

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

**OCC RECEIVED AT
SEP 9 '22 PM 3:50**

1 Name of Local Government Officer

JACQUELINE YAFT

2 Office Held

CEO of Dept. of Aviation - City of Austin

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

PMG

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

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 None Description of Gift N/A

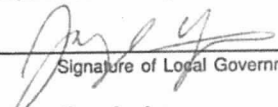
Date Gift Accepted None Description of Gift N/A

Date Gift Accepted None Description of Gift N/A

(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.


Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

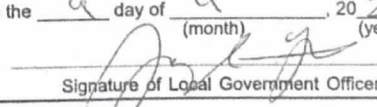
OR

(2) Unsworn Declaration

My name is Jacqueline Yافت, and my date of birth is 03-05-1972

My address is 5071 March Lane, Buda, TX, 78610, USA
(street) (city) (state) (zip code) (country)

Executed in HAYS County, State of TX, on the 9 day of 9, 2022.
(month) (year)


Signature of Local Government Officer (Declarant)

Attachment to FORM CIS

Jacqueline Yaft

Disclosure of previous employment with PMG prior to joining city was made during interview, application, and hiring process. Also disclosure of salary earned in excess of \$2500 with PMG employment period which ended before joining the city.

Also no employment or other business relationships, or any other taxable income or financial interests, exist with me or any family members with PMG since end of employment.