| | LOCAL GOVERNMEN CONFLICTS DISCLOS | FORM CIS | | |
|--|---|---|-----------------------------------|--|
| | (instructions for completing and filing this form are provided on the next page.) | | | |
| T | 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 | | | | |
| | Nina L. Jalb | | | |
| 2 Office Held | | | | |
| | HRLiaison | | | |
| 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code | | | | |
| Freese & Nichols/Mark Jalbert | | | | |
| 4 Description of the nature and extent of employment or other business relationship with vendor named in item 3 | | | | |
| | Sportse | | | |
| 5 | The augus appeared by the local Accessment onloce, and any lentily national' it additadate same of the fill? SCCADIGO | | | |
| | from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). | | | |
| 1 | Date Gift Accepted | Description of Gift | | |
| | | | | |
| | Date Gift Accepted | Description of Gift | ······· | |
| | Date Gift Accepted | Description of Gift | | |
| (attach additional forms as necessary) | | | | |
| 6 | AFFIDAVIT | | | |
| | 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 | | | |
| | 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. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOV | Alina Till at | in the | |
| | of November 2015 to ce | | , this the day | |
| of NOVEMIDEL, 20.5, to certify which, witness my hand and seal of office. | | | | |
| | 7 ancy Ring | Manuy L. King K | ecords Manager | |
| | Signature of officer administeting oath | Printed name of officer administering oath Ti | tle of officer administering oath | |

Adopted 8/7/2015