

Item #14  
JUNE 4, 2015

# 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

15 JUN -3 PM 2:08

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

1 Name of Local Government Officer

MICHAEL R. (MIKE) GALLAGHER

2 Office Held

COUNCILMAN DISTRICT 10

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

Item 14 - Northern Hills Golf Course

4 Description of the nature and extent of employment or other business relationship with person named in item 3

Serve as Councilmember for District 10

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)

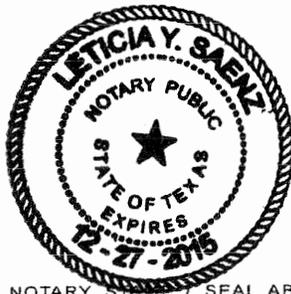
Date Gift Accepted NA Description of Gift \_\_\_\_\_

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

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

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

*Michael R. Gallagher*

Signature of Local Government Officer

Sworn to and subscribed before me, by the said MICHAEL R. GALLAGHER, this the 3RD day of JUNE, 20 15, to certify which, witness my hand and seal of office.

*Leticia Y. Saenz*

Signature of officer administering oath

LETICIA Y. SAENZ

Printed name of officer administering oath

NOTARY

Title of officer administering oath