

# 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

RECEIVED  
 CITY OF SAN ANTONIO  
 CITY CLERK  
 13 FEB 14 PM 2:20

1 Name of Local Government Officer  
 DONALD OROIAN

2 Office Held  
 PLANNING COMMISSIONER

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

4 Description of the nature and extent of employment or other business relationship with person named in item 3  
 The person's firm may have hired ADA CONSULTING Group, Inc. A company I AM 100% OWNER, IN THE LAST 12 MONTHS

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 \_\_\_\_\_

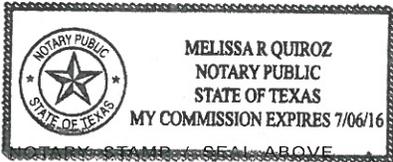
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

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]* 2-13-2013  
 Signature of Local Government Officer

Sworn to and subscribed before me, by the said Donald Oroian, this the 13<sup>th</sup> day of February, 20 13, to certify which, witness my hand and seal of office.

*[Signature]*  
 Signature of officer administering oath

Melissa R. Quiroz  
 Printed name of officer administering oath

Admin. Asst. I  
 Title of officer administering oath