

# 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. 23, 84th 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

2016 JUN 17 PM 1:54

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

1 Name of Local Government Officer

*Cheryl Sheehan (employee)*

2 Office Held

*Public Services Administrator / Library*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

*Haley Holmes (my spouse)*

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

*Appointment of relatives - I shall not participate in the hiring / interviewing process of Ms. Holmes for Public Svcs. Admin.*

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted na Description of Gift na

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 each 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)(2)(B), Local Government Code.

*Cheryl Sheehan*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cheryl Sheehan, this the 17<sup>th</sup> day of June, 20 16, to certify which, witness my hand and seal of office.

*Rosalinda G. Diaz*      Rosalinda G. Diaz      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath