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.	DECEMEN
Name of Local Government Officer	RECEIVED
Griselda Flores-Ibarra	CED II + DOOL
Office Held	SEP 0 4 2024
	IDCHACING DEEM
	JRCHASING DEPT
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
NA	La contra de la contra della contra de la contra de la contra de la contra de la contra della contra de la contra de la contra de la contra della co
Description of the nature and extent of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3.	Recognition of the second of
11 to 16 and the sheet and recommend officer and any family member if aggree	rate value of the gifts accented
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	
the of approblem notice to expressing the complete of the comp	
Date Gift Accepted N/A Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Government Code. Signature of Local	Government Officer
Please complete either option below:	
AND PARTY NAMED IN COLUMN TO THE PARTY NAMED	•
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542	
NOTARY STAMP	
Caralla Flores (T)	Ith day of Soptember.
Sworn to and subscribed before me by Griselda Fores Tharra this the	day of Oopters bee,
20 24 , to certify which, witness my hand and seal of office.	
Ma aujandia Salinee Maria Hejandra Salinas	Jecretary
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	to) (zin coda) (countru)
	te) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20
	1
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
Adriana Vela	
2 Office Held Principality	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 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).
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 also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local	
Complete either option below: (1) Affidavit MARIAALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY ST Sworn to and subscribed before me by Adviana Vela this the	to day of September.
20 24, to certify which, witness my hand and seal of office. Maria Hejandra: Solinas 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	
	e) (zip code) (country)
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 in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	RECEIVED
Roserda Ri	
2 Office Held	SEP 0 4 2024
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	DUDCHACING DED
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	PURCHASING DEP
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	
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 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	и. 1
Sworn to and subscribed before me by Rosenda Roiz this the 4	day of <u>September</u> ,
20 24 , to certify which, witness my hand and seal of office. Ma Alejandro Salinas Signature of officer administering oath Printed name of officer administering oath	Secsetane Title of officer administering oath
OR	
My name is, and my date of birth is	
My address is, and my date of order is,	Substantial Company
(street) (city) (state	e) (zip code) (country)
Executed in county, State of , on the day of(month)	, 20
Signature of Local Gove	rnment Officer (Declarant)

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.	Pate Received RECEIVED
1 Name of Local Government Officer	
Cynthia Sierra	SEP 0 4 2024
2 Office Hold	NIDOLIA CING DEDI
Principal	PURCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
NIA	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggregation 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 vender named in hem o execute who during the 12-month period described by	
Date Gift Accepted Description of Gift	
Date Gift Accepted NIA Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Please complete either option below: (1) Afficavit 130968146. NOTARY STAMBURGHUM	tion 176.003(a)(2)(B), Local Government Officer
Sworn to and subscribed before me by <u>Cynthia Sierra</u> this the	1th day of September,
20 24 , to certify which, witness my hand and seal of office.	
Briselda & Rodrigus Griselda V. Rodrigus	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 my date of birth is	
	e) (zip code) (country)
Executed in County, State of , on the day of (month)	
(month)	(year)
Signature of Local Gover	roment Officer (Declarant)

FORM CIS

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

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

Name of Local Government Officer

Principal

jabriela N. Terez

Office Held

OFFICE USE ONLY

Date Received

RECEIVED

SEP 0 4 2024

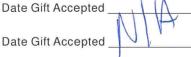
PURCHASING DEPT

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).

Date Gift Accepted



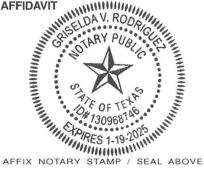
Description of Gift

Description of Gift

Date Gift Accepted Description of Gift

(attach additional forms as necessary)

6 **AFFIDAVIT**



I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to 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

Sworn to and subscribed before me, by the said

Gabriela N. Perez this the

20 2024 to certify which, witness my hand and seal of office.

Griselda V. Rodviguez Secretary

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
andrea Sanchez	0F0 0 F 2001
2 Office Held	SEP 0 5 2024
Principal - Cuellar Elementary 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	URCHASING 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 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) 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. Signature of Local Please complete either option below: NOTARY STAMPMEENT. And the complete of Local And the complete of Loca	
Sworn to and subscribed before me by Andrea Sanchez this the	4th day of September
20 24 , to certify which, witness my hand and seal of office. Druselda V. Rodriguez Oriselda 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,,	
()	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

Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Purchasing Defections Nicola Nic		
government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. 1 Name of Local Government Officer 2 Office Held 2 Office Held 2 Office Held 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 1 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 1 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 1 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 1 Description of the nature and extent of each employment or other business relationship and each family relationshif with vendor named in item 3. 5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) 6 SIGNATURE I swear under penalty of pepiny 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. 3 Signature of Local Government Officer 1 Affidavit Notary STAMP/SEAL Notary STAMP/SE	This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
Name of Local Government Officer Diana Karral Office Held Principal Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code WA Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepter 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 (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 applier to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. All Affidavit My Nagy 16 #748742 Signature of Local Government Officer On Affidavit NoTARY STAMP / SEAL Sworn to and subscribed before me by Diana Korrodi This this the Hamber of the foliation of the certify which, witness my hand and seal of office. My Nagy 10 #748742 Signature of Local Government Officer OR (2) Unsworn Declaration My name is	government officer has become aware of facts that require the officer to file this statement	Date Received
Dioric Karral 2 Office Held Principal 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 13 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 14 Description of the nature and extent of each employment or other business relationship and each family relationshif with vendor named in item 3. 5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepte 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 (attach additional forms as necessary) 6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member, as defined by Section 176.003(a) (2)(B), Local Government Code) of this local government officer. also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code) of this local government Officer. Accepted Marka Alejandra Salary Marka Alejandra Salary Marka Alejandra Salary Marka Alejandra Salary NoTARY STAMP / SEAL Swom to and subscribed before me by Diana Korrodi NoTARY STAMP / SEAL Swom to and subscribed before me by Diana Korrodi NoTARY STAMP / SEAL Swom to and subscribed before me by Diana Korrodi Title of officer administering oath Printed name of officer administering oath Title of officer administering oath Frinted name of officer administering oath Title of officer administering oat		RECEIVED
2 Office Held Principal 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code LIA 4 Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. 5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepte 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 (attach additional forms as necessary) 5 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member, if aggregate value of the gifts accepted Description of Gift (attach additional forms as necessary) 5 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)(2)(B). Local Government Code) of this local government Officer. ABRIALELANDRABBAS Omplete either option below: Ny Notary ID # 7487542 Signature of Local Government Officer My Notary ID # 7487542 Signature of original this the 4th day of Jeptem between the following and the personal period described before me by Diana Korrodi Title of officer administering oath Notary STAMP/SEAL Sworn to and subscribed before me by Diana Korrodi Title of officer administering oath Printed name of officer administering oath Title of officer administering oath Representation My name is	사이 이번 전에 대한 이번 전에 가장이 하면서 대한 경험이다	
Principal 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code WIA 4 Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. 5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accept 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 Quality Date Gift Accepted Date Gift Accept		SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 2/A 4 Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. 5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted mendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift (attach additional forms as necessary) 6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code). WARIAALEJANDRINGARDS OMPLET OF CODE (CODE) W	abbasin sa doas barro e bitala are produkti se carrot pogletji 🐧 🕅	
4 Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. 5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) 6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code) of this local government officer. Signature of Local Government Officer (1) Affidavit MARIALLIANDRASABBB Complete either option below: MARIALLIANDRASABBB Complete either option below: My Nodary ID & 7487542 Expires November 21, 2024 My Nodary ID & 7487542 Expires November 21, 2024 This the Hamber of Local Government Officer (2) Unsworn Declaration My name is		PURCHASING DEPT
Signature of Local Government Officer (1) Affidavit NOTARY STAMF/SEAL Sworn to and subscribed before me by Diana Korrodi NOTARY STAMF/SEAL Sworn to and subscribed before me by Diana Korrodi Notary is from the standard and my daministering oath Notary is from the standard and my date of birth is (2) Unsworn Declaration My name is (street) (city) (state) described by Section 176.003(a)(2)(B). 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). (attach additional forms as necessary) 1 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. (attach additional forms as necessary) 1 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. Signature of Local Government Officer My Notary ID #7487542 Expires November 21, 2024 Notary STAMF/SEAL Sworn to and subscribed before me by Diana Korrodi. this the 4th day of September administering on the first administering on the firs	Code	
Date Gift Accepted Description of Gift		p and each family relationship
Date Gift Accepted Description of Gift	from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift	areas and the second of the se	
(attach additional forms as necessary) 6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. WARIAALEJANDRASARSS OMPLET OF Local Government Officer (1) Affidavit MARIAALEJANDRASARSS OMPLET OF Local Government Officer My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP / SEAL Sworn to and subscribed before me by Diana Korrodi this the day of September 20, 2024, to certify which, witness my hand and seal of office. Machianary Alexandras 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	Date Gift Accepted Description of Gift	
(attach additional forms as necessary) 6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. WARIAALEJANDRASABS Signature of Local Government Officer (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by Diana Korrodi this the ## day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by Diana Korrodi this the ### day of Septem between the subscribed before me by	Date Gift Accepted Description of Gift	
to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. 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 MARIAALEJANDRASCHASE OMPlete either option below: My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by Diana Korrodi this the this the day of Japlem bel 20 21, to certify which, witness my hand and seal of office. Malejandur believed and the product officer administering oath this the day of Signature of officer administering oath this the fittle of officer administering oath to get the complete officer administering oath this day of Signature of officer administering oath or offi		
Calculation County Count	Signature of Local MARIA ALEJANDRA Sease complete either option below: My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by	Government Officer
(2) Unsworn Declaration My name is		Title of officer administering oath
My name is	OR OR	
My name is		
My address is		
(street) (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20 (month) (year)		
Executed in County, State of , on the day of , 20 (year)	• 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e) (zip code) (country)
the second of th		(year)
Signature of Local Government Officer (Declarant)		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. Name of Local Government Officer	RECEIVED
Liliana Barragas 2 Office Held	SEP 0 4 2024
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	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.	
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	e) of this local government officer. I ction 176.003(a)(2)(B), Local Government Officer
Sworn to and subscribed before me by	gth day of <u>September</u> ,
20, 24, to certify which, witness my hand and seal of office. Driselda D. 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,,	
	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	Date Received
in accordance with Chapter 176, Local Government Code. Name of Local Government Officer	RECEIVED
	to the second second
Imelola Flores 2 Office Held	SEP 0 4 2024
Princepal	JRCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	BROTIASING BEI
Code	- 4-3
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	
Date Gift Accepted Description of Gift	. Tapar . T.
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 also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Imelda Flores this the	day of September.
2024, to certify which witness my hand and seal of office. Ma Alexandra Salinas Signature of officer administering oath Printed name of other administering oath	Secreta neg
OR	
	Probady promotes, october 4
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
(month)	(year)
Signature of Local Gove	roment Officer (Declarant)

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.	RECEIVED
1 Name of Local Government Officer	I N Sang Sall Serie J. M. Sann San J.
Stephanic Silva-Garcie	SEP 0 4 2024
2 Office Held	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	PURCHASING DEPT
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen Code	`
na	
Description of the nature and extent of each employment or other business relations with vendor named in item 3.	ship and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggr from vendor named in item 3 exceeds \$100 during the 12-month period described	egate value of the gifts accepted
1	
Date Gift Accepted C 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 a statement covers the 12-month period described by Section 176.001(2), Local Government Covers the 12-month period described by Section 176.001(2). Please complete either option below NOTARY STAMP/SEAL	Section 176.003(a)(2)(B), Local
Please complete either option below (1) Affidavit 130968718 NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Stephanic Silva-Garaichis the 2024, to certify which, witness my hand and seal of office. Drivelde & Rodriguer Griselda V. Rodriguer	4th 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	Title of officer administering oath
(2) Unsworn Declaration	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is	
()	state) (zip code) (country)
Executed in County, State of , on the day of (month	(year)
Signature of Local Gr	overnment Officer (Declarant)

FORM CIS

his questionnaire reflects changes made t	o the law by H.B. 23, 84th Leg.,	Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate log government officer has become aware of in accordance with Chapter 176, Local G	facts that require the officer to	he following local file this statement	Date Received
Name of Local Government Officer	overnment code.		RECEIVED
Dane Escant 1	Fores		0.000
	a 10)		SEP 0 4 2024
2 Office Held Principal			URCHASING DEP
3 Name of vendor described by Section	s 176.001(7) and 176.003(a), L	ocal Government	OKCHASING DEF
Code			·, ·
4 Description of the nature and extent	of each employment or other h	usiness relationshi	in and each family relationshi
with vendor named in item 3.			
5 List gifts accepted by the local gove from vendor named in item 3 exceed	rnment officer and any family	y member, if aggreg	gate value of the gifts accept
A V	s \$100 during the 12-month p	period described by	Section 170.000(a)(2)(b).
Date Gift Accepted	Description of Gift		
Date Gift Accepted			
Date Gift Accepted D	escription of Gift		
to each family member also acknowledge that	(attach additional forms as not perjury that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month	s true and correct. I acki Local Government Cod	e) of this local government officer.
to each family member also acknowledge that Government Code.	f perjury that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month	s true and correct. I ack Local Government Cod period described by Sec Signature of Local	e) of this local government officer.
to each family member also acknowledge that Government Code. MARIA ALEJANDRA SALIN. My Notary ID # 7487542 Expires November 21, 202	(as defined by Section 176.001(2), this statement covers the 12-month	s true and correct. I ack Local Government Cod period described by Sec Signature of Local option below:	le) of this local government officer. ction 176.003(a)(2)(B), Local Government Officer
to each family member also acknowledge that Government Code. (1) Affida MARIA ALEJANDRA SALIN. My Notary ID # 7487542 Expires November 21, 202	(as defined by Section 176.001(2), this statement covers the 12-month	s true and correct. I ack Local Government Cod period described by Sec Signature of Local option below:	le) of this local government officer. ction 176.003(a)(2)(B), Local Government Officer
to each family member also acknowledge that Government Code. MARIA ALEJANDRA SALIN. My Notary ID # 7487542	reprint that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month) Please complete either as a flore of the statement covers the statement covers the statement covers the statement is considered as the statement covers the statement cove	s true and correct. I ack Local Government Cod period described by Sec Signature of Local option below:	le) of this local government officer. ction 176.003(a)(2)(B), Local Government Officer
to each family member also acknowledge that Government Code. (1) Affida at MARIA ALEJANDRA SALIN. My Notary ID # 7487542 Expires November 21, 202 NOTARY STANIC ISLAN Sworn to and subscribed before me by 102 2024 , to certify which, witness my han May Alejanda Jalyana	perjury that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month pease complete either as the complete either as dand seal of office. Maria Alejandra	s true and correct. I acknowledge and correct and corr	th day of September
to each family member also acknowledge that Government Code. MARIA ALEJANDRA SALIN. My Notary ID # 7487542 Expires November 21, 202 NOTARY STAMP 7 SEAL. Sworn to and subscribed before me by 102	ref perjury that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month The pase complete either as the	s true and correct. I acknowledge and correct and corr	le) of this local government officer. ction 176.003(a)(2)(B), Local Government Officer
to each family member also acknowledge that Government Code. (1) Affida ALEJANDRA SALIN. My Notary ID # 7487542 Expires November 21, 202 NOTART STANIT / SLAL Sworn to and subscribed before me by 102 2024 , to certify which, witness my han My	perjury that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month pease complete either as the complete either as dand seal of office. Maria Alejandra	s true and correct. I acknowledge and correct and corr	th day of September
to each family member also acknowledge that Government Code. (1) Affida MARIA ALEJANDRA SALIN My Notary ID # 7487542 Expires November 21, 202 NOTARY STANING SEAL SALIN Sworn to and subscribed before me by 102 102 103 104 105 105 106 107 107 108 109 109 109 109 109 109 109	perjury that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month pease complete either as the second and seal of office. Maria Alejanda Printed name of officer administerin	strue and correct. I ack Local Government Cod period described by Sec signature of Local option below:	e) of this local government officer. ction 176.003(a)(2)(B), Local Government Officer day of September Secretary Title of officer administering of
to each family member also acknowledge that Government Code. (1) Affida (1) MARIA ALEJANDRA SALIN. My Notary ID # 7487542 Expires November 21, 202 NOTAR STAIN SEAL Sworn to and subscribed before me by 102 2021 to certify which, witness my han all and a subscribed before me by 102 Signature of officer administering oath (2) Unsworn Declaration	perjury that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month pease complete either as the second and seal of office. Maria Alejanda Printed name of officer administerin	strue and correct. I ack Local Government Cod period described by Sec signature of Local option below:	e) of this local government officer. ction 176.003(a)(2)(B), Local Government Officer day of September Secretary Title of officer administering of
to each family member also acknowledge that Government Code. (1) Affida MARIA ALEJANDRA SALIN. My Notary ID # 7487542 Expires November 21, 202 NOTARY STAMP 7 SEAL Sworn to and subscribed before me by 102 102 103 104 105 105 106 107 107 108 109 109 109 109 109 109 109	perjury that the above statement is (as defined by Section 176.001(2), this statement covers the 12-month Please complete either as the statement covers the 12-month OR Escamilla Flore dand seal of office. Printed name of officer administerin or	strue and correct. I acknowled to be a signature of Local period described by Second period period described by Second period described by Second period period described by Second period period described by Second period period described by Second period peri	te) of this local government officer. Section 176.003(a)(2)(B), Local Government Officer Secretary Title of officer administering of the country of the

,	9 ,
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
Michelle Cantu	SEP 0 5 2024
2 Office Held Principal	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	TOTAL DEL
nla	
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	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted \(\mathred{\gamma} \) \(\O \) 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:	e) of this local government officer. I stion 176.003(a)(2)(B), Local Government Officer Secretary Title of officer administering oath
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. Name of Local Government Officer	RECEIVED
Pare of Local Government Officer The sea of the contract of t	OFD 0 + 000
2 Office Held	SEP 0 4 2024
	PURCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	CITOTII CONTO DEI
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 by	
Date Gift Accepted Description of Gift	Arri Congress Confidence
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	ka et a e Hetipa atkan
Signature of Local MARIAALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by Roberto Gortiz this the Honor of officer administering oath Maria Alejandra Jolinas Signature of officer administering oath	day of 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 (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 RECEIVED	
1 Name of Local Government Officer	0 P 200:	
Monica Arriaga	SEP 0 5 2024	
2 Office Held Principal	URCHASING DEPT	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	1	
Code		
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	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)		
to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I All the acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Signature of Local Government Officer Please complete either option below: (1) Affidavit Sworn to and subscribed before me by Monice Arrica this the 4th day of September 20 24		
OR 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 RECEIVE.D
Name of Local Government Officer	SEP 0 4 2024
Yolanda Mauricio - Alvarez	JEF 0 7 2027
	RCHASING DEPT
Principal	
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 relationship	ip and each family relationship
with vendor named in item 3.	Los questas se servicio securitario de consecuencio en
5 List gifts accepted by the local government officer and any family member, if aggreg	nate value of the gifts accepted
List gifts accepted by the local government officer and any family member, it aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift AcceptedDescription of Gift 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 ack	
to each family member (as defined by Section 176.001(2), Local Government Cod	ction 176.003(a)(2)(B), Local
ASE DA GROFFIMON Code.	
Signature of Local	Government Officer
Please complete either option below:	
Signature of Local Please complete either option below:	
	*
NOTARY STAMP SEA19-20 MINISTRALIA	1.11
Sworn to and subscribed before me by Volanda Mauricio-Alwez this the	4th day of September,
20 24, to certify which, witness my hand and seal of office.	
Briselda V. Redrigo Griselda 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	
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	, 20
(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 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
Agrita Peliza J.	NECEIVED
Principal	SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	URCHASING 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
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)	
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 NOTARY STAMP/SEAL Sworn to and subscribed before me by Aga pito Palizo Jr. this the 4	to day of September
2021, to certify which, witness my hand and seal of office.	
Ma Olijandia Salumu Maria Hejandra Salinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
OR	Un and the second second
(2) Unsworn Declaration	
My name is, and my date of birth is	7.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
My address is,,	
(street) (city) (state Executed in County, State of , on the day of (month)	
Signature of Local Gover	nment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session	on. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following I government officer has become aware of facts that require the officer to file this staten in accordance with Chapter 176, Local Government Code.	ocal Date Received
1 Name of Local Government Officer And R Martine Z	RECEIVED
2 Office Held Principal	SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	RCHASING DEPT
4 Description of the nature and extent of each employment or other business relati with vendor named in item 3.	1
5 List gifts accepted by the local government officer and any family member, if a from vendor named in item 3 exceeds \$100 during the 12-month period describe	ped 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)	
Please complete either option bel	ent Code) of this local government officer. I by Section 176.003(a)(2)(B), Local f Local Government Officer
NOTARY STAMP/SEAL Sworn to and subscribed before me by Anna R. Martinez this to a contract the state of the contract of the contra	the 4th day of September
20 24 , to certify which, witness my hand and seal of office. Briselda 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 birt	h is
My address is,	· · · · · ·
(street) (city)	(state) (zip code) (country)
Executed in County, State of , on the day of (m	ionth) 20 (year)
Cignature of Local	al Government 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	
1 Name of Local Government Officer	1 Charles Land 1 or American	
MAYDA Danier	SEP 8 4 2024	
2 Office Held	IDOLLACING DEDT	
	IRCHASING DEPT	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
NO		
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	ate value of the gifts accepted	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	σεσιιστι 17 σ.σσσ(α)(Σ)(Β).	
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 the disclosure applies and correct. I acknowledge that the disclosure applies of this local government officer. I acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the disclosure applies of the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local acknowledge that the statement covers the 12-month period described by Section 176.003(a)(B), Local acknowledge that the statement covers the 12-month period described by Se		
(1) Affidavk, 10/2005 1-19-2005 1-19		
Sworn to and subscribed before me by Myra Ramirez this the	4th day of September,	
20 24 , to certify which, witness my hand and seal of office.		
priselda 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,,,		
(street) (city) (state	e) (zip code) (country)	
Executed in county, State of , on the day of (month)	, 20	
Signature of Local Gove	rnment Officer (Declarant)	

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
Leticia R. Garcia	State of the state
2 Office Held	SEP 0 4 2024
Fa' ' a 1	LIDCHACING DEDT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	OKCHASING DEPT
N/A	
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	
The second secon	The state of the s
Date Gift Accepted Description of Gift	وكالمستنات تباعدا فيطلقون
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. Please omplete either option below: (1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 Sworn to and subscribed before me by	day of September, Secretary Title of officer administering oath
	- Constitution and the second
Consider a consequent per aparticular and a consequence of 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 Gover	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
Cynthia Caballes	SEP 0 4 2024
2 Office Held	JEF 0 4 2024
**	URCHASING DEPT
Solution (7) and 176.003(a), Local Government Code	
WIA	
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	
Date Gift Accepted Description of Gift 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 ack to each family member (as defined by Section 176.001(2), Local Government Cod	
Signature of Local	ction 176.003(a)(2)(B), Local
NOTARY STAMP STAMP STAMP	
Sworn to and subscribed before me by	4th day of September,
20 24 , to certify which, witness my hand and seal of office.	. 161
Busilan V. Rodriguy Griselan V. Rodriguez	Secretary to supr
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	
· · · · · · · · · · · · · · · · · · ·	te) (zip code) (country)
Executed in County, State of, on the day of(month)	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

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
Salud Claudia Hernandez	the second of the second
2 Office Held	SEP 0 4 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 other business relationshi	p and each family relationship
with vendor named in item 3.	no com ser ser about
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	name de versiones en colo il
(attach additional forms as necessary)	an retender who are distributed
also acknowledge that this statement covers the 12-month period described by Sec Government Code. MARIAALEJANDRA SALMASSE complete either option below: My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by Salva Claudia Hernandez this the 420 34	Government Officer
(2) Onsworn 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)	
	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 RECEIVED
Name of Local Government Officer	SEP 85 2024
Vanessa Saldaña	SEP 00 2024
O Office Held	URCHASING DEPT
Time par	ONGINO DEL I
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
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)	
Please complete either option below: (1) Affidayit 10, 130968746 NOTARY STAMPHISHALIMINA	Government Officer
Sworn to and subscribed before me by <u>Vanessa Saldaña</u> this the	1th day of September
20 29, to certify which, witness my hand and seal of office. Drivelde V. Rodrigues Griselda 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	E
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

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
Sylvin A. Kuir	CED 8 /c anat
2 Office Held	SEP 0 4 2024
Principa	RCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code N/A	
4 Description of the nature and extent of each employment or other business relationship	p and each family relationship
with vendor named in item 3.	The constitution is a
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	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	and the state of
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 Jocal	
Please complete either option below:	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024	
	D. 0 1 1
Sworn to and subscribed before me by Sylvia A- Kuiz this the	day of September
20 1 A, to certify which, witness my hand and seal of office.	0
Ma Alyandia Jaluar Maria Hajama Valings Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
l (2) Unsworn Declaration	Pyre et l'environt (1875)
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)	
(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 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	
Monica Volande Lepeda 2 Office Held	SEP 0 4 2024	
Principal 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	PURCHASING DEF	
Code N/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 NA Description of Gift NA		
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 ack		
to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I		
Color (1) (2) (2) (3) (2) (3) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		
Signature of Joca Government Officer Please complete either option below:		
Signature of Vocal	Government Officer	
Please complete either option below:		
Please complete either option below.		
(1) Affidation 130968740		
11 PES 1-19-2023		
NOTARY STAMPHARMINING	2.11	
Sworn to and subscribed before me by Work Can Legeth this the	1th day of September,	
Sworn to and subscribed before me by Monica V. Zepeda this the 20 24 , to certify which, witness my hand and seal of office.	Secretary	
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath	
OR		
(2) Unsworn Declaration		
(2) Olisworn Declaration		
My name is, and my date of birth is		
My address is,,,		
(street) (city) (state	te) (zip code) (country)	
Executed in County, State of , on the day of (month)	, 20 (year)	
	arnment Officer (Declarant)	

/mean and a man of man of the man	<u> </u>	
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	DEOFMES	
2 Office Held	RECEIVED	
2 Office Held	OFF O COMM	
0	SEP 0 4 2024	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	RCHASING MEDT	
Code	HOLIMOING DEL	
4 Description of the nature and extent of each employment or other business relationship	in 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	gate value of the gifts accepted	
moni vendoi named in item o exceeds groo during the 12-month period described by	555000 175.003(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 acknowledge that the disclosure applies Acknowledge that the disclosure applies of this local government Code) of this local government officer. I see that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local signature of Local Government Officer Affidavit		
Sworn to and subscribed before me by Abraham Rodriguez this the	4th day of September	
20 24, to certify which, witness my hand and seal of office. Druselda & Rodriguez Griselda 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		
(e) (zip code) (country)	
Executed in County, State of, on the day of(month)	, 20 (year)	
Circohus of Local Cour	arnment Officer (Declarant)	

FORM CIS

This questionnaire ref	lects changes made to the law by H.B.	. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer h	the appropriate local governments as become aware of facts that require hapter 176, Local Government Code	e the officer to file this statement	
1 Name of Local Go	vernment Officer		RECEIVED
2 Office Held	Pena-Meza	10	SEP 0 4 2024
Principal		La remaining a region to a second	and the state of the state of
3 Name of vendor de	escribed by Sections 176.001(7) and	d 176.003(a), Local Government	PURCHASING DEPT
N/A			
4 Description of the with vendor name	nature and extent of each employmed in item 3.	nent or other business relations	hip and each family relationship
	d by the local government officer a ed in item 3 exceeds \$100 during th		
Date Gift Accepte	d N/A Description of G	ift	No State States on
Date Gift Accepte	d Description of G	ift	- india in a second
Date Gift Accepte	d Description of Gift		
	(attach addition	nal forms as necessary)	
Anti-paga - r	also acknowledge that this statement cove Government Code. Please comp	(Weini M Da	al Government Officer
1 - St.	RIA ALEJANDRA SALINAS Ny Notary ID # 7487542 pires November 21, 2024		ten en e
Sworn to and subscribed	d before me by Adamina Pena-	Meza this the	17th day of September.
20 24, to certif	y which, witness my hand and seal of office.	1 - 27 - 194 5	repells.
Ma (Jujandia) Signature of officer administration		gandra Salinas fficer administering oath	Secretary Title of officer administering oath
		OR	
(2) Unsworn Declarat	lion		
My name is		, and my date of birth is _	
My address is			
and the second	(street)	(city) (sta	
Executed in	County, State of	, on the day of (month)	, 20 (year)
		7 <u>4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	
		Signature of Local Gov	vernment 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	
Muc M. Flores	SEP 0 4 2024
2 Office Held	La caracteristic de la constitución de la constituc
Prinupal	IRCHASING DEPT
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
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 Description of Gift	
Λ/	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Government Code. Www. M. J.O. Signature of Local Signature of Local	Government Officer
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024	
Sworn to and subscribed before me by Mucia M. Flores this the 4	th day of September
20 24 , to certify which, witness my hand and seal of office.	
Ma Augardia Salunar Maria Alejandra Valinal Signature of office administering oath Printed name of office administering oath	Title of officer administering oath
OR	
	where contrary and the
My name is, and my date of birth is	
My address is,,	
(street) (city)	
Executed in county, State of , on the day of (month)	, 20
and the second s	
Signature of Local Government	rnment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made	to the law by H.B. 23, 84th L	eg., Regular Session.	OFFICE USE ONLY		
This is the notice to the appropriate lo government officer has become aware o			Date Received		
in accordance with Chapter 176, Local G	iovernment Code.		RECEIVED		
Name of Local Government Officer					
Melissa Shu	(/ (SEP 0 4 2024		
2 Office Held			DIDCHAOINO DED		
3 Name of vendor described by Section	ns 176,001(7) and 176,003(a). Local Government	PURCHASING DEPT		
Code Vendor Vescribed by Section		.,,			
- Maria	La		n and analy family valationship		
4 Description of the nature and extent with vendor named in item 3.	or each employment or oth	er pusinėss relationshi	p and each family relationship		
5 List gifts accepted by the local gove from vendor named in item 3 exceed	ernment officer and any fa	mily member, if aggreg	gate value of the gifts accepted		
from vendor named in item 3 exceed	as \$100 during the 12-mon	in period described by	Jeetion 170.003(a)(2)(b).		
Date Gift Accepted					
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					
	Please complete eit	her option below:			
(1) Affidavit NOTARY STA Sworn to and subscribed before me by	7487542 er 21, 2024	this the	th day of September		
20 24, to certify which, witness my har	nd and seal of office.	0			
ma alejandia Salmas			Secretary		
Signature of office 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		1_			
(stree	et)	())	(country)		
Executed in County, St	ate of, on the	day of	, 20		
	_	(month)			
1		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	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	1 To how had found 1 V here land				
Luz Edith Serna- Planicez	SEP 8 4 2024				
2 Office Held					
1 1111(17/0): 1	URCHASING DEPT				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	1				
Code					
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- from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted				
from vendor named in item 3 exceeds \$100 during the 12-month period described by	y 3ection 170.000(a)(2)(b).				
Date Gift Accepted Description of Gift	1				
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 act	knowledge that the disclosure applies				
to each family member (as defined by Section 176.001(2), Local Government Cod	de) of this local government officer. I				
DAV. Regist toknowledge that this statement covers the 12-month period described by Se					
Signature of Local (1) Affidavit (1) Affidav	Government Officer				
	the same of the same and the sa				
Please complete either option below:					
(1) Affidavit 1309681 1000 1000 1000 1000 1000 1000 1000 1					
NOTARY STAMP SEAL					
1 - Till Same Property	4th Sectouper				
2/1	day of Ogotember,				
20 29, to certify which, witness my hand and seal of office.	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 = 1 = N	te) (zip code) (country)				
Executed in County, State of, on theday of(month)	, ²⁰				
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 Lead Consumment Officer	DECEMEN				
Gauden I Benavides	RECEIVED				
2 Office Held Principal	SEP 0 4 2024				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	PURCHASING DEPT				
N/A	and had 1				
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 aggree	gate value of the gifts accepted				
from vendor named in item 3 exceeds \$100 during the 12-month period described by	, Section 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)					
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(e)) 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 Signature of Local Government Officer Please complete either option below: (1) Afficievit of Tet 1730968146. NOTARY OF TET 1730968146. Sworn to and subscribed before me by					
20 24, to certify which, witness my hand and seal of office. Drivelda 9. Radriques Griselda V. Radriques	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,,					
	te) (zip code) (country)				
Executed in County, State of , on the day of	, 20 (year)				
	ernment Officer (Declarant)				