

# 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  
**12 MAY 11 AM 9:32**  
RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

1 Name of Local Government Officer

*CHRISTOPHER LINDHORST*

2 Office Held

*PLANNING COMM.*

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

*DR HORTON*

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

*Employer has business relationship of Applicant.*

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 \_\_\_\_\_

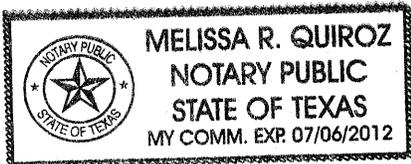
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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.



*Christopher Lindhorst*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Lindhorst, this the 9<sup>th</sup> day of May, 20 12, 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