| Local Government Office and a filing the form are provided on the next page.)      The questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.      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 178, Local Government Code.      Name of Local Government Officer      Rachel Crawley      Orfice Heid      Asset Management Program Carchivette      Asset Management Program Carchivette      Jamme of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code      JaSon Crawley, Filesse and Michael      Bescription of the nature and extent of employment of other business relationship with vendor named in item 3      Forme Space      Lat gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted     rom vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).      Date Gift Accepted  | Project 19-113 Environmental Services and Task order 1 |   |                                  |  |
|--|--|---|----------------------------------|--|
| Instructions for completing and filing this form are provided on the next page.)         This questionnalize reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.         This is the notice to the appropriate local governmental entity that the following local government officers has been entitle the officer to file this statement in accordance with Chapter 176, Local Government Code.         I Name of Local Government Officer         Rachel Crawley         I Office Held         Asset Management Program Coordination         Asset Management Program Coordination         I Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code         J Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code         J Description of the nature and extent of employment or other business relationship with vendor named in item 3         For Mer Space         B<         List gifts accepted       Description of Gift         Date Gift Accepted       Description of Gift         Date Gift Accepted       Description of Gift         I attack additional forms as necessary) <ul> <li>I swaar under panalay of polyny that the above statement is true and correct. Lakerowladge that the disclasure apples to each family member of Local Government Code.</li> <ul> <li>Name of under panalay of polyny that the above statement is true and correct. Lakerowladge that the disclasure apples to each family member (addingl p(2)(8), Local Government Code.)</li></ul></ul>   |  | LOCAL GOVERNMENT OFFICER  |                                  |  |
| 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       Date Received         2       Office Held       ASSEt Management Program Coordination         3       Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code         3       Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code         3       Description of the nature and extent of employment or other business relationship with vendor named in item 3         For MAN Space       For MAN Space         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         Is affiDAVIT       I swear under penalty of periory that the above statement is true and correct. I advowledge that the descioure applies to each family member (as defined by Section 176.001(2), Local Government Code.         Matter of Local Government Code.       I swear under penalty of periory that the above statement is true and correct. I advowledge that the statement covers the 12-month period described by Section 176.001(2), Local Government Code. <t< td=""><th></th><td colspan="3">(Instructions for completing and filing this form are provided on the next page.)</td></t<>  |  | (Instructions for completing and filing this form are provided on the next page.)                                 |                                  |  |
| povernment officer has become aware of facts that require the officer to file this statement<br>in accordance with Chapter 178, Local Government Code.       Date Received         1       Name of Local Government Officer       Rachel Crawley         2       Office Held       Asset Management Program Coarchivetter         3       Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code       Jacometer Section 176.001(7) and 176.003(a), Local Government Code         3       Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code         3       Description of the nature and extent of employment or other business relationship with vendor named in item 3         For MAC Space       S         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)(8).         Date Gift Accepted       Description of Gift         Date Gift Accepted       Description of Gift         (attach additional forms as necessary)       I sever under penalty of pojury that the above statement is true and correct. I acknowledge that the disclosure apples to each family member (as defined by Section 176.003(a)(2)(8), Local Government Code.         Name of vendor to use 05-t42020<br>Notary Public, State of Taxes       I sever under penalty of pojury that the above statement is true and correct. I acknowledge that the statement coveres the 12-month period described by Section 176.003(a)(  |  | This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.                       | OFFICE USE ONLY                  |  |
| Rachel Crawley         2       Office Heid         Asset management Program Coordinator         3       Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code         Jason Crawley, Freese and Nichols         4       Description of the nature and extent of employment or other business relationship with vendor named in item 3         Former Space         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         (attach additional forms as necessary)       I swaar under penalty of pejury that the above statement is true and correct. I acknowledge that the discourse apples to each family member (at difficed by Section 176.003(a)(2)(B), Local Government Code of this tocal government code of the subscription to Code of the subscription and code of the subscription of Code of the used and werner to the statement is true and correct. I acknowledge that the disclosure apples to each family member (at difficed by Section 176.003(a)(2)(B), Local Government Code of the tocal government code.         NNCY L KING       NNCY L KING         NATE V Description of Trees (S14.2027)       NNCY L KING         Notary Public, State of Trees       Signature of Local Government Offler         Notary Public, State of Trees       Signature   |  | Date Received   |                                  |  |
| ASSET MANAGEMENT Program Caordinator     ASSET MANAGEMENT Program Caordinator     ASSET MANAGEMENT Program Caordinator     ASSET MANAGEMENT Program Caordinator     Jason Crawley, Freese and Nichols     Description of the nature and extent of employment or other business relationship with vendor named in item 3     Former Space     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     datach additional forms as necessary)     I swar under penalty of pejury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.00(2), Local Government Code.     NARCY L KINC  | 1  | Name of Local Government Officer  |                                  |  |
| ASSET MANAGEMENT Program Coordinator         3       Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code         JASON Crawley, Freese and Nichols         4       Description of the nature and extent of employment or other business relationship with vendor named in item 3         Former Space         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         (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.         NANCY L KING       NANCY L KING         NANCY L KING       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.         NANCY L KING       NANCY L KING         NANCY L KING       NANCY L KING         NANCY L KING       Signature of Local Government Code.         NANCY L KING       Signature of Local Government Code.  |  | Rachel Crawley  |                                  |  |
| <ul> <li>Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code</li> <li>Jason Crawley, Fieldse and Nithols</li> <li>Description of the nature and extent of employment or other business relationship with vendor named in item 3</li> <li>Former Space</li> <li>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).</li> <li>Date Gift Accepted Description of Gift</li></ul>   | 2  | Office Held   |                                  |  |
| Image: Solution of operations induction () and induction () |  | Asset management Program Coordinator  |                                  |  |
|  | 3  | Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government                                  | Code                             |  |
| For Med Space     Itst 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)     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 Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code.     NANCY L KING     Notary Public, State of Texas Comm. Express of 14-2020 Notary ID 417033-0  |  | Jason Crawley, Freese and Nichols   |                                  |  |
| 5       List glifts accepted by the local government officer and any family member, if aggregate value of the glifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).         Date Glift Accepted Description of Glift       Description of Glift         Date Glift Accepted Description of Glift       Description of Glift         Date Glift Accepted Description of Glift       (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 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.         NANCY L. KING       WAMCUL, KING         NANCY L. KING       State of Texas         Comm. Expires 05-14-2020       Notory ID 417030-0   | 4  | Description of the nature and extent of employment or other business relationship wi                              | th vendor named in item 3        |  |
| 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         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 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.         NANCY L. KING       MANCY L. KING         Notary Public, State of Texas       Comm. Expires 05-14-2020         Notary ID 417030-0       Affigure of Local Government Offiger  |  | Former Spouse   |                                  |  |
| 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 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.         NANCY L. KING         NANCY L. KING         Notary Public, State of Texas         Comm. Expires 05-14-2020         Notary ID 417030-0  | 5  | The stand have a survey sear Secondary and a survey survey and highlight a grant of the offer a survey second and |                                  |  |
| 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 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.         NANCY L. KING       Notary Public, State of Texas         Comm. Expires 05-14-2020       Notary ID 417030-0         Notary ID 417030-0       Signature of Local Government Officer  |  | Date Gift Accepted Description of Gift  |                                  |  |
| 6 AFFIDAVIT<br>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.<br>Notary Public, State of Texas<br>Comm. Expires 05-14-2020<br>Notary ID 417030-0<br>Signature of Local Government Officer  |  | Date Gift Accepted Description of Gift  |                                  |  |
| 6 AFFIDAVIT<br>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.<br>Notary Public, State of Texas<br>Comm. Expires 05-14-2020<br>Notary ID 417030-0<br>ATT AND  |  | Date Gift Accepted Description of Gift  |                                  |  |
| NANCY L. KING<br>Notary Public, State of Texas<br>Comm. Expires 05-14-2020<br>Notary ID 417030-0   | (attach additional forms as necessary)                 |   |                                  |  |
| AFFIX NOTARY STAMP / SEAL ABOVE<br>Sworn to and subscribed before me, by the said Rachel Clauley , this the 6th day  | 6  | ed by Section 176.001(2), Local<br>acknowledge that this statement<br>0(2)(B), Local Government Code.             |                                  |  |
| of Tellsuary, 20 20 , to certify which, witness my hand and seal of office.  |  |   |                                  |  |
| Ancust King     Nancy L-King     Records Manager       Signature of officer administering oath     Printed name of officer administering oath     Title of officer administering oath  |  |   | le of officer administering oath |  |
|  |  |   |                                  |  |