

CITY OF TOMBALL

APPLICATION FOR CITY BOARDS/COMMISSIONS/COMMITTEES

As an Applicant for a City Board, Commission, or Committee, your application will be public information. You will be contacted before any appointments are considered to confirm your continued interest in serving. All appointments are made by the Tomball City Council. Incumbents whose terms expire may be automatically considered for reappointment unless they indicate non-interest or have been appointed to two (2) consecutive terms. A member who is absent for more than 25% of called meetings in any twelve consecutive months or absent from more than two consecutive meetings, for other than medical reasons, will be automatically removed from service. Applicant must be a citizen of the United States and must reside within the city limits of Tomball unless otherwise stated in the position announcement. Applications will be kept on file for two years and will expire at the end of two years; for instance, an application dated in 2022 will expire in 2024.

Please Type or Print Clearly:

Date: 9/19/22

Name: Margarete Yacoubian

Phone:

(Home)

Address:

Phone:

(Work)

City/State/Zip Tomball, TX 77375

Cell:

Email: Margarete.Yacoubian@hcahealthcare.com

I have lived in Tomball 4 years.

I am X am not a U.S. Citizen

Occupation: Chief Nursing Officer - HCA Houston Healthcare Tomball 12/18 - present

Chief Nursing Officer - HCA Houston Healthcare North Cypress - Starting 10/22

Professional and/or Community Activities: Chamber of Commerce through HCA Houston Healthcare Tomball

Member of American Organization of Nurse Executives (AONE)

Member of American College of Healthcare Executives (ACHE)

Additional Pertinent Information/References: _____

Bruce Hillegeist

Mark Stoll

John Ford

Rob Marmenstein

Please attach a short biography to this application.

Briefly tell us why you would like to be considered for appointment to a City of Tomball Board/Commission.

I would like to be considered for the Tomball Regional Health Foundation. I have been in healthcare for 25 years. Within those 25 years, I have served as a nurse intern, registered nurse, nurse leader, and a nurse executive. Working for the largest healthcare company in America, I have a broad knowledge of the healthcare industry. I have also served the Tomball community for the last four years to help provide evidenced based care to our own community and the people of Tomball. My family and I live in Tomball and two of my children graduated from Tomball High School. I would like to be considered for this position because I have the knowledge and compassion for our Tomball community as I have successfully served our community the last four years during the most challenging times healthcare has ever seen.

Please complete the attached Conflict of Interest Questionnaire (CIQ), Conflict of Interest Statement (CIS), Board Member Election on Disclosure, and Appendix D (page 33) Acknowledgment of Receipt and Understanding from the Boards, Commissions, and Committees Handbook.

Applications for the following Council-appointed Boards, Commissions, and Committees will be kept on file in the City Secretary's office for two years.

If you are interested in serving on more than one board, please indicate your preference by numbering in order of preference (i.e., 1, 2, 3, etc.)

Decision-Making Boards and Commissions

- () Planning & Zoning Commission
() Board of Adjustments

Meeting Information

Second Monday each month, 6 p.m.
To Be Announced; Evenings

Separate Legal Entities

- () Tomball Economic Development Corporation

- (x) Tomball Regional Health Foundation

Meeting Information

Six (6) regular scheduled meetings, usually on the second Tuesday of the Month, 5:30 p.m.; the annual meeting is in May (special meetings may be called) Fourth Wednesday each month, 4 p.m.

Ad Hoc/Advisory Committees

- () Downtown Tomball Advisory Committee
DTAC does not require Tomball residency

Meeting Information

As called

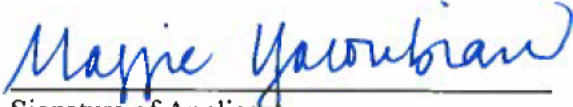
Non-profit Corporation Boards

- () Tomball Legacy Fund, Inc.
Position 7, Tomball Legacy Fund, does not require Tomball residency

Meeting Information

As called

**I AM INTERESTED IN SERVING ON THE ABOVE-INDICATED BOARDS, COMMISSIONS,
AND COMMITTEES.**



Signature of Applicant

(Must be signed/signature typed in)

Please return this application to:

City Secretary
City of Tomball
401 Market Street
Tomball, TX 77375
csa@tomballtx.gov
office: 281-290-1002
fax: 281-351-6256

Attachments: Conflict of Interest Questionnaire
Conflict of Interest Statement
Election on Disclosure
Acknowledgment of Receipt and Understanding (Page 33, Handbook)

Maggie Yacoubian Biography

live in Tomball and have for the past 3 years and 10 months.

I work in the healthcare industry for 25 years. Over those 25 years I have served as a nurse intern, registered nurse, nursing leader, and a nurse executive. I currently am employed as Chief Nursing Officer of HCA Houston Healthcare Tomball. In October, I will be transitioning to HCA Houston Healthcare North Cypress as Chief Nursing Officer. I hold a Masters of Science in Nursing Leadership and Administration.

I'm a member of the American Organization of Nurse Executives and American College of Healthcare Executives.

I volunteer and have been part of the community
from Tennessee.

my

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>		OFFICE USE ONLY
<p>1 Name of vendor who has a business relationship with local governmental entity.</p> <p style="font-size: 1.2em; color: blue;">none</p>		<p>Date Received</p>
<p>2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)</p> <p style="font-size: 1.2em; color: blue;">NA</p>		
<p>3 Name of local government officer about whom the information is being disclosed.</p> <p style="font-size: 1.2em; color: blue;">NA</p> <p style="text-align: center;">_____ Name of Officer</p>		
<p>4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.</p> <p style="font-size: 1.5em; color: blue; margin-top: 20px;">MA</p> <div style="margin-top: 20px;"><p>A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p><p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p><p>B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p><p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p></div>		
<p>5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.</p> <p style="font-size: 1.2em; color: blue;">NA</p>		
<p>6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).</p> <p style="font-size: 1.2em; color: blue;">NA</p>		
<p>7 _____ Signature of vendor doing business with the governmental entity</p>		<p>_____ Date</p>

my

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT		FORM CIS						
<p>(Instructions for completing and filing this form are provided on the next page.)</p> <p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>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.</p>		OFFICE USE ONLY						
<p>1 Name of Local Government Officer</p> <p>none</p>		Date Received						
<p>2 Office Held</p> <p>n/a</p>								
<p>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code</p> <p>n/a</p>								
<p>4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.</p> <p>n/a</p>								
<p>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).</p> <table border="0"><tr><td>Date Gift Accepted</td><td>Description of Gift</td></tr><tr><td>Date Gift Accepted</td><td>Description of Gift</td></tr><tr><td>Date Gift Accepted</td><td>Description of Gift</td></tr></table> <p>(attach additional forms as necessary)</p>			Date Gift Accepted	Description of Gift	Date Gift Accepted	Description of Gift	Date Gift Accepted	Description of Gift
Date Gift Accepted	Description of Gift							
Date Gift Accepted	Description of Gift							
Date Gift Accepted	Description of Gift							
<p>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.</p> <p>Signature of Local Government Officer</p> <p>Please complete either option below:</p> <p>(1) Affidavit</p> <p>NOTARY STAMP/SEAL</p> <p>Sworn to and subscribed before me by _____ this the _____ day of _____</p> <p>20_____, to certify which, witness my hand and seal of office.</p> <table border="0"><tr><td>Signature of officer administering oath</td><td>Printed name of officer administering oath</td><td>Title of officer administering oath</td></tr></table> <p>OR</p> <p>(2) Unsworn Declaration</p> <p>My name is _____ and my date of birth is _____</p> <p>My address is _____</p> <p>(street) (city) (state) (zip code) (country)</p> <p>Executed in _____ County, State of _____ on the _____ day of _____ 20_____,</p> <p>(month) (year)</p> <p>Signature of Local Government Officer (Declarant)</p>			Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath			
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath						



Board Member Election on Disclosure

An appointed Board Member may choose whether or not to allow public access to the information in the custody of the City relating to the Board Member's home address, home telephone number, cellular and pager numbers (if not paid for by City), emergency contact information, personal email address, and information that reveals whether the person has family members.

Each Board Member shall state his/her choice in writing to the City Secretary's Office. If a Board Member elects not to allow public access to this information, the information is protected by Sections 552.024 and 552.117 of the Public Information Act and rulings of the Texas Attorney General. If a Board Member fails to report his/her choice, the information may be subject to public access.

If during the course of their term a Board Member wishes to close or open public access to the information, the individual may request in writing to the City Secretary's Office to close or open access as the case may be. A Board Member may request to close or open public access to the information by submitting a written request to the City Secretary's Office. Only the City Secretary's Office is allowed to disclose the information listed above.

(Please strike through any information that you do not wish to be made accessible to the public)

Please complete the information below and return
to the City Secretary's Office within fourteen days of receipt.

☐ I **DO** elect public access to my: (please indicate items you would like available, if any)

___ home address

___ home telephone number

___ personal email address

___ cell or pager numbers not paid for by the City

___ emergency contact information

___ information that reveals whether I have family members.

☒ I **DO NOT** elect public access to my home address, home telephone number, cell or pager numbers, emergency contact information, or any information that reveals whether I have family members.

Maggie Yacoubian

Board Member's Signature

9/19/22

Date

Maggie Yacoubian

Board Member's Printed Name

Appendix D

Acknowledgment of Receipt and Understanding

I acknowledge that I have received a copy of the City of Tomball Boards, Commissions and Committees Handbook on 9/19/22 (date).

I understand the eligibility requirements, policies, and procedures set forth in this Handbook.

I have read and understood the contents of this handbook and will act in accordance with these eligibility requirements, policies and procedures as a condition of my appointment to a board, commission, or committee.

I have read and understood the Standards of Conduct expected by the City of Tomball and I agree to act in accord with the Standards of Conduct as a condition of my appointment by the City of Tomball.

Finally, I understand that the contents of this Handbook are policies and guidelines established by the City Council of the City of Tomball and that the City Council may amend the Handbook at its discretion.

Please read this Handbook carefully to understand these conditions of appointment before you sign this document.

Maggie Yacoubian
Signature of Applicant for Appointment

Maggie Yacoubian
Printed Name of Applicant

9/19/22
Date: