

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

RECEIVED

JUN 04 2014

City of Marble Falls
City Secretary's Office

1 Name of Local Government Officer

MARGIE CARDENAS

2 Office Held

DIRECTOR OF FINANCE

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

RAYMOND WHITMAN

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

WHITMAN INSURANCE PROVIDES INSURANCE FOR OUR BUSINESS, HILL COUNTRY OFFICE SOLUTIONS AND OUR HOME.

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)

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.



Margie Cardenas
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margie Cardenas, this the 4th day of June, 20 14, to certify which, witness my hand and seal of office.

Christina McDonald
Signature of officer administering oath

Christina McDonald
Printed name of officer administering oath

Notary
Title of officer administering oath

**LOCAL GOVERNMENT OFFICER
CONFLICTS DISCLOSURE STATEMENT**

FORM CIS

(Instructions for completing and filing this form are provided on the back.)

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

RECEIVED

JUN 21 2010

City of Marble Falls
City Secretary's Office

1 Name of Local Government Officer

MARGARITA CARDENAS

2 Office Held

DIRECTOR OF FINANCE

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

HILL COUNTRY OFFICE SOLUTIONS, LLC
GUMARO R. CARDENAS - OWNER

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

CO-OWNER OF HILL COUNTRY OFFICE SOLUTIONS, LLC.
SPOUSE TO GUMARO R. CARDENAS

5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

Date Gift Received _____ Description of Gift _____ Did Not Accept Gift

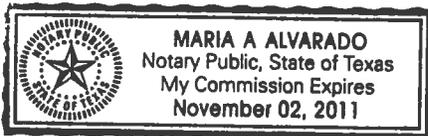
Date Gift Received _____ Description of Gift _____ Did Not Accept Gift

Date Gift Received _____ Description of Gift _____ Did Not Accept Gift

(attach additional forms as necessary)

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 a government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(b), Local Government Code.



Margarita Cardenas
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margarita Cardenas, this the 21st day of June, 20 10, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Maria Alvarado
Printed name of officer administering oath

Notary
Title of officer administering oath