FORM CIS

Ļ	, , ,				
ĺ	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	THE OF WED			
	Clarissa 9. Flires	RECEIVED			
	2 Office Held	SEP 0 4 2024			
١	Principal	0			
l	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	URCHASING DEPT			
	MIA				
	Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship			
ŀ	5 List gifts accepted by the local government officer and any family member, if aggreg	ate value of the gifts accepted			
۱	from vendor named in item 3 exceeds \$100 during the 12-month period described by				
۱	Description of Cift				
I	Date Gift Accepted Description of Gift				
١	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				
	Signature of Local Affidavit NOTARY STAMP/SEAL Affidavit NOTARY STAMP/SEAL Affidavit NOTARY STAMP/SEAL Affidavit Affidavit	e) of this local government officer. I ction 176.003(a)(2)(B), Local Government Officer			
	Sworn to and subscribed before me by	4th day of September			
	Driselda V. Rodrigez Griselda G. Rodráguez	Decretary			
	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)			
	Gidilature of Local Gove	A CONTRACTOR OF THE SECTION AND ADDRESS OF THE SECTION ADDR			

FORM CIS

L				
ľ	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		
ŀ	1 Name of Local Government Officer	RECEIVED		
	Michelle C. Gomez			
	2 Office Held	SEP 8 4 2024		
	Principal	DOLLACING DEDT		
	3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	KCHASING DEPT		
	NA			
-	Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.			
ľ	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).		
١				
١	Date Gift Accepted NA Description of Gift			
l	Date Gift Accepted Description of Gift			
١	Date Gift Accepted Description of Gift			
1	(attach additional forms as necessary)			
	SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I ack Please complete either option below: (1) Affidant RES 1-19-203 NOTARY STAMP/SEAL	de) of this local government officer. I ction 17e 003(a)(2)(B), Local		
	NOTARY STAMP/SEAL Sworn to and subscribed before me by	4th day of September		
	20 24 , to certify which, witness my hand and seal of office.			
	priselda & Rodriguy 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,,			
1		te) (zip code) (country)		
	Executed in County, State of, on the day of(month)	, 20 (year)		
П	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							
2 Office Held	SEP 0 4 2024							
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	PURCHASING DEPT							
code None								
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 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.								
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 <u>Carlos E. Martinez</u> this the <u>HTM</u> day of <u>September</u> ,							
2024, to certify which, witness my hand and seal of office. Ma Alejandia Jalinas Maria Alejanda 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,,								
	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	Date Received			
in accordance with Chapter 176, Local Government Code. Name of Local Government Officer	RECEIVED			
2 Office Held	SEP 0 4 2024			
	JRCHASING DEPT			
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	JKCHASING DEIFT			
Code				
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			
from vendor named in item 3 exceeds \$100 during the 12-month period described by	0001011 170.000(4)(2)(5):			
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) Affidavit (RES 1-19-20)	e) of this local government officer. I ction 176.003(a)(2)(B), Local Government Officer			
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by Dr. Jonothan Martinez this the	4th day of September,			
20 24 , to certify which, witness my hand and seal of office. Driselda & Rodrigue & Griselda V. Rodrigue 2	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			
(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	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	RECEIVED						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEP 8 4 2024						
2 Office Held	9 tal 9 1 month						
	IRCHASING DEPT						
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government							
Code							
NONE							
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						
with vendor named in item 5.							
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 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							
Sworn to and subscribed before me by Araceli Garza this the 4	the day of veptember.						
20 22, to certify which, witness my hand and seal of office.	1						
Ma Alejandia Salina Maña Alejandia 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							
My name is, and my date of birth is							
My address is,,,,,,	e) (zip code) (country)						
	The second of th						
Executed in County, State of , on the day of(month)	(year)						
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 RECEIVED
1 Name of Local Government Officer	CCD A 5 2021
Alfredo Palapa	SEP 0 5 2024
2 Office Held Principal at Molina Middle School Pl	JRCHASING 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 relationship	n and each family 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 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)	
to each family member (as defined by Section 176.001(2), Local Government Code The second section 176.001(2), Local Government Code Signature of Local Please complete either option below:	
NOTARY STAMP WEBALL	th day of September 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)
(street) (city) (state of, on the day of(month)	
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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	at the Prince Street Manual St. St. St. St. St. St.
Olga Cantu	SEP 0 4 2024
2 Office Held	DOLLA
11110101010	RCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
44 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.	
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 176.003(a)(2)(B).
Date Gift Accepted HA Description of Gift	
Date Gift Accepted NA Description of Gift Date Gift Accepted NA Description of Gift	
Date Gift Accepted NA 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	nowledge that the disclosure applies
to each family member (as defined by Section 176.001(2), Local Government Code	e) of this local government officer. I
also acknowledge that this statement covers the 12-month period described by Sec	tion 176.003(a)(2)(B), Local
Government Code.	1 (()
Signature of Local	Government Officer
Please complete either option below:	
The state of the s	
(1) Affidavit ELIA H. MARTINEZ Notary Public, State of Texas	
NOTARY STAMP/SEAL Notary ID 12954938-1	
Sworn to and subscribed before me by ULGA CANEU this the 4	the day of Sep tember
20 34 , to certify which, witness my hand and seal of office.	Carana
Elis X Martines, Elia H. MARtinez	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 birds to,	
	e) (zip code) (country)
Executed in County, State of , on the day of(month)	, 20
(montn)	(year)
Signature of Local Gove	rnment Officer (Declarant)

	AND RESIDENCE OF THE PARTY OF T
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
tamela Amedondo 2 Office Held	SEP 0 4 2024
Principal	IDCHACING DEDT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	DRCHASING DEPT
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. $\bigvee \bigcup \bigcap$	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 DIA	is for the pipe of the color of the color of the
Date Gift Accepted NIM Description of Gift	na Transaction and Agent An
Date Gift Accepted NIA 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 Code also acknowledge that this statement covers the 12-month period described by Sec Government Code. Signature of Local MARIAALEJANDRA SALINAS Frease complete either option below:	le) of this local government officer. I
(1) Affic System My Notary ID # 7487542 Expires November 21, 2024	
NOTARY STAMP/SEAL Sworn to and subscribed before me by Pamela Awedondo this the 4	tu day of Saptember.
2024 to certify which, witness my hand and seal of office. Mana Alejandra Salinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
OR OR	
My name is, and my date of birth is	
My address is	
	e) (zip code) (country)
Executed in County, State of, on theday of(month)	(year)
Signature of Local Gove	rnment Officer (Declarant)

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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							
Ivan Antonio Herrerali	J. S. Lean Start Same 1. V. Same San							
2 Office Held	SEP 0 4 2024							
Principa 1								
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	JRCHASING DEPT							
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	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).							
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								
Boshbent Code.								
STEPH TARY PILL SELLIN								
Signature of Local Government Officer								
Please complete either option below:								
(1) Affidavit OF OF TEXT								
10968 109 20 Smith								
NOTARY STAMP STAMP	'III Catala							
Sworn to and subscribed before me by <u>Juan Antonio Herrera</u> this the <u>Juan Antonio Herrera</u>	day of <u>Jeplembo</u>							
20 24, to certify which, witness my hand and seal of office.	Carratage							
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath							
	This of officer administering cath							
OR								
(2) Unsworn Declaration								
My name is, and my date of birth is	·							
My address is								
(-1)	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 in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	RECEIVED
2 Office Held	SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	evenues de la la sagresa e d
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	17 Ped #4 1
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 8 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift Descrip	
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 Codalso acknowledge that this statement covers the 12-month period described by Section 176.001(2). Government Code.	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 Gilbert Moleno this the	th day of September
20 24 to certify which, witness my hand and seal of office. Ma Ulyanda Julinas Signature of officer administering oath Printed name of officer administering oath	Sacretary Title of officer administering oath
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

(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.
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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

OFFICE USE ONLY

Date Received

RECEIVED

SEP 0 4 2024

Office Held

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 NA Description of Gift ______

Date Gift Accepted _____ 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.Q03(a)(2)(B), Local Government Code.

Signature of Local Government Officer

Sworn to and subscribed before me, by the said _

Rosana M. Arizola ____ this the

of September, 20 24 , to certify which, witness my hand and seal of office.

Signature of officer administering of the

Griselda V. Rodniguez Secretar

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					
Araceli Martinez	SEP 1 8 2024					
2 Office Held						
	JRCHASING DEPT					
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code						
그 경기들이 있으면 하는 사람들은 사람들은 그들은 그는 것이 되었다.						
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	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).					
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 gevernment 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 ALEXA JORDANA SALDA Please complete either option below: Notary Public, State of Texas Comm. Expires 01-29-2025 Notary ID 126778405						
NOTARY STAMP / SEAL						
Sworn to and subscribed before me by Araceli Martinez this the 18	th day of September.					
20 _ 24, to certify which, witness my hand and seal of office.	3 (1)					
	as Notary					
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath					
restaurant de la Maria de la Regiona de la R						
(2) Unsworn Declaration						
My name is Hrabli Martines, and my date of birth is My address is 1601 Serene DR Laredo TX	10/22/1970 48045 Webb					
(street) (city) (state	(country)					
Executed in Nobb County, State of Toxas , on the 18th day of September (mo) (th)	Our 20 24 Wyear)					

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
Principal	DUDOUACING DEDI
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	PURCHASING DEPT
No	*
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 aggre from vendor named in item 3 exceeds \$100 during the 12-month period described b	gate value of the gifts accepted y Section 176.003(a)(2)(B).
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 ac	knowledge that the disclosure applies
to each family member (as defined by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that the 12-month period described by Section 176.001(2), Local Government Countilities acknowledge that the 12-month period described by S	de) of this local government officer. I ection 176.003(a)(2)(B), Local I Government Officer
Please complete either option below:	
Sworn to and subscribed before me byCavlos Valdez this the	4th day of September
20, to certify which, witness my hand and seal of office.	C 1
Briselde & Rodregig Griselda V. Rodriguez	Title of officer administering oath
Signature of officer administering oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declaration	
My name is, and my date of birth is _	
My address is, and my date of but the	
(street) (city) (st	ate) (zip code) (country)
Executed in County, State of , on the day of (month)	, 20 (year)
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 in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	RECEIVED
David Guzmun	SEP 0 4 2024
2 Office Held WMS - Principal	PURCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	UNOTINOTING BEF
Montalvo's Custom Shirts	
4 Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. Wife's brother in law	
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) 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. Signature of Local Please complete either option below: NOTARY STAND FINANCE STAND STAND STAND STAND STAND STAND STAND THE STAND STAND STAND STAND THE STAND	Cotion 176.003(a)(2)(B), Local Government Officer
Sworn to and subscribed before me by David Guzman this the	the day of September
20 24 , to certify which, witness my hand and seal of office. Briselda V. Rodriguer Briselda 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	te) (zip code) (country)
(street) (city) (sta Executed in county, State of , on the day of (month)	7 ()
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 is accordance with Chapter 176. Local Government Code	Date Received
in accordance with Chapter 176, Local Government Code. Name of Local Government Officer	RECEIVED
Crusto andre	OFD 0 1 0001
2 Office Held	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 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	
a)/A	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift NA	
Date Gift Accepted NA Description of Gift NA	
(attach additional forms as necessary)	tali relatina Milas meneralisika di
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.	etion 176.003(a)(2)(B), Local
and the second s	Government Officer
MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Ernesto Sandova this the 44	day of September.
20 24 to certify which, witness my hand and seal of office. Ma Alejandra Salinas Maria Alejandra Salinas Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath
Signature of officer administering oath Printed name of officer administering oath OR	Title of officer administering oath
	A Shooting made of the second
My name is, and my date of birth is	
My address is,,	vical sites
(street) (city)	
Executed in county, State of , on the day of (month)	. 20 (year)
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 government officer has become aware of facts that require the officer to in accordance with Chapter 176, Local Government Code.	ne following local file this statement	Date Received
Name of Local Government Officer		
ENIRA GAORE		SEP 1 7 2024
2 Office Held		
2 Office field AHS Mafret Dean	Hall year F	URCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Locale	ocal Government	
Description of the nature and extent of each employment or other but with vendor named in Item 3.		
5 List gifts accepted by the local government officer and any family from vendor named in Item 3 exceeds \$100 during the 12-month per	member, if aggreg	ate value of the gifts accepted
June X		
Date Gift Accepted Description of Gift	distanting the second	miran 2 2 2
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
(attach additional forms as ne		
to each family member (as defined by Section 176.001(2), Lalso acknowledge that this statement covers the 12-month of Government Code. DIANA B. GARCIA DIANA B. GARCIA Notary Public, State of Texas	eriod described by Sec	
Comm. Expires 08-24-2025 Notary ID 11976702 NOTARY STAMP/SEAL	option below:	
Sworn to and subscribed before me by Elvira Gaona	this the	1the Sonton har
Sworn to and subscribed before me by	this the	day of September
20 24 to certify which, witness my hand and seal of office.		Notan
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,		_1
(street)	(city) (state	e) (zip code) (country)
Executed in County, State of, on the	day of	, 20
	property and the second	· · · · · · · · · · · · · · · · · · ·
S	gnature 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
Gilberto (Grdenas	SEP 0 4 2024
Office Held ASSOCIATE Princeps	
	PURCHASING DEP
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
none	make in the Land-
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	gate value of the gifts accepted y 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)	er recour at engineed by a
also acknowledge that this statement covers the 12-month period described by Se Government Code. Signature of Local	I 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 Giberto Cardenas this the	the day of September
20 24, to certify which, witness my hand and seal of office.	1 2 1 1 1 1 1 1
Mana Alejanda Salinas Signature of officer administering oath Printed name of officer administering oath	Secre tany Title of officer administering oath
OR	
(2) Unsworn Declaration	
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)

/	organ of
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	DECEMEN
A. Salazar	RECEIVED
2 Office Held Principal	SEP 8 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	IRCHASING 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 AcceptedDescription of Gift	
Date Gift AcceptedDescription of Gift	
(attach additional forms as necessary)	
Please complete either option below: (1) Affidavit 130968746 NOTARY STAMP SEALUMING	e) of this local government officer. I stion 176.003(a)(2)(B), Local Government Officer
Sworn to and subscribed before me by Armando Salazar this the	4th day of September
20 24 , to certify which, witness my hand and seal of office. Briselde V-Rodriguer Briselda V-Rodriguer	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)

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	
Yesenia Sandoval	SEP 1 8 2024
2 Office Held	
Dean	URCHASING 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 relationsh with vendor named in item 3. N/A	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 AcceptedN/A Description of Gift	
Date Gift Accepted N/A Description of Gift	
Date Gift AcceptedN/A 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 Section Government Code. Signature of Local	ction 176.003(a)(2)(B), Local
(1) Affidavit MARIA ALEJANDRA SAARAS Complete either option below: My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL	, .
Sworn to and subscribed before me by <u>Yesenia Landoval</u> this the _/	8th 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
OR	在我们的一个人的人的人
(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
Signature of Local Gove	rnment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 8	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.	onicer to the trits statement	RECEIVED
1 Name of Local Government Officer		The second secon
Veronico amaro - Garza	t	SEP 0 5 2024
2 Office Held		IDOUADINO DEST
Associate Principal		JRCHASING DEPT
3 Name of vendor described by Sections 176.001(7) and 176. Code	.003(a), Local Government	
nla		
4 Description of the nature and extent of each employment of	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 a from vendor named in item 3 exceeds \$100 during the 12	ny 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	- Coulon 17 0.000(a)(2)(D).
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
(attach additional for	rms as necessary)	
6 SIGNATURE I swear under penalty of perjury that the above s		
to each family member (as defined by Section 1		
W. CAV Parille	1 AROLLA	1
TARY PUBLIC LE	Signature of Local	Government Officer
Please complete	e either option below:	
(1) Affidavit DE OF TEX	- ciaici opaoii bolowi	
(1) Affidavit OF TETA Please complete		
NOTARY STAMPHICE AND THE PARTY OF THE PARTY	A	1.11
Sworn to and subscribed before me by Veronica Amas	o-Garza_this the _	Ten day of September
NOTARY STANDING NOTARY STANDIN	N/ O 1	C
7/ //	V. Kodriguez	
Signature of officer administering oath Printed name of officer a		Title of officer administering oath
OR		
(2) Unsworn Declaration		
My name is	, and my date of birth is	
My address is		
(street)	,	te) (zip code) (country)
Executed in County, State of,	on the day of (month)	, 20
	Signature of Local Gov	ernment Officer (Declarant)
	Signature of Local Gove	Julia Sullos (Doolal ant)

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	new la re even		
Jessica Salazar	SEP 0 5 2024		
	URCHASING DEPT		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code			
nya.			
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)			
to each family member (as defined by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Cod ASD acknowledge that this statement covers the 12-month period	Government Officer		
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,,			
A	e) (zip code) (country)		
Executed in County, State of , on the day of	, 20 (year)		
	rnment Officer (Declarant)		

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 governm become aware of facts that re apter 176, Local Government (equire the officer to		Date Received REC	EIVED
Name of Local Gove				SEP 1	2 2024
MAIN	on Garza		the second	JLI I	2 2024
office Held	1 Early Col		VIO	URCHAS	ING DEPT
3 Name of vendor des Code	cribed by Sections 176.001(7	') and 176.003(a), Lo	ocal Government		
Description of the n with vendor named	ature and extent of each emp in item 3.	loyment or other bu	isiness relationsh	ip and each fam	ily relationship
	by the local government offi I in item 3 exceeds \$100 duri				
Date Gift Accepted	Description	of Gift			
Date Gift Accepted	Description	of Gift	4		
Date Gift Accepted	Description o	f Gift	cessary)		
CHRIST Notary P	each family member (as defined by so acknowledge that this statement overment Code. FINE M. PORTILLO Public, State of Texas Expires 10-06-2025 by ID 125454523		eriod described by Se		B), Local
NOTARY STAMP/SEAL				n 5	2/1
Sworn to and subscribed to certify	whigh, witness may hand and seal of o	ffice/.) / /	this the Z	day of	Dinas
y when I	still bers	tine Portill	o Vicy	offer to	Tama po
Signature of officer administer	ing cam Printed nam	ne of officer administering	path /	feeling of office	r administering dath
(2) Unsworn Declaration	on .	OR STATE			
My name is		, and	my date of birth is _		
My address is					
	(street)		(city) (star	te) (zip code)	(country)
Executed in	County, State of	, on the	day of (month)	(year)	
		Sir	mature of Local Gove	arnment Officer (De	clarant)

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 Maria I Alarcon Office Held	RECEIVED SEP 0 9 2024
Maria 1 Alarcon	
Office Held	
	DUDOLLA
100	HIRCHACKS DEEP
Magnet Dean	PURCHASING DEP
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen Code	nt .
Description of the nature and extent of each employment or other business relations with vendor named in item 3.	ship and each family relationship
List gifts accepted by the local government officer and any family member, if aggreen 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	The Control of the
(attach additional forms as necessary)	
	Section 176.003(a)(2)(B), Local Cal Government Officer
CHRISTINE M. PORTILLO Notary Public, State of Texas Comm. Expires 10-06-2025 Notary ID 125454523 Please complete either option below	r:
NOTARY STAMP/SEAL	011
Sworn to and subscribed before me by this the	I day of September
20 24 to certify which, witness my hand and seal of office. The fire Portifo M	Lan Sichetary
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,,	
	state) (zip code) (country)
Executed in County, State of, on the day of	, 20 _(year)
Signature of Local G	overnment 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
Maria Teresa Lopez	estrate in me,
1550 ate Principal	SEP 0 4 2024
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	URCHASING DEPT
Code	
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	
and the state of t	
Date Gift Accepted Description of Gift	التفاتيا والسامو والأبروب
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
(1) Affidavit MARIA ALEJANDRA SALINAS My Notary ID # 7487542 Expires November 21, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by Maria Teresa Lepez this the 2021, to certify which, witness my hand and seal of office. Maria Alejandra Solinas Signature of officer administering oath Printed name of officer administering oath OR	Government Officer A secretary Title of officer administering oath
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,	
(street) (state	
Executed in day of day of	, 20 (year)
	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	Date Received
in accordance with Chapter 176, Local Government Code.	RECEIVED
Name of Local Government Officer	
Martha Alvarez	SEP 0 5 2024
	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 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).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Pascription of Gift	
(attach additional forms as necessary)	
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 ARY Prisonature Code. Signature of Local Please complete either option below: (1) Affidavit 1988 1-19-2013	tion 176.003(a)(2)(B), Local Government Officer
NOTARY STAMP/SEAL Sworn to and subscribed before me by	1th day of September.
20 24 , to certify which, witness my hand and seal of office. Driselda C. 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,,	·
	e) (zip code) (country)
Executed in County, State of, on theday of(month)	, 20 (year)
Signature of Local Gove	rnment 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	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 C	hapter 176, Local Government Code.		RECEIVED
1 Name of Local Go			INCOLIVED
	Burrier		SEP 2 3 2024
2 Office Held	01000	112	2021
Dean - i	Early College (US		PURCHASING DEPT
3 Name of vendor de Code	escribed by Sections 176.001(7) and	176.003(a), Local Government	
Code	VIA		
4 Description of the with vendor name	e nature and extent of each employme ed in item 3.	nt or other business relationsh	ip and each family relationship
5 List gifts accepte	d by the local government officer an	d any family member, if aggree	gate value of the gifts accepted
from vendor name	ed in item 3 exceeds \$100 during the	12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepte	d Deschiption of Gif		
Date Gift Accepte			
Date Gift Accepted			
6 SIGNATURE	Y(attach additional) I swear under penalty of perjury that the above	I forms as necessary)	
	to each family member (as defined by Sectic also acknowledge that this statement covers Government Code.	the 12-month period described by Sec	
	Please compl	ete either option below:	
	PATRICIA CANALES Notary Public, State of Texas Comm. Expires 10-19-2026 Notary ID 129947405		C day of September
20, to certify	which, witness my hand and seal of office.		
-016		Canale	Secretury Title of officer administering oath
Signature of officer administration	aring oath Printed name of offic	er administering oath	Title of officer administering oath
(2) Unsworn Declarat		OR	TAN BANKARASININ
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 Gover	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	Date Received	
in accordance with Chapter 176, Local Government Code.	RECEIVED	
1 Name of Local Government Officer		
SINNEH KOROMA, JR. 2 Office Held	SEP 1 8 2024	
MAGNET DEAN	PURCHASING DEP	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	UNOTIFICITY DEL	
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 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		
Date Gift Accepted Description of Gift		
(attach additional forms as necessary)		
also acknowledge that this statement covers the 12-month period described by Se Government Code. Signature of Loca	Government Officer	
Please complete either option below: (1) Affidavit PATRICIA CANALES Notary Public, State of Texas Comm. Expires 10-19-2026 Notary ID 129947405 Sworn to and subscribed before me by Patricia Canales this the day of Scatember.		
	day of September,	
	Secretary Title of officer administering oath	
Signature of officer administering oath Printed name of officer administering oath OR	Title of officer administering cath	
(2) Unsworn Declaration		
My name is Sinnel Koroma, and my date of birth is 09/21/1972 My address is 3015 CHAUCER DY FARDO, TX, 78041, IXLebb. (street) (city) (state) (zip code) (country)		
Executed in Wubb County, State of TX , on the 18 day of Service (month)	(2) (2) (county) (county) (county)	
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	Date Received			
in accordance with Chapter 176, Local Government Code.	RECEIVED			
1 Name of Local Government Officer	NEOLIVED			
Karla Gorza	SEP 0 4 2024			
2 Office Held ASSociate Principal F	LIB OT LESS			
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				
NO				
4 Description of the nature and extent of each employment or other business relationship 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 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 from the penalty member (as defined by Section 176.001(2), Local Government Code. Signature of Local Please complete either option below: (1) Affidavit 1978 1-19-2015	le) of this local government officer. I			
NOTARY STAMP/SEAL				
	4th day of September			
20 24, to certify which, witness my hand and seal of office. Driselda 1 Rodrigues Signature of officer administering oath Printed name of officer administering oath	Secretary Title of officer administering oath			
OR				
(2) Unsworn Declaration				
And my data of high in				
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)			