

# 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**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

3 OCT 10 PM 1:50

Date Received

**1 Name of Local Government Officer**  
Donald Oroian

**2 Office Held**  
Member, Planning Commission, City of San Antonio

**3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code**  
Donald Oroian, President of ADA Consulting Group, Inc., an engineering firm of which I am 100% owner.

**4 Description of the nature and extent of employment or other business relationship with person named in item 3**  
ADA Consulting Group, Inc, a company in which I am 100 % owner, is currently under contract to provide TDLR Texas Accessibility Standards (TAS) plan review and inspection services for the University Health System (UHS) new tower project and various associated renovation projects of whom UHS is the property owner associated with AEVR 5826 listed as Item 15 on the October 9, 2013 Planning Commission Agenda.

**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 \_\_\_\_\_ 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 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.



*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald Oroian, this the 8th day of Sept., 20 13, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Heather L. Steed  
\_\_\_\_\_  
Printed name of officer administering oath

Notary Public  
\_\_\_\_\_  
Title of officer administering oath