FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer Joseph Michael Gara	RECEIVED
2 Office Held Associate Su prefedent Almstondy a Open	SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	URCHASING DEPT
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift (attach additional forms as necessary)	installed to spring the cross of
to each family member (as defined by Section 176.001(2), Local Government Cocalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cocalson acknowledge that the 176.001(2), Local Government Cocalson acknowledge the 176.001(2),	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by Toseph Michael Garza this the	Ha day of September.
20 24 , to certify which, witness my hand and seal of office. Maria Alejandra Solinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
(2) Unsworn Declaration	Krijisha Sajamaya (22 lapa). ner dan astropka in
My name is, and my date of birth is	
My address is,,	
	e) (zip code) (country)
Executed in county, State of , on the day of (month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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 is accordance with Chapter 176. Local Government Code	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer AVIO R. CANALES	markinalist, etc.
	SEP 0 4 2024
to Supplied to	IDOLLA OUT E
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	URCHASING DEPT
Code Vendor described by Sections 170.001(7) and 170.003(a), 200ar deverminent	managarithean bases no
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
	A
5 List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted (Section 176.003(a)(2)(B).
	AS OLD THE THE
Date Gift Accepted Description of Gift	martil by the land are differen
Date Gift Accepted Description Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	Table to the second with the second transfer of
SIGNATURE	
Get Pole and Opin member (as defined by Section 176.001(2), Local Government Coc Government Coc Government Cock Government	to) of this local government officer
Please complete either option below:	
Signature of Local Please complete either option below:	
NOTARY STAMP/SEAL	
	4th day of September,
20 24 to certify which, witness my hand and seal of office.	
Briselda & Rodriguez Griselda V. Rodriguez	Secretary to Supt.
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	The state of agraces and agraces
My name is, and my date of birth is _	· · · · · · · · · · · · · · · · · · ·
My address is,	· · · · · · · · · · · · · · · · · · ·
	te) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
	W search
Signature of Local Government	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer Luctur J. Venez	RECEIVED
2 Office Held Toch Nolcy 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	PURCHASING DEPT
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	es i Gight Millio
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is true and correct. Lacks to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Section 176.001(2).	e) of this local government officer. I
Signature of Local	Government Officer
(1) Affidavit MARIA ALEJANDRA SALIMAS My Notary ID #7487542 Expires November 21, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by Hector T. Perez this the 4	ter day of September.
20 24 , to certify which, witness my hand and seal of office. Maria Alejandra Salinas Signature of officer administering oath Printed name of officer administering oath	Sercetory Title of officer administering oath
OR	
(2) Unsworn Declaration	A section of the state of the section of the sectio
My name is, and my date of birth is	
My address is,,	
(street) (city) (state of, on the day of(month)	e) (zip code) (country), 20
Signature of Local Gove	rnment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer	RECEIVED
2 Office Held	SEP 0 4 2024
associate Superintendent to Cal	LIDOLLAGO
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	URCHASING DEPT
NA	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	e california a sular constitución
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted NA Description of Gift NA	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Sworn to and subscribed before me by Emma Lesa this the 4 20 24 to certify which, witness my hand and seal of office. Maria Alegandra Salinas Signature of office administering oath Printed name of officer administering oath OR	Bovernment Officer day of September. Secretary Title of officer administering oath
	Partie (D. 51/L.)
My address is,,	* * *
(street) (city) (state	e) (zip code) (country)
Executed in County, State of, on theday of(month)	, 20 (year)
Signature of Local Gover	rnment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local	Date Received
government officer has become aware of facts that require the officer to file this statement	
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	Para Carlo Car
Laida P. Benavides	SEP 0 5 2024
2 Office Held	
Chief Financial Officer	PURCHASING DEP
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	1
Code	
N/A	Affirm the second second second second
4 Description of the nature and extent of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggree	gate value of the gifts accepted
from vendor named in item 3 exceeds \$100 during the 12-month period described by	
man 1 1 South of the second of	
Date Gift Accepted Description of Gift N_A	and the second section of the second
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift 7	io in the state of
(attach additional forms as necessary)	
also acknowledge that this statement covers the 12-month period described by Ser Government Code. Lactor Augustus Signature of Local MARIA ALEJANDRA SALINAS Augustus Augustus Signature of Local MARIA ALEJANDRA SALINAS	Government Officer
(1) Affidavit My Notary ID # 7487542 Expires November 21, 2024 NOTARY ST Sworn to and subscribed before me by Laida P. Benavides this the 5	th day of September.
	day of the first o
2024 , to certify which, witness my hand and seal of office.	
41/a Geyanda Lalenas María Hlejandra Valinas	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
 As a fight is an intelligence of the new party. It while population of particular party. 	
My name is, and my date of birth is	
My address is,,	
(street) (city)	te) (zip code) (country)
cxecuted in County, State of, on the day of	. 20
(month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)
	The state of the s

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received RECEIVED
1 (Name of Local Government Officer COSS - Morcule S	SEP 0 4 2024
133(5) and Dup 21 1 17 Oct	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary)	
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack to each family member (as defined by Section 176.001(2)) Local Government Cod also acknowledge that this statement covers the 12 month period described by Section 176.001(2). Government Code. Signature of Local	e) of this local government officer. I
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by Rebecca Coss Morales this the	th day of Soptember.
20 24 , to certify which, witness my hand and seal of office. Machaela Salinas Maria Alegandra Salinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
(2) Unsworn Declaration	J. Strangera do S. J.
My name is, and my date of birth is	
My address is,,	-
(street) (city)	e) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Gove	roment Officer (Declarant)

FORM CIS

(maractions for completing and mining the formate provided of the moxt)	/ago./
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	
Haron Jalazar	SEP 0 9 2024
2 Office Held	LIDCHAON
Cliet of tolice	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
NA	
4 Description of the nature and extent of each employment or other business relationship	ip and each family relationship
with vendor named in item 3.	-
5 List gifts accepted by the local government officer and any family member, if aggreg	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted	
	y "
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	
to each family member (as defined by Section 176.001(2), Local Government Cod	
also acknowledge that this statement covers the 12-month period described by Sec	otion 176.003(a)(2)(B), Local
Covering Spore	5 .
Signature of Local	Government Officer
O O A A COR	
Please complete either option below:	
(1) Affidavit	
DE OFTER	
NOTARY STAMP (SPANO 12 46 202)	
12-18-18 18-18-18-18-18-18-18-18-18-18-18-18-18-1	ath a
Government Code. Signature of Local Signature of Local Signature of Local NOTARY STAMP/SEAL 12-16-2020 Sworn to and subscribed before me by Denisse Estructa Noten this the 20 24 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath	To day of September
20 24 to certify which, witness my hand and seal of office.	1
Denise Fstrada	Notans
Signature of officer administering oath Printed name of officer administering oath	Title of office administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	*
My address is,,	
	e) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20
(monut)	(1401)
Signature of Local Gove	roment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received RECEIVED
1 Name o⊁⊾ocal Government Officer	
Roberto Cruz Fr	SEP 0 4 2024
2 Office Held Director of athletics	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg	
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 PB Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	The state of the s
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ackn	nowledge that the disclosure applies
to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local	
Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024	
Sworn to and subscribed before me by Roberto Cruz Jr. this the 4	the day of September.
2024, to certify which, witness my hand and seal of office. Ma alejanda Salinas Maria Alejandra Salinas	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	The Hammittee of
My name is, and my date of birth is	
My address is	
(street) (city) (state	e) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
(month)	(year)
Signature of Local Government	rnment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	
Annette U. Levez	SEP 0 4 2024
2 Office Held Director - UISD PL	IRCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	-1
Sernu's Sports Uniforms	
4 Description of the nature and extent of each employment or other business relationship	pand each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggreg	Section 176 002/2\/2\/P\
from vendor named in item 3 exceeds \$100 during the 12-month period described by	3660001 170.003(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 the statement is true and correct. I acknowledge the statement of the s	
to each family member (as defined by Section 176.001(2), Local Government Code	tion 176.003(a)(2)(B), Local
SELDA Salvermen Code.	
Signature of Local Please complete either option below:	Government Officer
Please complete either option below:	
Please complete either option below:	
(1) Affidavie 10,7309687 AG	
NOTARY STAMP WATER-HILLING	
Sworn to and subscribed before me byAnnette O.Porez this the	4th Satomber
	day of Jep 1 moet,
20 24 , to certify which, witness my hand and seal of office.	Sanatani
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
or or once administering data.	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is	
The state of the s	te) (zip code) (country)
Executed in County, State of , on the day of (month)	, ∠∪ (year)
Signature of Local Gove	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to	the law by H.B. 23, 84th Leg.,	Regular Session.	OFFICE	ISE ONLY
This is the notice to the appropriate local government officer has become aware of fain accordance with Chapter 176, Local Gov	cts that require the officer to	ne following local file this statement	Date Received	
Name of Local Government Officer	DECEN	ED		
Adriana P. Ramivez	<i>.</i>		RECEIV	
2 Office Held		-	SEP 047	ภาวน
Executive Director la	r Federal Program	ma)		
3 Name of vendor described by Sections	176.001(7) and 176.003(ă), L	ocal Government	IRCHASIN	IG DEPT
Code NA		,		
Description of the nature and extent of with vendor named in item 3.				
5 List gifts accepted by the local govern from vendor named in item 3 exceeds	ment officer and any family	member, if aggree	gate value of the Section 176.00	gifts accepted
Hom vehicor named in item 3 exceeds	groo during the 12-month p	errou described by	, 50011011 170100	0(0)(-)(-)
Date Gift Accepted De	escription of Gift			
Date Gift Accepted De	escription of Gift	1111		
Date Gift Accepted Des	cription of Gift	MM		
	attach additional forms as ne	ecessary)		
6 SIGNATURE I swear under penalty of p	erjury that the above statement is	true and correct. I ack	nowledge that the o	lisclosure applies
ASELD Government Code.	s defined by Section 176.001(2), It is statement covers the 12-month. Please complete either	Beriod described by Se Wilder Signature of Loca	ction 176.003(a)(2)(i	B), Local
Sworn to and subscribed before me by Ad	Nana P Ramicez	this the	4th day of S	entember
20 24 , to certify which, witness my hand a		uns ure	day or	,
	Griselda V. Rodni	011.07	Secre	tacy
Signature of officer administering oath	Printed name of officer administering		Title of officer	administering oath
	OR			
(2) Unsworn Declaration				
My name is		my date of birth is _		
My address is		/oity) /oto	te) (zip code)	(country)
(street)	of on the			
Executed in County, State	or, on the	(month)	(year)	·
	S	ignature of Local Gov	ernment Officer (De	clarant)

FORM CIS

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

Federal Programs Condinator

This guestionnaire 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.

Name of Local Government Officer

Sara A.R. Hernanelez

Office Held

OFFICE USE ONLY

Date Received

RECEIVED

SEP 0 4 2024

PURCHASING DEP

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

NIA

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

NIA

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 _____

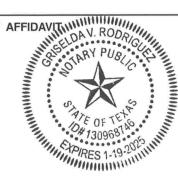
Date Gift Accepted

Description of Gift

Date Gift Accepted_

Description of Gift

(attach additional forms as necessary)



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Sara A.R. Hernandez

of September 2024 __, to certify which, witness my hand and seal of office.

Griselda V. Rodrigue 2 Secretary

Printed name of officer administering oath Title of officer administering

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflec	cts changes made to the law by H.B.	. 23, 84th Leg	, Regular Session.	OFFICE	USE ONLY
government officer has	he appropriate local governments become aware of facts that require	e the officer t		Date Received	
1 Name of Local Gove	apter 176, Local Government Code ernment Officer			REC	CEIVED
(Jenu	d S. ledriguer	0.		SED	0 5 2024
2 Office Held	to of Fine Arts				SING DEP
3 Name of vendor desicode	cribed by Sections 176.001(7) and	d 176.003(a),	Local Government	J.KOMA.	SING DEb.
with vendor named	11/4				
	by the local government officer a I in item 3 exceeds \$100 during th				
Date Gift Accepted	Description of G	ift <u>//</u>	<i>A</i>		
Date Gift Accepted	Description of G	ift NA			
Date Gift Accepted	Description of Gift	NA			
	(attach addition	nal forms as i	necessary)		
al	each family member (as defined by Sec so acknowledge that this statement cove overnment Code.		period described by S	ection 176.003(a)(2)	(B), Local
			Signature of Loca	al Government Offic	er
My Notary ID Sworn to and subscribed	NNE SELLERS # 134069648 nber 17, 2026		r option below:		Se ptember.
20 24 to certify v	which, witness my hand and seal of office.	Yumnes	elles	note	ing
Signature of officer administer	ing oath Printed name of o	fficer administeri	ng oath	Title of office	er administering oath
		OR	PARTY AND AND	A STATE OF THE STA	
(2) Unsworn Declaration	n				
My name is		, ar	nd my date of birth is _		
My address is				<u> </u>	
	(street)		(city) (st	ate) (zip code)	(country)
Executed in	County, State of	, on the	day of(month)	, 20(year)	
			Signature of Local Gov		eclarant)

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer	RECEIVED
Ivene Rosales MSN, PW 2 Office Held	SEP 0 4 2024
Director	JRCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	minakuvakii ukum, i maanim, k
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local	Government Officer
Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 Sworn to and subscribed before me by	th day of September
20 24 jo certify which, witness my hand and seal of office. Maria Alejandra Salinas	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer admin iet ering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,	<u> </u>
(5.7)	te) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20
Signature of Local Gove	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
1 Name of Local Government Officer	RECEIVED
505an E. Carlson	CED 0 c 2024
	SEP 0 6 2024
2 Office Held Executive Director of Relations	PURCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	ONOT INCINCO DEL
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg 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)	
Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Description of Gift (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code Signature of Local Please complete either option below: (1) Affidavit. NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Susan E, Carlson this the	oth day of September.
20 24 , to certify which, witness my hand and seal of office. briselda & Rodriguez Griselda V. Rodriguez Signature of officer administering beth Printed name of officer administering oath	Secretary Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	,
My address is,,	
	(country)
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Gover	

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	DECEMEN
Name of Local Government Officer	RECEIVED
Therma J. Martinez	SEP 0 4 2024
2 Office Held	e v r ture più
Virector	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
γ / α	
4 Description of the nature and extent of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggree	
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	- illining bereits de
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
respire all and have a metallicity and representation of	Government Officer
Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024	
Sworn to and subscribed before me by Thema J. Martines this the 4	th day of Deptember.
20 24, to certify which, witness my hand and seal of office.	1
Ma Regardia Salinas Maria Alejandra Salinas	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	the Shianguit in the l
My name is, and my date of birth is	
My address is	
(street) (city) (stat	te) (zip code) (country)
Executed in County, State of , on the day of (month)	
(month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filling this form are provided on the next page.)

FORM CIS

This questionnaire r	eflects changes made to the law by H.B. 23, 84th Leg	., Regular Session.	OFFICE	JSE ONLY
government officer	to the appropriate local governmental entity that has become aware of facts that require the officer t		Date Received	
-	Chapter 176, Local Government Code.		RECE	VED
	Government Officer			
	D. Frones		SEP 16	2024
2 Office Held ASS7. So	MERINTEND OUT for Business and described by Sections 176.001(7) and 176.003(a),	FINANCE PI	JRCHASII	NG DEPT
Code	A.R.	Local Government		
4 Description of the with vendor nar	ne nature and extent of each employment or other ned in item 3. HUNTING LEAST WITH I		ip and each fam	ily relationship
	ted by the local government officer and any fami med in item 3 exceeds \$100 during the 12-month	ly member, if aggree		
Date Gift Accep	ted NA Description of Gift N	A		
Date Gift Accep	ted NA Description of Gift N	'lA		
Date Gift Accept	tedN/A Description of Gift	NA		
	(attach additional forms as i	necessary)		
(1) Affidavit	MARIA ALEJAND RIcas pas mplete eithe My Notary ID # 7487542 Expires November 21, 2024		Government Office	er .
NOTARY STAMP/S	EAL			1 .
Sworn to and subscrib	ned before me by Samuel D. Flores	this the _/	day of Se	epkmber.
20 24 , to cer	tify which, witness my hand and seal of office.			
Ma alejanle		195	Secretai	74
Signature of efficer admin	istering oath Printed name of officer administeri	ng oath	Title of office	radministering oath
(2) Unsworn Declar	or			
My name is	, ar	nd my date of birth is		
My address is				
	(street)	(city) (state	te) (zip code)	(country)
Executed in	County, State of, on the	day of	, 20	
		(month)	(year)	
		Signature of Local Gove	ernment Officer (De	clarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY		
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.	Date Received		
1 Name of Local Government Officer	RECEIVED		
Rosa I. Cabello 2 Office Held Director of Accounting	SEP 0 4 2024		
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	PURCHASING DEP		
NA			
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.			
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted Section 176.003(a)(2)(B).		
Date Gift Accepted WA Description of Gift VA			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
(attach additional forms as necessary)			
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 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:			
NOTARY STAND FRANKING	4th day of September,		
20 24 , to certify which, witness my hand and seal of office. Druselda V. Rodriguer Criselda V. Rodriguer	Secretary		
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) (state) Executed in county, State of, on the day of (month)	(country) (zip code) (country) (zo 20 (country)		
	(year)		

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer	RECEIVED
	CED By 2021
Felipe J, Mere Z 2 Office Held	SEP 0 4 2024
	URCHASING DEPT
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	DROTASING DEL 1
Description of the nature and extent of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3.	
List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift	/ Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	A solution region in the solution of
Date Gift Accepted Description of Gift	the second secon
(attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	Part a real parte character
Please complete either option below: (1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024	Government Officer
Sworn to and subscribed before me by Felipe J. Jimenez this the	th day of September.
2034 to certify which, witness my hand and seal of office. Ma Alejandia Selmas Maria Alejandra Valinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is _	
My address is,,	· · · · · · · · · · · · · · · · · · ·
(street) (city) (sta	te) (zip code) (country)
Executed in County, State of, on the day of	, 20
(month)	///
Signature of Local Gov	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY		
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.	Date Received		
1 Name of Local Government Officer	RECEIVED		
Die Edith Landerk	SEP 8 4 2024		
2 Office Held Director Grants Admin	1 = 4 - 71.		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	DKCUVOING DEL		
NA			
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.			
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).		
1			
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 ackr	and also that the second of		
To each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also and content is true and correct. Facknowledge 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 and content is true and correct. Facknowledge 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 and content is true and correct. Facknowledge 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 applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also applies to each family member (as defined by Section 176.001(2), Local Government Officer. I also applies to each family member (as defined by Section 176.001(2), Local Government Officer. I also applies to each family member (as defined by Section 176.001(2), Local Government Officer. I also applies to each family member (as defined by Section 176.001(2), Local Government Officer. I also applies to each family member (as defined by Section 176.001(2), Local Government Officer. I also applies to each family member (as defined by Section 176.001(2), Local Government Officer. I also applies to each family member (as defined by Section 176.001(2), Local Government Officer. I also applies to each family member (as defined by Section 176.001(2), Local Government Officer. I also applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Officer. I also applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Officer. I also applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Officer. I also applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Officer. I also applies to			
NOTARY STAMP 19 FGS 1-19-2025			
Sworn to and subscribed before me by <u>Dr. Edith Landeck</u> this the <u>20</u> <u>24</u> , to certify which, witness my hand and seal of office. Druselda W. Rodriguez	the day of September,		
20 24 , to certify which, witness my hand and seal of office.			
	Secretary to Supl		
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath		
OR			
(2) Unsworn Declaration			
My name is, and my date of birth is			
My address is,,			
(5.55)	e) (zip code) (country)		
Executed in County, State of , on the day of(month)	, 20 (year)		
Signature of Local Gove	ernment Officer (Declarant)		

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local	Date Received
government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	NECEIVED
	SEP 0 4 2024
Cordelia Flores Jackson	SEF 0 + 2024
	JRCHASING DEPT
	PICHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
NIA	
4 Description of the nature and extent of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggree	gate 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).
Description of City	
Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift	0-1 TO 24-19
Date Gift Accepted Description of Gift	1
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Government Code. Standure of Local	Government Officer
Please complete either enties below	
(1) Affidavit MARIAALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Cordelia Flores Tackson this the	Hn day of September.
20 2 , to certify which, witness my hand and seal of office.	1
Mallyandra Salinas Maria Hejandra Salinas	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is _	
My address is,,	
7.2 = 2.5 iX	te) (zip code) (country)
Executed in County, State of, on theday of(month)	, 20
(month)	(year)
Signature of Local Gove	ernment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY		
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.	Date Received		
1 Name of Local Government Officer	RECEIVED		
OFELA Dominauez	SEP 0 4 2024		
2 Office Held	100 100 101 101 101 101		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	RCHASING DEPT		
Code			
Description of the nature and extent of each employment or other business relationshi	n and each family relationship		
with vendor named in item 3.			
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item,3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).		
Hom veridor named in hem o exceeds \$100 daring the 12 months period december 2,			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
Date Gift Accepted V Description of Gift			
(attach additional forms as necessary)			
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies (as defined by Section 176.001(2), Local Government Gode) of this local government officer. I (b) A VaRoe Movement Code. Signature of Local Government Officer (c) Affidavit (d) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by			
NOTARY STAMP/STAMP/			
Sworn to and subscribed before me by <u>Ofelia Dominguez</u> this the	day of Septem,		
Sworn to and subscribed before me by OFelia Dominguez this the 2024, to certify which, witness my hand and seal of office. Drivelda V. Rodriguez Criselda V. Rodriguez	0 1 1 0 4		
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,			
(5.7)	e) (zip code) (country)		
Executed in County, State of , on the day of (month)	, 20 (year)		
Signature of Local Gove	ernment Officer (Declarant)		

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer UNITED I.S. D. / Monica Hadrigal	RECEIVED
TAX ASSESSOR - COLLECTOR	SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	PURCHASING DEPT
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	/ \
(attach additional forms as necessary)	ur space des as semand
Please complete either option below: (1) Affidavit, 1309687 46. NOTARY STAMP/SEAL.	le) of this local government officer. I ction 176.003(a)(2)(B), Local Government Officer
Sworn to and subscribed before me by Monica Madrigal this the	4th day of September,
20 27 to certify which, witness my hand and seal of office. Briselda V. Rodriguez Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
OR	
(2) Unsworn Declaration	Section with the second
My name is, and my date of birth is	· · · · · · · · · · · · · · · · · · ·
My address is,,	
	e) (zip code) (country)
Executed in County, State of , on the day of (month)	(year)
Signature of Local Gove	rnment Officer (Declarant)

FORM CIS

This questionnaire refle	cts changes made to the law by H.B.	23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer ha	he appropriate local governments s become aware of facts that requir apter 176, Local Government Code	e the officer to file this statement	Date Received
Name of Local Gov	ernment Officer FANGEL		RECEIVED
2 Office Held	SUPERINTENDENT	CONSTRUCTION FOR FACILITIES AND	SEP 1 1 2024
	cribed by Sections 176.001(7) and		PURCHASING DEP
Description of the swith vendor names	nature and extent of each employment in item 3.	nent or other business relationsh	ip and each family relationship
	by the local government officer a d in item 3 exceeds \$100 during the		
Date Gift Accepted	N/A Description of G	iift	
Date Gift Accepted	N/A Description of G	iift	
Date Gift Accepted	N/A Description of Gift		
	(attach addition	nal forms as necessary)	
(1) Affidava (1) Affidava (1) Affidava (1) 13096 NOTARY STAMP (1) 13096 Sworn to and subscribed (2) 24 to certify	Description of G NA Description of G NA Description of G Attach addition swear under penalty of perjury that the above the same of the statement cover the state		
Sworn to and subscribed	before me by Enrique A	Rangel this the	10th day of September
1	dugyy Griselda	V. Rodriguez flicer administering oath	Secretary Title of officer administering oath
CALLET S. T. M. SAN	DEED 新州中共7月 東京 2011	OR	TO BUILD OF STREET
(2) Unsworn Declarati	on		
My name is		, and my date of birth is	
My address is			
Executed in	(street) County, State of	(city) (sta	ite) (zip code) (country), 20 (year)
		Signature of Local Gov	ernment Officer (Declarant)

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer	RECEIVED
IGNACIO R. ALANIZ, JR.	1 Class to home 1 V Inne Lot
Office Held	SEP 1 1 2024
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	URCHASING DEPT
N/A	la and analytical standing about
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
List gifts accepted by the local government officer and any family member, if aggre- from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted NA Description of Gift NA	
Date Gift Accepted Description of Gift	
[1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1] : [1]	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	Y Decree Wiles High
Please complete either option below: NOTARY STAMP SHALLIMING IN CODE. Please complete either option below:	I Government Officer
Sworn to and subscribed before me by Ignacro R. Alaniz this the	10th day of September
20 24 to certify which, witness my hand and seal of office. Briselda V. Rodrigue 2	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oatl
OR	DESCRIPTION OF THE PARTY OF THE
2) Unsworn Declaration	
My name is, and my date of birth is	
Ay address is,,	
(street) (city) (sta	te) (zip code) (country)
Executed in County, State of, on the day of	, 20
(monor)	you,
Signature of Local Government	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
1 Name of Local Government Officer	RECEIVED
Manuel D. Menchaca	5.7
2 Office Held	SEP 17 2024
Energy & Environmental Management Department - Director	NIDOLIA OLIA DEDI
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	PURCHASING DEP
Not applicable.	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Not applicable. Description of Gift Not applicable.	
Date Gift Accepted Not applicable. Description of Gift Not applicable.	
Date Gift Accepted Not applicable. Description of Gift Not applicable.	
(attach additional forms as necessary)	
Please complete either option below: (1) Affidatit PRES 1-19-2020 NOTARY STAMPING AND THE STAMPING AND TH	e) of this local government officer. I
Sworn to and subscribed before me by Manuel D. Menchaca this the 1	7th day of September
20 24 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath	Secretary to Superintent Title of officer administering oath
OR AND ESTABLISHED STATE OF THE	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is, and my date of order to	
(street) (city) (state Second of Interest	, 20 (year)
Signature of Local Gover	nment Officer (Declarant)

FORM CIS

		**		1		
his questionnaire reflect	s changes made to	the law by H.B. 23,	84th Leg., Regular Sess	sion.	OFFICE	JSE ONLY
This is the notice to the appropriate local governmental entity that the following local				Date Received		
government officer has become aware of facts that require the officer to file this statement		ement		/ED		
in accordance with Chap		vernment Code.			RECEI	VED
1 Name of Local Gover	^					2021
Altons	oteña				SEP 11	2024
2 Office Held	1-2-0-6/-	Children I	PATE NAME OF TAXABLE			
Directo	r of facilities	Maintenance	and Operations	PU	RCHASI	NG DEPT
3 Name of vendor desc				ment		
Code				sint		
N/A			1 7 7 7 7 7 7 7			
4 Description of the na	ture and extent of	each employment	or other business rela	tionship	and each fam	ily relationship
with vendor named i		, and a second				,
5 List gifts accepted b		ment officer and a	ny family member, if	aggrega	te value of the	e gifts accepted
			-month period descri			
Date Gift Accepted _	N/A De	escription of Gift _	NA			
Date Gift Accepted _	De	escription of Gift _				
Date Gift Accepted _	Des	scription of Gift				
		(attach additional fo	rms as necessary)			
SIGNATURE I sv	vear under penalty of r	perjury that the above s	statement is true and corre	ect. Lackno	wledge that the	disclosure applies
			76.001(2). Local Governm			
111111111111			12-month period describe			
HINGRISE CONTROL	Removed Code.		Pil			
MOTARY P	BL. CE	-		of Local C	Sovernment Office	Y
	> =		Signature	or Local C	TOVETTITIETH OTHER	
(1) Affidava of to F TE	S . F	Please complete	e either option be	low:		
(1) Affidava A RODGOT	the					
(1) Allidava (1) 309687	oc IIIII					
NOTARY STANDEN	William.					
HOTAIT STAWF / GEMEN		115			A11 >	
(1) Affidava (1) 7309681 NOTARY STAMP (SUMM) Sworn to and subscribed be	efore me byH	Honso Per	ra this	the /	th day of S	eptember.
20 24, to certify wi	hich, witness my hand a	and seal of office.				
Driselda &	A	Griselda V.	Rodriourz		Secreto	ury
Signature of officer administering		Printed name of officer a				r administering oath
		OR				
(2) Unsworn Declaration	1	OR.		SC PLOTS AND		III DESCRIPTION
My name is		1 m 2 m	, and my date of bi	rth is		
My address is		Market San				
	(street)		(city)	(state)	(zip code)	(country)
executed in	County, State	of	on the day of		, 20	
			(1	month)	, 20 (year)	
			Signature of La	cal Govern	ment Officer (De	clarant)
			Signature of Loc	-81 CTOVERN	meni (micer ii)o	CISTAGLE

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local	Date Received
government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	DEOCUVED
Name of Local Government Officer	RECEIVED
Kita, Garner	CED By most
2 Office Held	SEP 0 4 2024
11.000	IRCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	DITOTIASING DEFT
Code VA	6.
4 Description of the nature and extent of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggre	gate value of the gifts accepted
from vendor named in Item 3 exceeds \$100 during the 12-month period described by	y 3ection 170.003(a)(2)(b).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledged the statement is true and correct. I acknowledged the statement is true and correct.	
	I Government Officer
Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542	
Expires November 21, 2024	
NOTARY STANITY BEAD	1.h. 0 1 1
Sworn to and subscribed before me by Rita Carner this the	day of september.
2024 to certify which, witness my hand and seal of office.	1
ma alijandra Salinas Maria Alejandra Salinas	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR OR	
(2) Unsworn Declaration	
My name is, and my date of birth is _	
My address is	to) (zip gods) (country)
	ite) (zip code) (country)
Executed in County, State of, on the day of	
	ornment Officer (Declarent)
Signature of Local Gov	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	
Cont. M. Library at the control of t	OFFICE USE ONLY
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.	Pate Received RECEIVED
1 Name of Local Government Officer	SEP U 4 2024
Melisan Crimer	SEF 0 1 2021
	URCHASING DEPT
Comparaction Administrar	DITOTINO DEL 1
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	, "
N/A	and a set family valeties which
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. N	n abstracent i
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted NIA Description of Gift	/ Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	ano d'interpretate :
(attach additional forms as necessary)	etro eregita a antibergal a carollista. A
to each family member (as defined by Section 176.001(2), Local Government Cocal also acknowledge that this statement covers the 12-month period described by Se Government Code. Signature of Local	
(1) Affidavit MARIAALEJANDRA SAPMAAS e complete either option below: My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Molissa Comez this the	4th day of Saprember
20 24 , to certify whigh, witness my hand and seal of office.	
Ma Alejandra Jalinas Maria Alejandra Salinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officeralministering oath
OR	
My name is, and my date of birth is _	
My address is,,	
(street) (city) (sta	te) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	
Tuben X. Ayala	SEP 16 2024
Safety and Crisis Response Administrator 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	PURCHASING DEP
Code // /A	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
List gifts accepted by the local government officer and any family member, if aggre from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Please complete either option below:	Government Officer
MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 Sworn to and subscribed before me by Ruben R. Ayala this the	1+n . 0 1 1 -
	6th day of September.
20 24 , to certify which, witness my hand and seal of office.	c ol
Ma Ulijanda Saluga Maria Alejandra Salinas Signature of officer administering oath Printed name of officer administering oath	Title of officer administering path
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,	
	ite) (zip code) (country)
Executed in County, State of , on the day of	, 20 (year)
ting the transfer of the contract of the contr	ernment Officer (Declarant)
Signature of Local Gov	emment Omed (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY	
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.	Date Received RECEIVED	
Name of Local Government Officer Rene Cruz	SEP 0 6 2024	
Office Held Director of information TechnologyP Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code NA A	JRCHASING DEPT	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. List gifts accepted by the local government officer and any family member, if aggreg	ate value of the gifts accepted	
Date Gift Accepted Description of Gift (attach additional forms as necessary)	annii ara mada ambareile da maral	
Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code Signature of Local Please complete either option below: 1) Affiderity 1309681 Accepted Description of Gift (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code (1) and (1) accepted the complete either option below: NOTARY STAMP/SEAL	nowledge that the disclosure applies e) of this local government officer. I tion 176.003(a)(2)(B), Local Government Officer	
Sworn to and subscribed before me by Rene Cruz this the 020 24 this the 100 24 this this this this this this this this	Leth day of September,	
Druselda V. Rodriguez Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath	
OR 2) Unsworn Declaration My name is, and my date of birth is		
(street) (city) (state		
	(year) (year)	

FORM CIS

This questionnaire refle	ects changes made to the law by	H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to	the appropriate local government	ental entity that the following local	
	, , ,	quire the officer to file this statement	Date Received
	napter 176, Local Government C		RECEIVED
		oue.	, LOLIVED
Name of Local Gov	rerpment Officer		
0 100 01.	ID M Gara		SEP 0 9 2024
Duar	th M. Gara	C	JLI 0 3 2024
2 Office Held		- 0 D	
			PLIRCHACINIO
11150	cfor Inst'	lecknotogy.	PURCHASING DEF
Name of vendor de	scribed by Sections 176 001(7)	and 176.003(a), Local Government	
Code	scribed by Sections 170.001(7)	and 170.005(a), Local dolan ment	
Code	. ()		
	na		
1 Description of the	nature and extent of each ample	oyment or other business relationsh	in and each family valationship
with vendor name		dyment of other business relationsh	ip and each family relationship
with vendor name	a in item 3.		
5 List gifts accepted	by the local government offic	er and any family member, if aggre	gate value of the gifts accepted
from vendor name	d in item 3 exceeds \$100 durin	g the 12-month period described by	y Section 176.003(a)(2)(B).
D 0.0 A		n /C	
Date Gift Accepted	d Description of	of Gift / / /	
Data Gift Accorder	1 Description	d City	
Date Gift Accepted	J Description of	of Gift	
Date Gift Accepted	Description of	Gift	
Date dill Accepted	Description of	diit	
	(attach add	itional forms as necessary)	
NOTARY STAMPHONIA	Please co		Title of officer administering oath
5000-11 411		a V. Rodriguez	Secretary
Signature of officer administr	7 17	of officer administering oath	Title of officer administering oath
	1 Timed Hame	of officer administering batti	Title of officer defining carries
		OR	
(2) Unaucam Dealarati			
(2) Unsworn Declarati	on		
My name is		and my date of birth is	
		, and my date of birth is	
My address is			the state of the s
	(street)	(city) (sta	ite) (zip code) (country)
			(committee)
Executed in	County, State of	, on the day of	, 20
		(month)	(year)
		MI	1.000 10 1 11

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

(mondations for activities and an activities and provided in the control of the c	-9-7
'his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
1 Name of Local Government Officer	THE RESERVE TO SHEET
RAVI KAMIREZ JR	SEP 0 4 2024
2 Office Held DiRector of child Mythitian	IDCHACING DEDT
Yorkector or child North tibe	DRUMASING DEP!
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code /	
NIA	were your good to work at
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	ip and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg	gate 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	4.5 (004)
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	ntito e researce di nei cardina. Salari
to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local	ction 176.003(a)(2)(B), Local
Please complete either option below:	
MARIA ALEJANDRA SALINAS NOTARY STAM My Notary ID # 7487542 Expires November 21, 2024 Sworn to and subscribed before me by this the	the day of September.
2024, to certify which, witness my hand and seal of office. Ma Alexandra Salinas Maria Alexandra Salinas	Socretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer admin stering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	. 1
My address is,,	
(Caraly)	te) (zip code) (country)
Executed in County, State of, on the day of	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

Signature of officer administering oath

FORM CIS

(Instructions for completing and filing this form are provided on the next page.) This guestionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. OFFICE USE ONLY This is the notice to the appropriate local governmental entity that the following local Date Received government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. RECEIVED Name of Local Government Officer SEP 0 4 2024 **PURCHASING DEPT** Office Held Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Description of the nature and extent of employment or other business relationship with vendor named in item 3 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). Description of Gift _____ Date Gift Accepted AFFIDAVIT. WELDA V. RODA CONTARY PUBLICATION OF ARY PUBLICATION OF ART Description of Gift Date Gift Accepted Date Gift Accepted _____ Description of Gift (attach additional forms as necessary) 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 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Hector G. Cavazos _____, this the ____ tem Der, 20 24, to certify which, witness my hand and seal of office.

Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
1 Name of Local Government Officer	KLOLIVED
Danny Irevind	SEP 0 4 2024
2 Office Held	THE REPORT OF THE PARTY OF THE
Transportation Operations Admin Pl	RCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Code NI A	1,110
4 Description of the nature and extent of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3.	· 421 5 91 40 4
5 List gifts accepted by the local government officer and any family member, if aggre	nate value of the nifts accented
from vendor named in item 3 exceeds \$100 during the 12-month period described by	y Section 176.003(a)(2)(B).
The Control of the Co	ment allows a market and a second of the
Date Gift Accepted N Description of Gift	The part of the country of
Date Gift Accepted Description of Gift	<u> </u>
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Please complete either option below: (1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024	Government Officer
Sworn to and subscribed before me by Danny Trevino this the 4	th day of September.
, to certify which, witness my hand and seal of office.	
Ma Alejandia Salinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
OR	
(2) Unsworn Declaration	
(2) Shows in Boshadara and a second of the s	
My name is, and my date of birth is _	· · · · · · · · · · · · · · · · · · ·
My address is	
(ate) (zip code) (country)
Executed in county, State of, on theday of(month)	, 20 (year)
Signature of Local Gov	ernment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	000000000000000000000000000000000000000				
	OFFICE USE ONLY				
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	Date Received				
in accordance with Chapter 176, Local Government Code.	RECEIVED				
Name of Local Government Officer	a something the Lates				
F. 200 -1	SEP # 4 2024				
2 Office Held	OL: V 1 2027				
2 Office field	PURCHASING DEPT				
	STOLINGING DEPT				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code					
NA					
4 Description of the nature and extent of each employment or other business relationshi	p and each family relationship				
with vendor named in item 3.					
5 List gifts accepted by the local government officer and any family member, if aggreg					
from vendor named in item 3 exceeds \$100 during the 12-month period described by					
4					
Date Gift Accepted					
Date Gift AcceptedDescription of Gift					
Date Gift Accepted Description of Gift					
(attach additional forms as necessary)					
I swear under penalty of perjury that the above statement is true and correct. I ackr	nowledge that the disclosure applies				
to each family member (as defined by Section 176.001(2), Local Government Cod	e) of this local government officer. I				
DAV ROOM					
ARY PUR	/				
Signature of Local	Government Officer				
Please complete either option below:					
Please complete either option below:					
(1) Affidavit					
11 PIRES 1-19-2017					
NOTARY STAMP OF THE STATE OF TH	- 1				
Sworn to and subscribed before me by Francisco Range this the	3 day of <u>>ept.</u> ,				
20 24 , to certify which, witness my hand and seal of office.	•				
Briselda V. Rodriguez	Secretary				
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath				
OR CONTRACTOR OF THE PROPERTY					
(2) Unsworn Declaration					
(2) Gliswolli Decialation					
My name is, and my date of birth is					
My address is,,					
(street) (city) (stat	e) (zip code) (country)				
Executed in County, State of , on the day of (month)					
(month)	(year)				
Signature of Local Gove	ernment Officer (Declarant)				

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23,	84th Leg., Regular Session.	OFFICE USE ONLY		
This is the notice to the appropriate local governmental e government officer has become aware of facts that require the in accordance with Chapter 176, Local Government Code.		Date Received RECEIVED		
Name of Local Government Officer		SEP 0 4 2024		
2 Office Held Trango operations	PL	IRCHASING DEPT		
3 Name of vendor described by Sections 176.001(7) and 17 Code	6.003(a), Local Government			
4 Description of the nature and extent of each employment with vendor named in item 3.				
5 List gifts accepted by the local government officer and from vendor named in item 3 exceeds \$100 during the 1				
Date Gift Accepted Description of Gift	WA			
Date Gift Accepted Description of Gift _	200 kg			
Date Gift Accepted Description of Gift (attach additional f	orms as necessary)			
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.				
(1) Affidavit ELIA H. MARTINEZ Notary Public, State of Text Comm. Expires 09-10-2028 Notary ID 12954939 1				
Sworn to and subscribed before me by DAVId HER.	NAN dez this the 4	th day of September)		
20 34 , to certify which, witness my hand and seal of office.	the the	day of September		
1. bis X. Martines ELIAA	MARGINEZ	Secretary		
Signature of officer administering oath Printed name of officer		Title of officer administering oath		
	R			
(2) Unsworn Declaration				
My name is	and my date of hirth is			
My address is				
(street)		re) (zip code) (country)		
Executed in County, State of	on the day of(month)	, 20 (year)		
	Ciamatura of Local Cour	arnment Officer (Declarant)		

FORM CIS

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	This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY				
,	This is the notice to the appropriate local governmental entity that the following local	Date Received				
	government officer has become aware of facts that require the officer to file this statement n accordance with Chapter 176, Local Government Code.	RECEIVED				
1	Name of Local Government Officer	A STATE OF THE 1 STATE OF THE S				
ľ	mechal Barron	SEP 8 4 2024				
2	Office Held					
		IRCHASING DEPT				
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government					
	Code					
_	Description of the nature and outset of each ampleyment as other business relationship	in and each family relationship				
4	Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship				
L	NIA	and a value of the other course.				
5	List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted section 176.003(a)(2)(B).				
	Date Gift Accepted					
	Date Gift Accepted					
	Date Gift Accepted Description of Gift					
I	(attach additional forms as necessary)					
16	SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	nowledge that the disclosure applies				
	to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I					
	EL PONE MONITORO de.					
	Signature of Local	Government Officer				
	Signature of Local Government Officer. Please complete either option below:					
	Please complete either option below:					
((1) Affidavit					
	NOTARY STAMPING AND MINISTRAL PROPERTY OF THE					
	Michael Karry	4th day of September,				
	011	7th day of <u>september</u> ,				
2	20, to certify which, witness my hand and seal of office.	Socialina				
1	Driselda V. Rodrigiy Griselda V. Rodriguer	Title of officer administering oath				
	Signature of officer administering oath // V Printed name of officer administering oath	The or officer administering dath				
	OR					
1	2) Unsworn Declaration					
1	My name is, and my date of birth is _					
1	My address is,,,					
	(6.555)	te) (zip code) (country)				
TI	Executed in County, State of , on the day of	, 20 (year)				
	Signature of Local Gove	ernment Officer (Declarant)				

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	TEOLIVED
Progetica Sanchez	SEP 0 4 2024
2 Office Hold	
CTE Director P	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
D/A	1 1 1 1
4 Description of the nature and extent of each employment or other business relationshi	p and each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggreg	ate value of the gifts accepted
from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted VA Description of Gift	
Date Gift Accepted Description of Gift	
3111 - 3300 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date Gift Accepted Description of Gift	German de la colonia de la
(attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge to the contract of the contract	
to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12 month period described by Sec Government Code. Signature of Local Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024	40 0 1 1
Sworn to and subscribed before me by Hngelica Vancher this the 4	day of September.
to certify which, witness my hand and seal of office.	0 - 1
The Ulejandia Inlines Mana Heganica Salinas Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	Title of officer administrating data
	C - with the property of the same
My name is, and my date of birth is	
My address is,,	7
(street) (city) (state	e) (zip code) (country)
Executed in County, State of, on the day of	, 20 (year)
	V-=-/
Signature of Local Gove	rnment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY				
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	Date Received				
in accordance with Chapter 176, Local Government Code.	RECEIVED				
1 Name of Local Government Officer					
Mario Rosales	SEP 0 4 2024				
2 Office Held Overtw	JRCHASING DEPT				
	DIVOLIVOUNG DEL				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code					
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship				
N/N					
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).				
/ / / / /					
Date Gift Accepted Description of Gift					
Date Gift AcceptedDescription of Gift					
Date Gift Accepted Description of Gift					
(attach additional forms as necessary)					
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				
MARIA ALEJANDRA SALINAS My Notary ID # 7487 22 ease complete either option below: Expires November 21, 2024					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by Marto Rosales this the	th day of September.				
20 21, to certify whigh, witness my hand and seal of office.	,				
ma Veyandia Saluras Maria Alejandra					
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,,					
(e) (zip code) (country)				
Executed in County, State of , on the day of (month)	, 20 (year)				
Signature of Local Gove	rnment Officer (Declarant)				

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	
Christina S. Cabello	SEP 1 0 2024
2 Office Held	
Executive Director for Instructional Accountability	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
N/A	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggregation	ate 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).
N/A	
Date Gift Accepted N/A Description of Gift N/A	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Please complete either option below: NOTARY STAMP Stant 02-07-20 Sworn to and subscribed before me by Christina S. Cabello this the 20 DY to certify which witness my hand and seal of office. Soma B. Camella	overnment Officer O day of September.
Agnature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is	
) (zip code) (country)
	(country)
Executed in County, State of, on the day of(month)	, 20
:	
Signature of Local Govern	nment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY				
This is the notice to the appropriate local governmental entity that the following local	Date Received				
government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	RECEIVED				
1 Name of Local Government Officer	B. School Seef Steen S. M. Steen Seef				
COSAR R. GARCIA	SEP 0 4 2024				
2 Office Held					
DIRECTUR OF STUTENT ASSESSMENT	PURCHASING DEPT				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government					
Wa					
4 Description of the nature and extent of each employment or other business relationshi	p and each family relationship				
with vendor named in item's.					
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by					
	000.1011 11 01000(u)(L)(D).				
Date Gift Accepted Description of Gift					
Date Gift Accepted Description of Gift	-				
Date Gift Accepted Description of Gift					
(attach additional forms as necessary)					
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					
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL					
Sworn to and subscribed before me by <u>Cesar R. Garcia</u> this the <u>4</u>	day of Jeptember.				
20 At , to certify which, witness my hand and seal of office. Ma Alexandra Salinas Maria Alexandra Salinas	Sancal				
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath				
OR					
(2) Unsworn Declaration					
My name is, and my date of birth is	*				
My address is,	a) (zin code) (country)				
formal, formal	e) (zip code) (country)				
Executed in County, State of , on the day of (month)	(year)				
Signature of Local Gover	rement Officer (Declarent)				

FORM CIS

	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, WHEN THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.				
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY				
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	Date Received				
in accordance with Chapter 176, Local Government Code.	RECEIVED				
Name of Local Government Officer	THE O'LL VILL				
Melissa Chapa	SEP 0 6 2024				
2 Office Held					
Director of Guidance and Counseling	PURCHASING DEP				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code					
NA					
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. \(\int \tau\)	and the state of				
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by					
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)					
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:	6/3				
(1) Affidavit	STATE OF THE STATE				
NOTARY STAMP/SEAL	1935750 20 Mills 02-07-2020 Mills 02-07-				
Sworn to and subscribed before me by this the	Dio "Hay of September.				
20 , to certify which, witness my hand and seal of office.					
Long Examila Song Escamilla	Notary Public				
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath				
OR OR					
(2) Unsworn Declaration					
My name is, and my date of birth is					
My address is,,					
(street) (city) (state	e) (zip code) (country)				
Executed in County, State of , on the day of (month)	, 20 (year)				
Signature of Local Government	rnment Officer (Declarant)				

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY				
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 Covernment Code					
in accordance with Chapter 176, Local Government Code. Name of Local Government Officer	RECEIVED				
Cella R Taboada	SEP 0 5 2024				
2 Office Held Durchor of Professional the part LMS	PURCHASING DEPT				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	TONCHASING DEPT				
Code MA					
4 Description of the nature and extent of each employment or other business relations with vendor named in item 3.	hip and each family relationship				
5 List gifts accepted by the local government officer and any family member, if aggre					
from vendor named in item 3 exceeds \$100 during the 12-month period described l	Jy Section 176.003(a)(2)(b).				
Date Gift Accepted Description of Gift					
Date Gift AcceptedDescription of Gift					
Date Gift Accepted Description of Gift					
(attach additional forms as necessary)					
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I section 176.003(a)(2)(B), Local Government Code) of this local government officer. I section 176.003(a)(2)(B), Local Government Code of this local government officer. I signature of Local Government Officer Please complete either option below: (1) Affidavia 13.0968146 NOTARY STAMP/SEAL Califa RTahora day this true and correct. I acknowledge that the disclosure applies true and correct. I acknowledge that the disclosure applies applies that the disclosure applies applies applies applies and the disclosure applies ap					
Sworn to and subscribed before me by CeliaRTaboada this the _	4th day of September				
20 24, to certify which, witness my hand and seal of office. Driselda V. Rodriguez Briselda V. Rodriguez	Secretary				
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath				
OR (2) Unsworn Declaration					
My name is, and my date of birth is	·				
My address is					
and the second s	tate) (zip code) (country)				
Executed in County, State of, on theday of(month)	, 20 (year)				
Signature of Local Go	vernment Officer (Declarant)				

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Le	g., Regular Session. OFFICE USE ONLY				
This is the notice to the appropriate local governmental entity the government officer has become aware of facts that require the officer in accordance with Chapter 176, Local Government Code.					
Name of Local Government Officer	RECEIVED				
Cyrthia Rodriguez 2 Office Hold Executive Director - Elen	SEP 1 1 2024				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government JRCHASING DEPT				
Code					
4 Description of the nature and extent of each employment or othe with vendor named in item 3.					
5 List gifts accepted by the local government officer and any fan from vendor named in item 3 exceeds \$100 during the 12-mont	h 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)				
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 Officer Government Officer Signature of Local Government Officer					
(2) Unsworn Declaration My name is	and my date of birth is				
*1y address is,					
(street)	(city) (state) (zip code) (country)				
Executed in County, State of, on the _	day of, 20 (year)				
	Signature of Local Government Officer (Declarant)				

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
1 Name of Local Government Officer	RECEIVED
2 Office Held	SEP 0 4 2024
Director of Elementry Solucition Name of vendor described by Sections 176:001(7) and 176.003(a), Local Government	IDCHASING DEDT
Code N t A	
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted (Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	agreement with the state of
to each family member (as defined by Section 176.001(2), Local Government Cocalso acknowledge that this statement covers the 12-month period described by Se Government Code. Signature of Local	ction 176.003(a)(2)(B), Local
Please complete either option below:	
MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 Sworn to and subscribed before me by	Her day of September.
20 24, to certify which, witness my hand and seal of office. Ma Aleiandia Salinas Maria Alejandra Salinas	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is _	·
My address is,,	
(street) (city) (sta	
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Government	ernment Officer (Declarant)

FORM CIS

	(instructions for completing and filing this	form are provided on the next page.)				
Т	his questionnaire reflects changes made t	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY			
g		cal governmental entity that the following local facts that require the officer to file this statement overnment Code.	Date Received RECEIVED			
1	Name of Local Government Officer					
	Cynthia M. K		SEP 0 4 2024			
2	Office Held	P	RCHASING DEPT			
	Exec. DIR. W	m TRABITIONAL C.E.	-			
3	Name of vendor described by Section	ns 176.001(7) and 176.003(a), Local Governmen	t Code			
	WA	,e e e e e e e e e e e e e e e e e e e				
4	Description of the nature and extent	of employment or other business relationship v	vith vendor named in item 3			
	NA					
5	List gifts accepted by the local government officer and any family member, if aggregate value of the gifts acce from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).					
	from vendor named in item 3 exceed	is \$100 during the 12-month period described b	y Section 176.003(a)(2)(b).			
	Date Gift Accepted D Date Gift Accepted D	escription of Gift escription of Gift				
	Date Gift Accepted					
		(attach additional forms as necessary)				
6	AFFIDAVIT WINNING	*				
	AFFIDAVIT MEDA V. RODA COLOR OF TEXTS O	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I all covers the 12-month period described by Section 176.003	efined by Section 176.001(2), Local so acknowledge that this statement			
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the s	aid Cynthia M. Kamirez	, this the day			
	of <u>Sept</u> , 20, to cer	tify which, witness my hand and seal of office.				
	Briselda & Redriguy	Griselda V. Rodniguez	Secretary			
	Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath			

FORM CIS

(S. O. 11
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	
2 Office Held	SEP 0 4 2024
() E 10 (\)	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	•
Code	
4 Description of the nature and extent of each employment or other business relationshi	p and each family relationship
with vendor named in item 3. \mathcal{M}	
5 List gifts accepted by the local government officer and any family member, if aggreg	ate value of the gifts accepted
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 1/6.003(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 ackn	
to each family member (as defined by Section 176.001(2), Local Government Code	
also acknowledge that this statement covers the 12-month period described by Sec Government Code.	ران (۱/۵۰٬۰۰۰ مرزد) (۱۵), Lucal
_ llene	Course 1 C'''
Signature of Local	Government Officer
Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS	
My Notary ID # 7487542	
Expires November 21, 2024	lea o l i
Sworn to and subscribed before me by	th day of September.
20 24 to certify which, witness my hand and seal of office.	
ma ayandia Salinas Maria Alejandra Salinas	Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer adm in istering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,	
(street) (city) (state	e) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
(monun)	(J-01)
Signature of Local Gove	rnment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to			OFFICEU	ISE ONLY		
This is the notice to the appropriate loc government officer has become aware of in accordance with Chapter 176, Local Go		Date Received				
1 Name of Local Government Officer	0		RECE	EIVED		
2 Office Held	in luir		SEP 0	4 2024		
3 Name of vendor described by Sections	176 001(7) and 176 003(a	Local Government	PURCHAS	ING DEPT		
Code		, 2001 00 10111110111	and the late of the			
DIA			mandarah tan "	lu valatia wa bio		
Description of the nature and extent o with vendor named in item 3.	(>					
5 List gifts accepted by the local gover from vendor named in item 3 exceeds	nment officer and any fan \$ \$100 during the 12-mont	nily member, if aggreg n period described by	gate value of the Section 176.003	gifts accepted 3(a)(2)(B).		
1.						
Date Gift Accepted [
Date Gift Accepted						
Date Gift Accepted De						
(attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies						
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 admostled that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer Signature of Local Government Officer Please complete either option below:						
NOTARY STAMP SHAUMINI	2			N 4 4		
1 A J	Sworn to and subscribed before me by MANIA ARM BUY MID this the 4th day of September,					
20 24 , to certify which, witness my hand Druselda & Rodrigury	and seal of office. Griselda V. Ro	driguez	Secre-	tary		
Signature of officer administering oath	Printed name of officer administe	ring oath	Title of officer	administering oath		
	OR					
(2) Unsworn Declaration						
My name is		and my date of birth is		· · · · · · · · · · · · · · · · · · ·		
My address is				·		
(street		(-2)	te) (zip code)			
Executed in County, State	e of, on the _	day of (month)	, 20 (year)	é		
	_	Signature of Local Gove	ernment Officer (Dec	plarant)		

FORM CIS

"his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer	RECEIVED
Melissa V. Cruz	055 4 4 2024
2 Office Held	SEP 1 1 2024
Executive Director for Secondary Ed. 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	IPCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	DICCHAGING DE. 1
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Λ/ μ	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted N/A Description of Gift N/A	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Please complete either option below: (1) Affidavi 1309681 Sworn to and subscribed before me by	
Sworn to and subscribed before me by Melissa Y. Cruz this the 10	Oth day of September
Briselda V. Rodriguez Griselda V. Rodriguez	Secretary to Supt!
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR STATE OF THE PROPERTY OF TH	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is	
(street) (city) (state	e) (zip code) (country)
xecuted in county, State of, on the day of	, 20 (year)
된 하이 그 것 같은 이 이 물까지만 하나 이 이 전투를 보고 있다. 그리고 있는 내가 하나?	rnment Officer (Declarant)

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
1 Name of Local Government Officer	RECEIVED
2 Office Held /	SEP U 4 2024
Director	JRCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code MONU	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted 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) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	na nyi karasilwa parananana 4
to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local	
Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 Sworn to and subscribed before me by Color de Comez this the	to day of September.
20 24, to certify which, witness my hand and seal of office. Ma Alejandra Salinas Signature of officeradministering oath Printed name of officeradministering oath	Secretary Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	,
My address is,,	
	te) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
1 Name of Local Government Officer	RECEIVED
Hava P de los sontos	
2 Office Held	SEP 0 4 2024
Exec Director of Sp Eci	IDCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	DRCHASING DEL
NA	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggreg 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) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack	
Date Gift Accepted Description of Gift	e) of this local government officer. I ction 176.003(a)(2)(B), Local Government Officer
Sworn to and subscribed before me by Laura P. DeLos Santos this the	4th day of September,
20 24 , to certify which, witness my hand and seal of office. bruselde V. Rodriguez Griselda V. Rodriguez	Secretary
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,,	
for any of the second s	e) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer Frank Gutierrez	RECEIVED
2 Office Held	SEP 17 2024
Special Ed. Dept.	PURCHASING DEP
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A	ONCHASING DEP
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. N/A	ip and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted N/A Description of Gift N/A	
Date Gift AcceptedN/A Description of GiftN/A	
Date Gift Accepted N/A Description of Gift N/A	
(attach additional forms as necessary)	
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Please complete either option below: (1) Afficiently of Local Please complete either option below: Sworn to and subscribed before me by Warusco Rudung this the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2). Local Government Code also acknowledge that this statement covers the 12-month period covers the 12-month period covers the 12-month p	Government Officer
Some Damilla	secretary.
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,,	
	e) (zip code) (country)
"xecuted in County, State of , on the day of (month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

FORM CIS

his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
1 Name of Local Government Officer	RECEIVED
Joseph Lopez	
Joseph Lopez 2 Office Held Director Cherish Center	SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	JRCHASING DEPT
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	and a surface of the
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024	
Sworn to and subscribed before me by Toseph Lopez this the	the day of September.
20 24, to certify which, witness my hand and seal of office. Ma Alejandra Solinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
OR	THE RESERVE OF THE PARTY OF THE
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,	
	te) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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.	Date Received
Name of Local Government Officer	RECEIVED
Hector J Garra	Con to Control
2 Office Held	SEP 0 4 2024
Section 504	IRCHASING DEDT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	THO MADINO DEL
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggre from vendor named in item 3 exceeds \$100 during the 12-month period described b Date Gift Accepted	y Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	CONTRACTOR AND APPROXICE
I swear under penalty of perjury that the above statement is true and correct. I act to each family member (as defined by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code.	de) of this local government officer. I ction 176.003(a)(2)(B), Local
to each family member (as defined by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Codalso acknowledge that the 12-month period covers the 12-month period c	de) of this local government officer. I ction 176.003(a)(2)(B), Local I Government Officer
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FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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	Date Received
in accordance with Chapter 176, Local Government Code. Name of Local Government Officer	RECEIVED
Marta GStahl	SEP 0 4 2024
2 Office Held Internal Auditor	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	JRCHASING DEPT
Code NIA	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted 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)	
I swear under penalty of perjury that the above statement is true and correct. I ack to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local	e) of this local government officer. I
Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 Sworn to and subscribed before me by	1th day of Soplember
20 24 to certify which, witness my hand and seal of office. Mayar Hejandra Salinas Maria Alejandra Salinas	Secretary
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) (state of, on the day of	e) (zip code) (country)
county, State or, on theday or(month)	(year)
Signature of Local Gove	rament Officer (Declarent)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th	h Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity government officer has become aware of facts that require the off in accordance with Chapter 176, Local Government Code.		Date Received
1 Name of Local Government Officer		RECEIVED
Maties Ydrogo 1	((OFD 0 / 000
2 Office Held		SEP 0 4 2024
Wivector		URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.00 Code	3(a), Local Government	ar rain to into DEI 1
NA		
4 Description of the nature and extent of each employment or of with vendor named in item 3.	other business relationshi	p and each family relationship
5 List gifts accepted by the local government officer and any from vendor named in item 3 exceeds \$100 during the 12-m	family member, if aggreg	ate value of the gifts accepted
	onthi period described by	0000001 170.000(a)(2)(b).
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift	7	
Date Gift AcceptedDescription of Gift		
(attach additional form	0.7	
SIGNATURE I swear under penalty of perjury that the above state per composition of the state of	-month period described by Sec Signature of Local	Government Officer
(1) Affidava (1) 1309681 (1) 1		th day of <u>September</u> ,
Sworn to and subscribed before me by	this the	day of <u>September</u> ,
20 24, to certify which, witness my hand and seal of office. Briselda V. Rodriguy Griselda V. Ro	Janes	Secretary
Signature of officer administering of the Printed name of the Printed n	driguez sinistering oath	Title of officer administering oath
OR		
(2) Unsworn Declaration		
My name is	and my date of hirth is	
My address is,		
(street)	(city) (stat	(country)
Executed in, on	the day of(month)	, 20 (year)
		ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local	Date Received
government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	RECEIVED
Ida Lopez	CED # # 2024
2 Office Held	SEP 0 4 2024
2 Office Held Residential Facilities Coordinator F	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	ONOTH SOUND DELT
Code N/A	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Please complete either option below: (1) Affidaville 10/RES 1-19-2020 NOTARY STAMP/SEAL	Government Officer
Sworn to and subscribed before me by	4th day of September
20 24, to certify which, witness my hand and seal of office. Suiselda U. Rodriguez Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
OR STATE OF THE ST	
(2) Unsworn Declaration	
My name is, and my date of birth is	*
My address is,,	<u> </u>
(street) (city) (state) Executed in County, State of, on the day of (month)	e) (zip code) (country) , 20
Signature of Local Gove	rnment Officer (Declarant)