

DECLARATION

My name is Rachel Amanda Crawley
(First) (Middle) (Last)
my date of birth is _____, and my address is _____

and USA _____ _____ _____
(Country) (City) (State) (Zip Code)
I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas on the 14th day of
July, 2020.

Rachel Crawley
Declarant

**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.
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.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer
Rachel Crawley

2 Office Held
Asset management Program Coordinator

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
Freese + Nichols

4 Description of the nature and extent of employment or other business relationship with vendor named in item 3
Jason Crawley Ex-Husband

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 _____
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.

Rachel Crawley
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath