LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

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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 Office	r	
Melina Ann Cashaw		
2 Office Held		
Employee Benefits Coordinator		
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 and each family relationship with vendor named in item 3.		
N/A		
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).		
from vendor named in item 3 exce		Section 176.003(a)(2)(b).
Data Citt Assessed	N/A Description of Gift	
Date Gill Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Data Gift Accepted	Description of Gift	
Date Gill/locepted	Decemption of ant	
	(attach additional forms as necessary)	
6 AFFIDAVIT	I swear under penalty of perjury that the above statement i	is true and correct. I acknowledge
	that the disclosure applies to each family member (as defi	ined by Section 176.001(2), Local
LINDA VONROSENBERG	Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	
Notary Public STATE OF TEXAS		
ID# 13174445-1 My Comm. Exp. Oct. 02, 2026	Il Idlantaha	,,)
	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABO		
Sworn to and subscribed before me, by the said Melina Alin Cashaw, this the 6th day		
of Settenbelv, 20 23, to certify which, witness my hand and seal of office.		
Kinda Conformación Lindalanhosonham HE Spicialist		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		