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.	**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 in accordance with Chapter 176, Local Government Code.	Date Received RECEIVED NOV 2018 San Jacinto River Authority

1 Name of Local Government Officer

Alycia Turner

2 Office Held

Administrative Assistant

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

Crown Castle

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

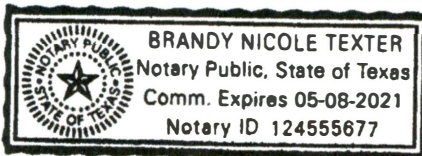My brother works for Crown Castle and SJRA/SCADA/I&C rents tower space from this company

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

BRANDY NICOLE TEXTER
Notary Public, State of Texas
Comm. Expires 05-08-2021
Notary ID 124555677

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.

_____
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _Alycia Turner_ , this the _August_ day of _17_ , 20 _18_ , to certify which, witness my hand and seal of office.

Brandy Nicole Texter
Signature of officer administering oath

Brandy Nicole Texter
Printed name of officer administering oath

_____
Title of officer administering oath