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
Name of Local Government Officer	İ
<u>Stephen alum</u> 2 Office Held	
General Coursel	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
4 Description of the nature and extent of each employment or other business relationship	n and agob family relationship
with vendor named in item 3. Twas an income partner at CH from 2018-2020. By father is currently at CH and has 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)	
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. Signature of Local Government Officer Release corrected either entires her lawyers.	
Please complete either option below:	
(1) Affidavit	Comm. Expires 10-08-2022 Notary ID 12169253
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Sephen Tahun this the	th day of April .
20 22 , to certify which, witness my hand and seal of office.	•
Kennythan Kelly Harper	
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	
(street) (city) (state) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Govern	nment Officer (Declarant)