

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. 1491, 80th 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 13 MAY 20 AM 10:25 RECEIVED CITY OF SAN ANTONIO CITY CLERK

1 Name of Local Government Officer
SCOTT W. CARPENTER

2 Office Held
HDRC COMMISSIONER

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

4 Description of the nature and extent of employment or other business relationship with person named in item 3
COMMISSIONER IS AN ADJUNCT PROFESSOR AT SAN ANTONIO COLLEGE, ACCD.

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

Date Gift Accepted *N/A* Description of Gift _____

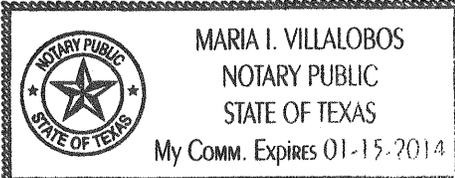
Date Gift Accepted *N/A* Description of Gift _____

Date Gift Accepted *N/A* Description of Gift _____

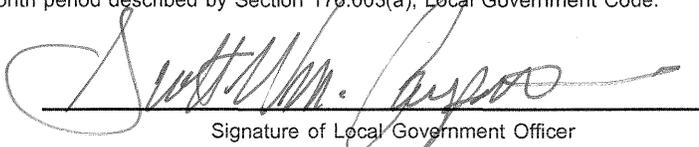
(attach additional forms as necessary)

6 **AFFIDAVIT**

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a 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), Local Government Code.



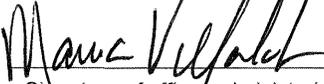
MARIA I. VILLALOBOS
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Expires 01-15-2014



 Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Scott Carpenter*, this the *17* day of *April*, 20*13*, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Maria Villalobos

 Printed name of officer administering oath

Admin. Asst I

 Title of officer administering oath