

ITEM 2-5 ON 10/6/11 COUNCIL MTG.

# 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

1 Name of Local Government Officer

Ivy R. Taylor

2 Office Held

City Councilwoman, District 2

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

SELF

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

Recusal from item 2-5

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 \_\_\_\_\_

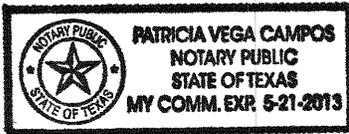
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
11 OCT - 5 PM 4:11

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.



*Ivy R. Taylor*

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ivy R. Taylor, this the 10/5/11 day of October, 2011, to certify which, witness my hand and seal of office.

*Pat W. Campos*

Signature of officer administering oath

Patricia Vega Campos

Printed name of officer administering oath

Sr. Assoc. Secretary/Notary

Title of officer administering oath