LOCAL GOVERNMENT OFFICER CONFLICTS FORM CIS
DISCLOSURE STATEMENT
(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.

1 Name of Local Government Officer
   Sanjay Ramabhadran

2 Office Held
   Board Member, Metropolitan Transit Authority of Harris County, Texas

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

4 Description of the nature and extent of each employment or other business relationship and each family relationship
   with vendor named in item 3. Officer’s firm is on a team with the vendor for a project with another governmental
   entity.

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
   ________________        __________________________
   ________________        __________________________
   ________________        __________________________

   (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 Sanjay Ramabhadran this the 16th day of December, 2021, to certify which, witness my hand and

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is __________________________, and my date of birth is ________________.

My address is __________________________ (street) __________________________ (city)

County, State of __________________________, on the _______ day of __________________________, 20

(month) (state) (zip code) (country)

Signature of Local Government Officer (Declarant)