

# 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  
OCT - 9 AM 11:12

Date Received \_\_\_\_\_

1 Name of Local Government Officer  
*Susan Oliver Heard*

2 Office Held  
*Zoning Commission*

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  
*The applicant is the landlord for my business at Blue Star.*

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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

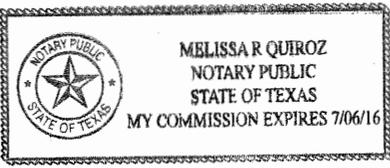
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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.



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Susan Oliver Heard*, this the *7<sup>th</sup>* day of *October*, 20 *14*, to certify which, witness my hand and seal of office.

*Melissa R. Quiroz*  
\_\_\_\_\_  
Signature of officer administering oath

*Melissa R. Quiroz*  
\_\_\_\_\_  
Printed name of officer administering oath

*Admin. Asst I*  
\_\_\_\_\_  
Title of officer administering oath