

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 11/4/2021

- 1 Name of Local Government Officer**
Elizabeth Borstad
- 2 Office Held**
City Manager
- 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**
Halff and Associates

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Brad Borstad (husband) is employed by Halff and Associates

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)

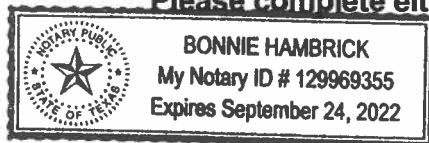
6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

[Handwritten Signature]

 Signature of Local Government Officer

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elizabeth Borstad this the 4th day of November, 2021, to certify which, witness my hand and seal of office.

Bonnie Hambrick Bonnie Hambrick City Secretary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR