FORM CIS

	<u> </u>			
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			
1 Name of Local Government Officer				
Tameisha Davenport				
2 Office Held	1			
Contract Manager				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	RFP# 25/007IA Local Food and Catering			
N/A				
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. N/A	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				
N/A	Section 170.000(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 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 Tamusha Davenport this the 24th day of November.				
20, to certify which, witness my hand and seal of office.	Na.			
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,,	(zin code) (country)			
(street) (city) (state of, on the day of (month)	te) (zip code) (country), 20 (vear)			
Signature of Local Gove	ernment Officer (Declarant)			

FORM CIS

This questionnaire reflects changes made	de to the law by H.B. 23, 84th L	eg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate government officer has become awar in accordance with Chapter 176, Loca	e of facts that require the office		Date Received
1 Name of Local Government Office			
Deisy Rubio			
2 Office Held			
Procurement Coop	dinator		
3 Name of vendor described by Sect	ions 176.001(7) and 176.003(a). Local Government	RFP# 25/007IA
Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Local Food and Catering
N/A			0.0
4 Description of the nature and exte with vendor named in item 3.	nt of each employment or oth	er business relationsh	ip and each family relationship
5 List gifts accepted by the local go			
from vendor named in Item 3 exc	eds \$100 during the 12-mon	th period described by	/ Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift		
Date Gift Accepted			i l
Date Gift Accepted	Description of Gift		
	(attach additional forms a	s necessary)	
			nowledge that the disclosure applies
			de) of this local government officer. I
also acknowledge t Government Code.	hat this statement covers the 12-m	onin period described by Se	ction 176.003(a)(2)(B), Local
		erry Rulio	
CHARISMA TOLBERT	249	Signature of Local	Government Officer
Comm. Expires 02-02-2025 Please complete either option below:			
OF Notary ID 130990828			
	A. 1900		
NOTARY STAMP/SEAL	And the second		
Sworn to and subscribed before me by	Deien Bubi	this the	day of November
20, to certify which, witness my			
Chariam lated	Chronis	to who	Noth /
Signature of officer administering oath	Printed name of officer adminis	tering oath	Title of officer administering oath
	OR		2070 F 200
(2) Unsworn Declaration			
My name is		, and my date of birth is _	•
My address is		·	
·	treet)	, ,,	te) (zip code) (country)
Executed in County	State of, on the	day of(month)	, 20 (year)
	18		proment Officer (Declarant)

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		
MONICA L. GARCIA		
2 Office Held		
Service Desk ANAlyst II	050# 05/00714	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	RFP# 25/007IA Local Food and Catering	
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	ate value of the gifts accepted	
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)		
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 CHARISMA TOLBERT Notary Public, State of Texas Comm. Expires 02-02-2025 Notary ID 130990828 Please complete either option below:		
(1) Affidavit		
Signature of officer administering oath NOTARY STAMP/SEAL Moving Concine this the concine this table	day of NOV6mbe. Nov6mbe. 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)	
(month)	(year)	
Signature of Local Gove	ernment 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
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 Torge Gar 29	
2 Office Held	
2 Office Held Special Projects Workflow Specialist	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	RFP# 25/007IA
Code N/A	Local Food and Catering
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)	
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 Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coda also acknowledge that this statement covers the 12-month period described by Section 176.001(2)	e) of this local government officer. I
NOTARY STAMP/SEAL Sworn to and subscribed before me by	th day of November
20 2 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath	Nota-V Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is, and my date of bilds is,	
(street) (city) (state	e) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (vear)
	rnment Officer (Declarant)