

# 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

6 OCT 21 PM 1:39

CITY OF SAN ANTONIO  
CITY CLERK

**1 Name of Local Government Officer**

Leilah Powell

**2 Office Held**

Chief of Policy, Office of Mayor Ivy R. Taylor, City of San Antonio

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

Wells Fargo Bank

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

My sister, Laura Powell, is a Managing Director for Wells Fargo, and is listed as the signatory on the contract disclosure form.

**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

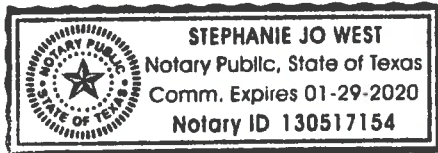
Date Gift Accepted NA Description of Gift NA

Date Gift Accepted NA Description of Gift NA

(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.



Leilah Powell  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Steph J West  
Signature of officer administering oath

Stephanie J. West  
Printed name of officer administering oath

Title of officer administering oath