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	
1 Name of Local Government Officer		
Deisy Rubio	RFP 25/008TD	
2 Office Held	Event Spaces and Venues	
Procurement Coordinator	ģ.	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government		
Code .		
NA		
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)		
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 Desy Ruba this the Land this the Land this the Land the Land this trip at this trip at the Land this trip at the Land	day of November. Notary Title of officer administering oath	
OR		
(2) Unsworn Declaration		
My name is, and my date of birth is	37	
My address is		
(street) (city) (state	te) (zip code) (country)	
Executed in County, State of , on the day of (month)	, 20 (year)	
	ernment Officer (Declarant)	

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1 Name of Local Government Officer			
()asmine provide	RFP 25/008TD		
² Office Held	Event Spaces and Venues		
Officer of Communion and Leader ship Developmen			
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government			
Code			
NIA			
Description of the nature and extent of each employment or other business relationship to the 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	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 the statement is true and correct. I acknowledge the statement is true and correct.			
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 perject described by Section 176.003(a)(2)(B), Local			
Government Code.) 170.003(a)(2)(0), 200a		
Chalan			
CHARISMA TOLBERT Signature of Local Government Officer Notary Public, State of Texas			
Comm. Expires 02-02-2025 Please complete either option below:			
Notary ID 130990828			
NOTARY STAMP/SEAL			
Swom to and subscribed before me by Jasmine Pooler this the	he day of December		
20, to certify which, witness my hand and seal of office.	day of the contract.		
, to certify writers, witness my hand and seal of office.	1101-1		
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath		
Timed take of officer administering odds	THE OF CHICO MEMBERSHING COLL		
(2) Unsworn Declaration			
(2) Onsworn Deciaration			
My name is, and my date of birth is			
My address is			
(street) (city) (stat	e) (zip code) (country)		
Executed in County, State of, on the day of	, 20		
(month)	(year)		
Signature of Local Cove	rement Officer (Declarant)		

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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Name of Local Government Officer			
Mary Coursell	RFP 25/008TD		
2 Office Held	Event Spaces and Venues		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	et		
Code			
N/A			
4 Description of the nature and extent of each employment or other business relationship	lp and each family relationship		
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	gate value of the gifts accepted section 176.003(a)(2)(B).		
Date Gift Accepted Description of Gift	7		
Date Gift Accepted Description of Gift	1		
Date Gift Accepted Description of Gift	\		
(attach additional forms as necessary)	9 <u> </u>		
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	2011		
CHARISMA TOLBERT Signature of Local	Government Other		
Comm. Expires 02-02-2025	U		
Notary ID 130990828 Please complete either option below:			
(1) Amgavit			
NOTARY STAMP/SEAL	ri.		
Λ/h . ()	day of November.		
0.1	day of		
20 dg to certify which, witness my hand and seal of office.	1) ctarl		
Charson Collect Charson Tolburt	Title of officer administering oath		
Signature of officer administering oath Printed name of officer administering oath OII			
(2) Unsworn Declaration			
My name is, and my date of birth is			
My address is,			
(energy)	te) (zip code) (country)		
Executed in County, State of, on the day of (month)	, 20 (year)		
Clanative of Land Cov	eroment Officer (Declarant)		

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

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1 Name of Local Government Officer		
Shelby Buchtien		
2 Office Held	RFP 25/008TD Event Spaces and Venues	
Event Coordinator	Event opaces and venues	
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 relationship with vendor named in item 3.	and each family relationation	
IV/A		
5 List gifts accepted by the local government officer and any family member, if aggregation wender named in item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted	
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)		
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge to each family member (see defined by 0 artists (Taxard by 0 artists).	wiedge 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 SWELLEY BUCK		
Signature of Local C	JEWN Officer	
11 20 Comm. Expires 02-02-2025	overnine if OilC81	
Notary ID 130390828 Pease complete either option below:		
1,7 / 110000 14		
NOTARY STAMP/SEAL	W. J. C.	
Swom to and subscribed before me by Shelby Buchten this the 14	day of November	
to party which, witness my hand and shall of office.	41.4	
Attaching of officer advicts to	Notary	
Times name of officer administering oath	Title of officer administering oath	
2) Unsworn Declaration		
ly name is, and my date of birth is		
ly address is		
(street) (city) (state)	(zip code) (country)	
xecuted in County, State of, on the day of (month)	, 20 (vear)	
rm provided by Texas Ethics Commission	nent Officer (Declarant)	