

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

2016 AUG 30 AM 10:36
SACS BRANCH # 6110USTEL

1 Name of Local Government Officer

Dr. Carolyn Evans-Shabazz

2 Office Held

Houston Community College Trustee, District IV

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

Houston Texans

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

As a trustee I exercise discretion over the planning, recommending, selection, awarding or management of the College's contract with the Texans

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 08/28/2016 Description of Gift game tickets

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.



Dr. Carolyn Evans-Shabazz
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DR. CAROLYN EVANS-SHABAZZ this the 30th day of August, 2016, to certify which, witness my hand and seal of office.

Sharon R. Wright
Signature of officer administering oath

SHARON R. WRIGHT
Printed name of officer administering oath

NOTARY
Title of officer administering oath