

# 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

8/10/22

**1 Name of Local Government Officer**

Tara Bushnoe

**2 Office Held**

Natural Resources Manager/General Manager (effective 10/1/22)

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

Riverside Nature Center

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

Board Member 2016 - present

**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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

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

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

(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 Tara M. Bushnoe, and my date of birth is 09/12/1979.

My address is 176 Nimitz Drive, Kerrville, TX, 78028, USA.  
(street) (city) (state) (zip code) (country)

Executed in Kerr County, State of Texas, on the 10th day of August, 2022.  
(month) (year)



Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

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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

4/17/25  
JB

1 Name of Local Government Officer  
Jonathan Letz

2 Office Held

Upper Guadalupe River Authority Board Director

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

Kerr County

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Mr. Letz is a consultant with Peter Lewis Architect who has a contract with Kerr County. UGRA has a grant agreement with Kerr County to rebate costs associated with the rainwater catchments system and filter strips which Mr. Letz will be facilitating completion of through his consulting role with Peter Lewis Architect.

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 \_\_\_\_\_ Description of Gift \_\_\_\_\_

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

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

(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 Jonathan Letz, and my date of birth is 01-18-1957

My address is 1656 Lane Valley Rd, Comfort, TX, 78013, USA  
(street) (city) (state) (zip code) (country)

Executed in Kerr County, State of Texas, on the 17 day of April, 2025.  
(month) (year)

Signature of Local Government Officer (Declarant)