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 ma | ade to the law by H.B. 23, 84th Leg., Regular Session. | OFFICE USE ONLY |
|---|--|--|
| 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 | | Date Received |
| in accordance with Chapter 176, Local Government Code. | | |
| Name of Local Government Office | er | |
| Dan S. Leyendecker | | |
| 2 Office Held | | |
| Corpus Christi RTA Board | of Directors | |
| Name of vendor described by Se | ections 176.001(7) and 176.003(a), Local Government | Code |
| LNV, Inc. | | |
| Description of the nature and ext with vendor named in item 3. | ent of each employment or other business relationship | p and each family relationship |
| Mr. Leyendecker is the Pres | sident/CEO of LNV, Inc. | |
| List gifts accepted by the local g from vendor named in item 3 exc | government officer and any family member, if aggreg- ceeds \$100 during the 12-month period described by | ate value of the gifts accepted Section 176.003(a)(2)(B). |
| Date Gift Accepted N/A | Description of Gift N/A | |
| 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 that the disclosure applies to each family member (as defined as Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a) | ned by Section 176.001(2), Local acknowledge that this statement |
| JESSICA RODRIGUEZ Notary Public, State of Texas My Commission Expires August 19, 2019 | Signature of Local | Government Officer |
| AFFIX NOTARY STAMP / SEAL AE Sworn to and subscribed before me, by | DMIC INITION | , this the 36 \pm day |
| of January, 20 18 | to certify which, witness my hand and seal of office. | |
| A-100 | | ELUTIVE ASSISTANT |
| Signature of officer administering oa | th Printed name of officer administering oath | Fitle of officer administering oath |