## 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
Office Held Special Hojects 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 relationsh with vendor named in Item 3.	
List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted y 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 ack	
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 Se 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  Swom to and subscribed before me by	9th day of August.
havene Older hards Tolker	Notary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	
(2) VIIOWUII DEGEIGIGUII	
My name is, and my date of birth is	· · · · · · · · · · · · · · · · · · ·
My address is	4.3
(street) (city) (state control of the day of (month)	te) (zip code) (country)20
Signature of Local Gove	ernment Officer (Declarant)

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in accordance with Chapter 176, Local Government Code.	
Name of Local Government Office JEFF NEY A.DRYRY	
Senior Pineston, Choise Partners	
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 relationsh with vendor named in item 3.	ip 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	pate value of the glfts 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 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 the 12-month period to 12-month period the 12-month period to 12-	The state of the s
NOTARY STAMP/SEAL	1)
Sworn to and subscribed before me by Jeffrey A. Drury this the 1920 24, to certify which, witness my hand and seal of office.	day of August.
Signature of officer administering oath  Printed name of officer administering oath	Title of officer administering oath
OR STATE OF THE PARTY OF THE PA	The Real Property lies
(2) Unsworn Declaration	0.000
My name is, and my date of birth is	
My address is,,	
(street) (city) (state of, on theday of	e) (zip code) (country) , 20 (year)
	(year)

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on

FORM CIS

=1.1			age.)
This questionnaire	reflects changes made to the law	by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
		rnmental entity that the following local at require the officer to file this statement	Date Received
The second second	Total Governme	nt Code.	
Name of Local	Government Officer		
Gulshan Ral	iman		
2 Office Heid			
Assistant Direc	tor of Compliance and Far	mily Services	
3 Name of vendor	described by Sections 176.001	(7) and 176.003(a), Local Government	
N/A			
	he nature and evice at a selection		
with vendor nai	ned in item 3.	nployment or other business relationshi	p and each family relationship
5 List gifts accep	ted by the local government of	fficer and any family member, if aggreg	
from vendor na	med in item 3 exceeds \$100 du	nicer and any family member, if aggreg iring the 12-month period described by	are value of the gifts accepted Section 176,003(a)(2)(B)
		n of Gift	
Date Gift Accep	ted Descriptio	n of Gift	
Date Gift Accept	ed Description	of Gift	
	(attach a	dditional forms as necessary)	
CHA	also acknowledge that this statement Government Code.  ARISMA TOLBERT	t the above statement is true and correct. I acknowly Section 176.001(2), Local Government Code not covers the 12-month period described by Section 176.001	of this local government officer. It ion 176.003(a)(2)(B), Local
Comm.	Public, State of Texas Expires 02-02-2025 Bry ID 130990828	Signature of Local C	Sovernment Officer
NOTARY STAMP/SE	EAL.		n .
211	ed before me by	this the 19	day of August.
harmin'	Intl.	Karisma Tolbert	Malery
Signature of officer adminis		ne of officer administering oath	Title of officer administering oath
" was little to the		OR	The of officer administering oath
2) Unsworn Declara	tion		Chinal Anna Tariffalls
ly name is		, and my date of birth is	
fy address is			
vocated in	(street)	(city) (state)	(zip code) (country)
YACUIGO IU	County, State of	day of(month)	, 20
		(110111)	(year)
rm provided by Texas E	thics Commission	Signature of Local Government	nent Officer (Declarant)

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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Name of Local Government Officer  Som name Men Sul  Office Held	
Contract 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.	
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 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 acknowledge that the 12-month period code acknowledge that the 12-month period code acknow	
NOTARY STAMP/SEAL.  Sworn to and subscribed before me by Emmanul Munsah this the	19th day of August.
Signature of officer administering oath  Printed name of officer administering oath	Motary Title of officer administering oath
Signature of officer administering oath  Printed name of officer administering oath  OR	Title of officer administering data
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,,	
(street)       (city)       (state of, on the, on the, on the	e) (zip code) (country) , 20 (year)
	(year)