for Kids' College and	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Career Readiness Youth	
code NIA	Service for Afterschool, Summer and Enrichment	
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.		
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 12-month petiod described by Section 176.003(4)(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 USa Thompson Caruthus this the 30th day of January.		
20_25_, to certify which, witness my hand and searof office.		
Charisme Collect Charisme What	Notary Public	
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath	
OS		
(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)	

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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Name of Local Government Officer		
Tineka Bentie		
2 Office Held	5554 65464 004	
Project Coordinator	RFP# 25/014IA CASE for Kids' College and	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	Career Readiness Youth	
AI/A	Service for Afterschool, Summer and Enrichment	
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 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	2	
(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 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		
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	e) (zip code) (country)	
Executed in County, State of, on the day of (month)	, 20 (year)	
Signature of Local Government	mment Officer (Declarant)	

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., Reg	gular Session. OFFICE USE ONLY		
This is the notice to the appropriate local governmental entity that the f government officer has become aware of facts that require the officer to file in accordance with Chapter 176, Local Government Code.			
Name of Local Government Officer			
ancha & man			
2 Office Held			
Hypourement Manager	RFP# 25/014IA CASE for Kids' College and		
3 Name of vendor described by Sections 176:001(7) and 176:003(a), Loca	al Government Career Readiness Youth		
Code	Service for Afterschool, Summer and Enrichment		
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 me from vendor named in item 3 exceeds \$100 during the 12-month period			
	1		
Date Gift Accepted Description of Gift N	4		
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 12-month period described by Section 176.003(a)(2)(B), Local Government Code. CHARISMA TOLBERT Signature of Local Government Officer			
Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below:			
NOTARY STAMP/SEAL	11770		
Sworn to and subscribed before me by Varitza Koman this the 30th day of January.			
20 25 to certify which, witness my hand and seal of office.			
Change Jolla Chansma Tolbex	Notice Public		
Signature of officer administering oath Printed name of officer administering oath	th Title of officer administering oath		
OR			
(2) Unsworn Declaration			
AA	, data of black to		
My address is, and my	y date of pitti is		
My address is (street) (c	city) (state) (zip code) (country)		
Executed in, on the,	day of . 20 .		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(month) (year)		
Cinna	ature of Local Coverement Officer (Declarant)		