CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) January, 2019

(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.	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	
Marisa Sepulveda	ty Secretary's
Office Held	Dete 1-3-19
Passport División	Dala madamana
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Melanie Garza (Applicant)	
Description of the nature and extent of each employment or other business relationship	
Box of one dozen doughnuts	itizen
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	Section 176.003(a)(2)(B).
Date Gift Accepted 01/03/19 Description of Gift Box of One doz	en doughnets
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 that the disclosure applies to each family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(as Section 176.003).	ned by Section 176.001(2), Local acknowledge that this statement (2)(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	2-4
Sworn to and subscribed before me, by the said Warisa Sepulveda	, this the <u>3 rd</u> day
of January , 20 19, to certify which, witness my hand and seal of office.	A
Vesenia Rodriguez	Notary
Signature of officer administering oath Printed name of officer administeking oath T	itle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	decretary & U
Joaquin Zamora	Received "
2 Office Held	2/4/2
Commissioner District 2	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	t Code
Jacinto Garza	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
L&G Engineering	
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 12/18/18 Description of Gift One box of fruit	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIX NOTARY STAMP / SEAL ABOVE	fined by Section 176.001(2), Local so acknowledge that this statement (a)(2)(B), Local Government Code. Government Officer
of January, 20 19 , to certify which, witness my hand and seal of office.	, this the day
	Title of officer administering oath
Signature of officer adminisfering oath Printed name of officer administering oath	This of onicer admittatering odus

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	4 Seproformed
Joaquin Zamora	y Secretary's O Rectived Dok 1-7-19
2 Office Held	Dole_ 1-7-19
2 Office Held	
Commissioner District 2	÷
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Megamorphosis	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Architectural Firm	
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 12/18/18 Description of Gift One jar of mazapán	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also	ined by Section 176.001(2), Local b acknowledge that this statement
ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 ALICIA J. JOHNSON Covers the 12-month period described by Section 176.003(Government Officer
Sworn to and subscribed before me, by the said Joaquin Zamora	, this the Tth day
of January , 20 19 , to certify which, witness my hand and seal of office.	
There are the second of the se	cutive Assistant
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

(inclided one for complete	ng and ming this form are p	Totalda on the next page.)		
This questionnaire reflects	changes made to the law b	y H.B. 23, 84th Leg., Regula	ar Session.	OFFICE USE ONLY
government officer has be		mental entity that the foll require the officer to file thit Code.		Date Received
Name of Local Govern	ment Officer			
			0.,	S Long Offe
			City	Secretary 2 Office
Jim Darling			<i>•</i>	Reacived
2 Office Held				1 5 10 pl
			7	Secretary's Office Received
Mayor, City of				·
3 Name of vendor descr	ibed by Sections 176.001	(7) and 176.003(a), Local	Government (Code
3 D D	41			
Anne Burger En		-levenent en ether byeine		and each family relationship
with vendor named in		ployment or other busines	ss relationsinp	and each family relationship
Witti 7011001 Ilainou 111				
	ties Inc.			·
				ate value of the gifts accepted
from vendor named in	item 3 exceeds \$100 dur	ing the 12-month period	described by	Section 176.003(a)(2)(B).
Date Gift Accepted 12	2/19/18 Description	of Gift Russell Stor	ver Assor	ted Chocolates
Date diff 1000 ptcd	<u>-7 7</u> Bosonphon (J. C.II.		
Date Gift Accepted	Description (of Gift		
Date Gift Accepted	Description of	of Gift		
	(attach a	dditional forms as necessa	ıry)	
6 AEEIDAVIT				
6 AFFIDAVIT	L swear und	ler penalty of periury that the a	bove statement is	s true and correct. I acknowledge
				ned by Section 176.001(2), Local
		· ·		acknowledge that this statement
9		12-month, period described by S	Section 176.003(a	a)(2)(B), Local Government Code.
	otary Public			\
	TE OF TEXAS	/ lu	4 4	
	ID# 12941430-1 n. Exp. 05-06-2021			
William My COLL	11. Exp. 00-00-2021	(/ Sig	nature of Local (Government Officer
AFFIX NOTARY STAMP	/ SEAL ABOVE			
Sworn to and subscribed b	efore me, by the said	2 Darling		, this the The day
Swort to and subscribed b				
of <u>January</u> , 20) _ t _ to certify which, wi	tness my hand and seal of offic	oe.	
i	\triangle	, , , , , , , , , , , , , , , , , , , ,	C.	xecutive Assista
Olive	-/- 	licia Johnson		
Signature of officer admi	nistering oath Printe	ed name of officer administering	g oath T	itle of officer administering oath

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.

1 Name of Local Government Officer

Jim Darling

2 Office Held

Mayor, City of McAllen

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

Laura Warren

4 Description of the nature and extent of each employment or other business relationship and each family relationship

The Warren Group Architects, Inc.

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 12/19/18 Description of Gift Hillshire Farm Basket

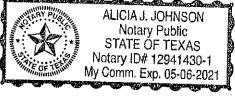
Date Gift Accepted ______ Description of Gift ______

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 176.003(a)(2)(B), Local Government Code.



Signature of Local Government Office

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Darling

_, this the _____ c

f <u>January</u>, 20 19, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Alicia Johnson

onnson Executive Assistant

Printed name of officer administering oath

Title of officer administering oath

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.

OFFICE USE ONLY

Date Received

1	Name of Local Government Officer
	Name of Local Government Unicer

Jim Darling

2 Office Held

Mayor, City of McAllen

Aty Secretary's C

Date 1-7-19

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

Eduardo Bernal Martinez

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

Mexican Consulate

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 12/14/19 Description of Gift Bottle of Tequila

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 176.003(a)(2)(B), Local Government Code.



ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ______

Darling

, this the

Executive Assista

dav

of January, 20 10

__, 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

OHASOA

FORM CIS

(motorial to compare the grant of the grant	
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	1
Veronica Whitacre	Secretary's O Received
2 Office Held	1
Commissioner District 6	Date 1-7-19 C
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen	nt Code
Jacinto Garza	
Description of the nature and extent of each employment or other business relations with vendor named in item 3.	hip and each family relationship
L&G Engineering	
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	egate value of the gifts accepted by Section 176.003(a)(2)(B).
Date Gift Accepted 12/18/18 Description of Gift One box of fruit	
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 that the disclosure applies to each family member (as described by Section 176.00 Notary Public	efined by Section 176.001(2), Local lso acknowledge that this statement
STATE OF TEXAS Notary ID# 12941430-1 My Comm Eyn 05.06 2024	ukutaunal Government Officer
Sworn to and subscribed before me, by the said Veronica Whitacre of anuary, 20 19, to certify which, witness my hand and seal of office.	, this the day
Signature of officer administering oath Printed name of officer administering oath	Executive Assistant Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	74
Veronica Whitacre	ty Secretary's Of Received Date 1-7-19
2 Office Held	Date 1-7-19 /
Commissioner District 6	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governme	nt Code
Megamorphosis	
Description of the nature and extent of each employment or other business relations with vendor named in item 3.	hip and each family relationship
Architectural Firm	
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	
nom vendor named in item 5 exceeds \$100 during the 12-month period described	by 0001011 17 0.000(a)(2)(2)/
Date Gift Accepted 12/18/18 Description of Gift One jar of mazapán	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as a Government Code) of this local government officer. I a	defined by Section 176.001(2), Local also acknowledge that this statement
ALICIA J. JOHNSON covers the 12-month period described by Section 176.00 Notary Public STATE OF TEXAS Notary ID# 12941430-1	Whitace
Signature of Loc	cal Government Officer
Sworn to and subscribed before me, by the said Verence Whitacre	, this the day
of January, 20 19, to certify which, witness my hand and seal of office.	day
Della Johnson Alicia Johnson	Executive Assicta

(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.	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	y Secretary's C
Elvira I. Alonzo	y Secretary's C Received Date 1-8-19
2 Office Held	A RIL WALLES
Public Works Director	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	ode
GCR Tire	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Vendor (For City of McAllen Employee Christmas Luncheon Prize Dr.	awing)
List gifts accepted by the local government officer and any family member, if aggregate from vendor named in item 3 exceeds \$100 during the 12-month period described by S	
Date Gift Accepted 12.01.18 Description of Gift 2ea \$25.00 Cowboy Ch	nicken Gift Cards
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 that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) Notary Public State of Texas My Comm. Exp 01-20-2020 Signature of Local G	ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
Sworn to and subscribed before me, by the said	, this the g day
Funds C. Yuwham Radk C. DunhAm Signature of officer administering oath Printed name of officer administering oath Tit	tle of officer administering oath

	COIN LIGIO	DICOLO	COME CIAIL			
	(Instructions for comp	oleting and filing	this form are provided	on the next page.)		
T	his questionnaire refle	cts changes ma	de to the law by H.B. 2	3, 84th Leg., Regular S	ession.	OFFICE USE ONLY
g	overnment officer has	s become awa		entity that the followi the officer to file this st	atement	Date Received
1	Name of Local Gov	ernment Office	er			y Secretary's (
	Elvira I. Alonzo	o			4.	y Secretary's (Received Data 1-8-19
2	Office Held					
	Public Works D	Director				
3	Name of vendor de	scribed by Sec	ctions 176.001(7) and	176.003(a), Local Go	vernment Co	ode
	Rio Paper Sup	ply				
4	Description of the n		nt of each employme	nt or other business r	elationship a	and each family relationship
			en <mark>Employee C</mark> hr	istmas Luncheon	Prize Dra	awing)
5		12.01.18	eeds \$100 during the Description of Gift		cribed by So rm chair	e value of the gifts accepted ection 176.003(a)(2)(B).
	Date Gift Accepted		_ Description of Gift		4	
			(attach additional	forms as necessary)		
6		NDA E DUNHAM Notary Public State of Texas omm. Exp 01-20-202	that the disclosure a Government Code) of covers the 12-month	pplies to each family mem of this local government of period described by Section	aber (as define fficer. I also a on 176.003(a)(rue and correct. I acknowledge d by Section 176.001(2), Local cknowledge that this statement 2)(B), Local Government Code.
	Sworn to and subscriber of Mully	ed before me, by t	S Duri	a I. Along hand and seal of office of the desired and seal of office of the desired and the de	K	_, this the day Autary
	Signature of officer ad	dministering oath	Printed name of	of officer administering oat	th Title	e of officer administering oath

rina questionnaire renecta end	anges made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has become	propriate local governmental entity that the following local me aware of facts that require the officer to file this statement 76, Local Government Code.	Date Received
Name of Local Governme	nt Officer	ty Secretary's
Elvira I. Alonzo		ty Secretary's Received Date 1-8-19
Office Held		Date
Public Works Direct	ror	
Name of vendor describe	d by Sections 176.001(7) and 176.003(a), Local Governmen	t Code
W.W. Grainger		
Description of the nature a with vendor named in iter	and extent of each employment or other business relationsl n 3.	nip and each family relationship
Vendor (For City of	McAllen Employee Christmas Luncheon Prize	Drawing)
List gifts accepted by the	local government officer and any family member, if aggre	gate value of the gifts accepted
Date Gift Accepted 12.0		ss Drill 20v
	D1.18 Description of Gift 10 ea DeWalt Cordle	ss Drill 20v
Date Gift Accepted	D1.18 Description of Gift 10 ea DeWalt Cordle	ss Drill 20v
Date Gift Accepted	Description of Gift 10 ea DeWalt Cordle Description of Gift	ss Drill 20v
Date Gift Accepted	Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statemen that the disclosure applies to each family member (as de Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003	t is true and correct. I acknowledge efined by Section 176.001(2), Local so acknowledge that this statement
Date Gift Accepted	Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statementhat the disclosure applies to each family member (as description of this local government officer. I also covers the 12-month period described by Section 176.003 (Toxas) OUNHAM Public Toxas OU1-20-2020	t is true and correct. I acknowledge efined by Section 176.001(2), Local so acknowledge that this statement B(a)(2)(B), Local Government Code.

	(Instructions for completing and filing th	nis form are provided on the next page.)	
Т	his questionnaire reflects changes made	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
g			Date Received
1	Name of Local Government Officer Elvira I. Alonzo	Ci	y Secretary's C Received Date 1-8-19
2	Office Held		Date
	Public Works Director		
3	Name of vendor described by Secti	ons 176.001(7) and 176.003(a), Local Government	Code
	Hollon Oil		
4	Description of the nature and extent with vendor named in item 3.	of each employment or other business relationship	p and each family relationship
	Vendor (For City of McAller	Employee Christmas Luncheon Prize D	rawing)
5	from vendor named in item 3 excee Date Gift Accepted 12.01.18	ernment officer and any family member, if aggreg ds \$100 during the 12-month period described by Description of Gift	Section 176.003(a)(2)(B). lube, oil & filter service
	Date Gift Accepted	Description of Gift	
		(attach additional forms as necessary)	
6	LINDA E DUNHAM Notary Public State of Texas My Comm. Exp 01-20-2020	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(as Signature of Local Code)	ned by Section 176.001(2), Local acknowledge that this statement
	Sworn to and subscribed before me, by the of hundry, 20 19, to ce with the signature of officer administering oath	said Claura I, Alongo entify which, witness my hand and seal of office. Linda E, Dunh Am	, this the day Mutauy Fitle of officer administering oath

CONFLICTS D	ISCLOSU	IRE STATE	MENT		
(Instructions for completing	ng and filing this	form are provided	on the next page.)		
This 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 government officer has be in accordance with Chapter	come aware of	facts that require	the officer to file this s	statement	Date Received
1 Name of Local Governi	ment Officer			Cita	1 Secretary's C
Elvira I. Alonzo					Secretary's C Received
2 Office Held					Date
Public Works Dire	ector				
3 Name of vendor descri	bed by Section	ns 176.001(7) and	l 176.003(a), Local Go	overnment Co	ode
J's Hydraulics					
		f each employme	nt or other business	relationship a	and each family relationship
with vendor named in i	tem 3.				
Vendor (For City of	of McAllen I	Employee Chi	ristmas Luncheo	n Prize Dra	awing)
	item 3 exceeds	s \$100 during the		scribed by S	e value of the gifts accepted ection 176.003(a)(2)(B).
Date Gift Accepted					
Date Gift Accepted	De	escription of Gift _			
		(attach additiona	I forms as necessary)		
Notar State	E DUNHAM by Public of Texas ixp 01-20-2020	that the disclosure a Government Code)	applies to each family me of this local government on period described by Sec	mber (as define officer. I also a tion 176.003(a)(true and correct. I acknowledge d by Section 176.001(2), Local cknowledge that this statement 2)(B), Local Government Code.
Sworn to and subscribed be of	efore me, by the sa		was I. Also hand and seal of office.	ys	_, this the day
Signature of officer admin	wham	LindA Printed name	E, DanhA	// ath Titl	Putury e of officer administering oath

(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.	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	Secretary's C
Elvira I. Alonzo	Secretary's U Received Date 1-8-19
2 Office Held	4 - 7
Public Works Director	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
French Ellison	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
Vendor (For City of McAllen Employee Christmas Luncheon Prize D	rawing)
List gifts accepted by the local government officer and any family member, if aggregation wender named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12.01.18 Description of Gift 1 ea \$25.00 Wal-Mart	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	-
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined for the following state of Texas My Comm. Exp 01-20-2020 Signature of Local Control of the following state of Texas Signature of Local Control of the following state of Texas Signature of Local Control of the following state of the following st	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said Clivia I. Along of Mully, 20 19, to certify which, witness my hand and seal of office with the said Linda E. Dunham Signature of officer administering oath Printed name of officer administering oath	, this the day

(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. 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.
Name of Local Government Officer Resclored
in accordance with Chapter 176, Local Government Code. City Secretary's O Received Elvira I. Alonzo Date 1-8-19
2 Office Held
Public Works Director
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
Doggett Freightliner +Z61+Z9Z 0+069
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
Vendor (For City of McAllen Employee Christmas Luncheon Prize Drawing)
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 12.01.18 Description of Gift 1 ea 43" Sharp Smart TV
Date Gift Accepted 12.01.18 Description of Gift 5 ea Tool Bags w/mug & cap
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. LINDA E DUNHAM Notary Public State of Texas My Comm. Exp 01-20-2020 My Comm. Exp 01-20-2020 Signature of Local Government Officer
Sworn to and subscribed before me, by the said

(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.	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	Jecretary's
Elvira I. Alonzo	ty Secretary's C Received Date 1-8-19
2 Office Held	
Public Works Director	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen	nt Code
D&D Wheel Alignment	
Description of the nature and extent of each employment or other business relationsl with vendor named in item 3.	hip and each family relationship
Vendor (For City of McAllen Employee Christmas Luncheon Prize	Drawing)
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	
To the state of th	y comon 170.000(u)(2)(D).
Date Gift Accepted 12.01.18 Description of Gift 5 ea Complimentary	lube, oil & filter service
Date Gift Accepted Description of Gift	
Description of ant	*
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement	at is true and correct. Lacknowledge
that the disclosure applies to each family member (as de	efined by Section 176.001(2), Local
Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003	740 G. C.
State of Texas My Comm. Exp 01-20-2020	1
Almaxill	MES
Signature of Local	al Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Elsura I. Alonzo	, this the 8 day
of	
Linds E. Aluxhan Linds E. DunhAm	Notary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made	e to the law by H.B. 23, 84th Leg., Regular Ses	sion. OFFICE USE ONLY
	ocal governmental entity that the following of facts that require the officer to file this state Government Code.	
1 Name of Local Government Officer	City o	Secretary's Office
Xavier Cervantes	J	Secretary's Office Received
2 Office Held	Ω	Date 1-10-19
Planner II		
3 Name of vendor described by Secti	ions 176.001(7) and 176.003(a), Local Gove	rnment Code
Jose G. Gonzalez		
Description of the nature and exten- with vendor named in item 3.	t of each employment or other business rela	ationship and each family relationship
Planning & Zoning Commission	ner	
	vernment officer and any family member, it eds \$100 during the 12-month period descr	
Date Gift Accepted 12/19/2018	Description of Gift Dinner Party	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021	I swear under penalty of perjury that the above s that the disclosure applies to each family member Government Code) of this local government offic covers the 12-month period described by Section	er (as defined by Section 176.001(2), Local er. I also acknowledge that this statement
Sworn to and subscribed before me, by the	Xavier Cocymbos	, this the 2014 day

(IIIS	tructions for completing and filing	this form are provided on the next page.)	
This o	questionnaire reflects changes ma	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
gover	is the notice to the appropriate rnment officer has become awar cordance with Chapter 176, Loca	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
1 Na	me of Local Government Office	er _ity dec	retary's Office
2] 0#	Lavier Ce	rvantes Dute	retary's Office Received 1-10-19
2 011	ice neid		
al	Planner		
3 Nai	me of vendor described by Sec	ctions 176.001(7) and 176.003(a), Local Government	Code
-1 -	Claudie	Clynes	
Des wit	scription of the nature and extend the vendor named in item 3.	ent of each employment or other business relationshi	ip and each family relationship
	0.1.		
	Citize	\wedge	
5 Lis	t gifts accepted by the local go	overnment officer and any family member, if aggreg	ate value of the gifts accepted
		eeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Dat	te Gift Accepted 2218	Description of Gift Candy	
		()	
Dai	le Gift Accepted	Description of Gift	
Dat	te Gift Accepted	Description of Gift	
1		(attach additional forms as necessary)	
AF	FFIDAVIT	I swear under penalty of perjury that the above statement is	s true and correct. I acknowledge
-		that the disclosure applies to each family member (as defin	ned by Section 176.001(2), Local
MAO.	NIKKI MARIE CAVAZ Notary Public	covernment Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	a)(2)(B), Local Government Code.
*	STATE OF TEXAS		
THE STATE OF	Notary ID# 13133069 My Comm. Exp. 10-26-20		
		Signature of Local C	Government Officer
AF	FIX NOTARY STAMP / SEAL ABO	VE	
Swo	orn to and subscribed before me, by th	ne said Xauter Cerucintes	, this the 28 44 day
of_	December, 20 18, to	certify which, witness my hand and seal of office.	
1	inter Main Dave	or Niver Man Corner o	in strai
Sig	gnature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	grade of officer definitioning out.	J I miled harrie of officer authinistering bath	ttle of officer administering oath

FORM CIS

OFFICE USE ONLY

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

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 Lity a.	ecretary's Office Received
2 Office Held Planner II	1-10-14
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen Jose Chanin	t Code
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. Developer	nip and each family relationship
List gifts accepted by the local government officer and any family member, if aggre from vendor named in item 3 exceeds \$100 during the 12-month period described b Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift	y Section 176.003(a)(2)(B).
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement control of the disclosure applies to each family member (as de covers the 12-month period described by Section 176.003 Notary ID# 13133060-1 My Comm. Exp. 10-26-2021	efined by Section 176.001(2), Local so acknowledge that this statement
Sworn to and subscribed before me, by the said Xavier Cervantes odecember, 20 18, to certify which, witness my hand and seal of office. Carmon White Carmon White Ode Signature of officer administering oath	dnin. Secretary Title of officer administering oath

FORM CIS

This questionnaire reflects changes made	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY		
	ocal governmental entity that the following local of facts that require the officer to file this statement Government Code.	Date Received		
Name of Local Government Officer	City Se	cretary's Office		
Rodrigo Sanchez		cretary's Office Received		
2 Office Held	Date-			
Planner II				
3 Name of vendor described by Section	ons 176.001(7) and 176.003(a), Local Government	Code		
Jose G. Gonzalez				
Description of the nature and extent with vendor named in item 3.	of each employment or other business relationshi	p and each family relationship		
Planning & Zoning Commission	ner			
	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 12/19/2018	Description of Gift Dinner Party			
Date Gift Accepted	Description of Gift			
Date Gift Accepted I	Description of Gift			
	(attach additional forms as necessary)			
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(ined by Section 176.001(2), Local acknowledge that this statement		
Sworn to and subscribed before me, by the of the control of the co	said	, this the day		

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	matari's Wiffing
Rodrigo Sanchez	cretary's Office Received
2 Office Held Date	1-10-19
Planner II	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government (Code
Claudia Clynes	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Citizen	
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 Date Gift Accepted 12/21/2018 Description of Gift Candy Date Gift Accepted Description of Gift Description Of Gi	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(a)) Notary Public STATE OF TEXAS Notary ID# 13133069-2 My Comm. Exp. 10-26-2021 Signature of Local Communications in the disclosure applies to each family member (as defined by Section 176.003(a)) STATE OF TEXAS Notary ID# 13133069-2 My Comm. Exp. 10-26-2021	ned by Section 176.001(2), Local acknowledge that this statement (2)(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Rodrigo Sanchez	, this the28th day
of December , 20 18 , to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath

FORM CIS

OFFICE USE ONLY

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

g	his is the notice to the appropriate local governmental entity that the following local overnment officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code.	
1	Name of Local Government Officer	
	Name of Local Government Officer Rodrigo Sanchez Date 1-10-19	
2	Office Held	
	Planner II	
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
	Jose Charin	
4	Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.	
	Developer	
List gifts accepted by the local government officer and any family member, if aggregate value of the gifts from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(
	Date Gift Accepted 12/20/18 Description of Gift (1) Wine bottle	
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	
	CARMEN WHITE covers the 12-month period described by Section 176 003(a)(2)(B) Local Government Code	
	Notary Public	
	STATE OF TEXAS Notary ID# 13133060-1	
	My Comm. Exp. 10-26-2021 Signature of Local Government Officer	
	AFFIX NOTARY STAMP / SEAL ABOVE	
	Sworn to and subscribed before me, by the said Rodrigo Sanchez, this the 30th day of Scanber, 20 18, to certify which, witness my hand and seal of office.	
J	Carmen White CARMEN White admin Secretary	
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	

FORM CIS

This questionnaire reflects changes n	nade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate government officer has become awain accordance with Chapter 176, Lo		Date Received
1 Name of Local Government Offi	cer City Secr	etaru's Office
Porfirio Hernandez	4	etary's Office Received
2 Office Held	Date	1-10-19
Planning Tech		
3 Name of vendor described by S	ections 176.001(7) and 176.003(a), Local Government C	Code
Jose G. Gonzalez		
Description of the nature and ex with vendor named in item 3.	tent of each employment or other business relationship	and each family relationship
Planning & Zoning Commiss	sioner	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)	ned by Section 176.001(2), Local acknowledge that this statement ()(2)(B), Local Government Code.
O	to certify which, witness my hand and seal of office.	Adm. Substitute of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular 5	Gession. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the follow government officer has become aware of facts that require the officer to file this s in accordance with Chapter 176, Local Government Code.	
1 Name of Local Government Officer	Received
OMAR Sotelo	Date Received Secretary's Office Received 1-10-19 Date - 1-10-19
Plannel I	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Go	vernment Code
Chanins	
Description of the nature and extent of each employment or other business with vendor named in item 3.	elationship and each family relationship
# Developer	
List gifts accepted by the local government officer and any family member from vendor named in item 3 exceeds \$100 during the 12-month period dec	
Date Gift Accepted 12 20 18 Description of Gift Bottle	of Wind
Date Gift Accepted Description of Gift	7.
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 which is the disclosure applies to each family ment of covers the 12-month period described by Sect Canada Section 13-month period described by Section 13-month period 13-month period described by Sect Canada Section 13-month period 13	e statement is true and correct. I acknowledge inber (as defined by Section 176.001(2), Local officer. I also acknowledge that this statement ion 176.003(a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said Soft book of, 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath	

FORM CIS

This questionnaire reflects changes made	le to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	local governmental entity that the following local e of facts that require the officer to file this statement Government Code.	Date Received
Name of Local Government Office	City DE	retary of Office
NIKKI MARIE CAVAZOS	0.4	retary's Office Received
2 Office Held	2) (ile de	in the second
SECRETARY		9 9
Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
IVAN GARCIA		
Description of the nature and exter with vendor named in item 3.	nt of each employment or other business relationshi	p and each family relationship
CITIZEN		
	overnment officer and any family member, if aggreg seds \$100 during the 12-month period described by	
Date Gift Accepted 12/19/18	Description of Gift COOKIES- SHARED WITH STA	AFF
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
CARMEN WHITE Notary Public STATE OF TEXAS	A i la Ma 3/1/1	ined by Section 176.001(2), Local o acknowledge that this statement
Notary ID# 13133060 My Comm. Exp. 10-26-2	021	Government Officer
AFFIX NOTARY STAMP / SEAL ABO		this the 19th day
DECEMBED 10	e said NIKKI MARIE CAVAZOS certify which, witness my hand and seal of office.	, this the far. day
Carmon White	Carmen White	admin. Secretary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

OFFICE USE ONLY

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

g	onis is the notice to the appropriate local governmental entity that the following local evernment officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code.			
1	Name of Local Government Officer City Secretary & Office			
	Name of Local Government Officer City Secretary's Office Received Office Held			
2	Office Held			
	TNSPECTOR.			
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code			
	LOSE CHANIN.			
4	Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.			
	Developer.			
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 12/20/18 Description of Gift 1 WINE BOTTLE.			
	Date Gift Accepted Description of Gift			
1	Date Gift Accepted Description of Gift			
	(attach additional forms as necessary)			
6	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			
CARMEN WHITE Notary Public STATE OF TEXAS Notary ID# 13133060-1 My Comm. Exp. 10-26-2021 CARMEN WHITE STATE OF TEXAS Notary ID# 13133060-1 My Comm. Exp. 10-26-2021				
	Signature of Local Government Officer			
	AFFIX NOTARY STAMP / SEAL ABOVE			
1	Sworn to and subscribed before me, by the said MARCO A. Reyes , this the 20 1/2 day			
	of December, 20 18, to certify which, witness my hand and seal of office.			
	Carmen White CARMEN White admin Secretary			
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (

FORM CIS

OFFICE USE ONLY

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

This is the notice to the appropriate local governmental entity that the following lo government officer has become aware of facts that require the officer to file this statem in accordance with Chapter 176, Local Government Code.	ent Date Received			
1 Name of Local Government Officer	Secretary's Office			
Luis Mora City =	Secretary's Office Received 1-10-19			
2 Office Held	to an annual contract of the second			
Deputy Director of Planning				
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Govern	ment Code			
Jose G. Gonzalez				
Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3.				
Planning & Zoning Commissioner				
5 List gifts accepted by the local government officer and any family member, if ag from vendor named in item 3 exceeds \$100 during the 12-month period describe	ggregate value of the gifts accepted ed by Section 176.003(a)(2)(B).			
Date Gift Accepted 12/19/2018 Description of Gift Dinner Party				
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 state that the disclosure applies to each family member (a Government Code) of this local government officer. covers the 12-month period described by Section 176 STATE OF TEXAS Notary ID# 13133076-3	as defined by Section 176.001(2), Local I also acknowledge that this statement			
My Comm. Exp. 10-20-2021	Local Government Officer			
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	this the 20 th day			
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath			

FORM CIS

OFFICE USE ONLY

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

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 City Sec	retary's Office Received
Luis Mora	Necessed
2 Office Held Date —	and the same of th
Deputa Director of Danning	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government (Code
Jose Chanin	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Citizen/developer	
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 a Date Gift Accepted 12 - 20 - 2018 Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define the disclosure applies to each family me	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said of	, this the day

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 City	ecretary's Office
Julianne R. Rankin	ecretary's Office Received
2 Office Held	1-10-19
Planning Director	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	ode
Jose Chanin	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Local Businessman	
from vendor named in item 3 exceeds \$100 during the 12-month period described by S Date Gift Accepted Description of Gift Description of Gift Date Gift Accepted Description of Gift	h staff
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define experiment Code) of this local government officer. I also as NIKKI MARIE CAVAZOSo ters the 12-month period described by Section 176.003(a)(a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	d by Section 176.001(2), Local cknowledge that this statement 2)(B), Local Government Code.
Sworn to and subscribed before me, by the said Julianne Rankin	, this the 28th day
of December, 20 18, to certify which, witness my hand and seal of office.	day
Milli Marie Cavazor Nikki Marie Cavazos &	Sacretary
Signature of officer administering oath Printed name of officer administering oath Title	e of officer administering oath

OFFICE USE ONLY Date Received TEtary's Office
Date Received
retary's Office
ceruity 2 - 1100
retary's Office Received
1-10-19
de
nd each family relationship
ction 176.003(a)(2)(B).
J =
i (
e and correct. I acknowledge by Section 176.001(2), Local nowledge that this statement (B), Local Government Code. When ernment Officer this the day

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. 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 Jose Humberto De la Garza Office Held Planner Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code haninn Description of the nature and extent of each employment or other business relationship and each family 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 12/20/18 Description of Gift Bottle of Wine Date Gift Accepted Description of Gift Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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 GABRIELA CANTU covers the 12-month period described by Section 176.003(a)(2)(B) Local Government Code. Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Jose H. De I day December , to certify which, witness my hand and seal of office. rinted name of officer administering oath Signature of officer administering oath Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	torn's Office
Sose F. Ortega 2 Office Held Date—	etary's Office
2 Office Held Date	THE RESERVE AND ADDRESS OF THE PARTY OF THE
PLANNING TECH. III/615	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
JOE CHANIN	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
ENGINEER DEVELOPER	
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 12/20/19 Description of Gift WINE BOTTLE	
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 in that the disclosure applies to each family member (as defined by the context of	전하다[편집 전환] 전환
Government Code) of this local government officer. I also	
CARMEN WHITE covers the 12-month period described by Seetion 176.003(a	
Notary Public STATE OF TEXAS	
Notary ID# 13133060-1	? >
My Comm. Exp. 10-26-2021 Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Jose F. Ortega	, this the John day
or December, 20 18, to certify which, witness my hand and seal of office.	
Carmen White Carmen White	Edmin Decretary
Signature of officer administering oath Printed name of officer administering oath T	Fitle of officer administering oath
	-

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY			
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received			
Name of Local Government Officer City S City S	ecretary's Office Received			
2 Office Held Date Planning admin	1-10-79			
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Ana Leonard	Code			
Description of the nature and extent of each employment or other business relationship with vendor named in item 3. Consulty	p and each family relationship			
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 Description Description Description				
Date Gift Accepted Description of Gift (attach additional forms as necessary)				
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined for the disclosure applies for the disclosure applies to each family member (as defined for the disclosure applies	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.			
Sworn to and subscribed before me, by the said	this the day			

FORM CIS

OFFICE USE ONLY

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

This is the notice to the appropriate local go government officer has become aware of facts in accordance with Chapter 176, Local Govern	that require the officer to file this statement Date Received
Name of Local Government Officer	
2 Office Held Planning Ac	dmin Date
Channin	6.001(7) and 176.003(a), Local Government Code
Description of the nature and extent of each with vendor named in item 3.	h employment or other business relationship and each family relationship
from vendor named in item 3 exceeds \$10 Date Gift Accepted 12/20/18 Descrip	nt officer and any family member, if aggregate value of the gifts accepted 0 during the 12-month period described by Section 176.003(a)(2)(B). Section of Gift
	otion of Gift uch additional forms as necessary)
GABRIELA CANTU Gove	ar under penalty of perjury that the above statement is true and correct. I acknowledge the disclosure applies to each family member (as defined by Section 176.001(2), Local roment Code) of this local government officer. I also acknowledge that this statement is the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Assured Causans this the 20 day
Floron I how 10h	ch, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath

(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.	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 City Office Held Danning Admin	Secretary's Office Received
Pluning Admin 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government of Anu Alonard	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3. (IMM) (IMM) (IMM)	o and each family relationship
List gifts accepted by the local government officer and any amily member, if aggregation vendor named in item 3 exceeds \$100 during the 12-month period described by State Gift Accepted Description of Gift	Section 176.003(a)(2)(B).
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a STATE OF TEXAS Notary ID# 13133076-3 My Gomm. Exp. 10-26-2021	ned by Section 176.001(2), Local acknowledge that this statement (2)(2)(B), Local Government Code.
Sworp to and subscribed before me, by the said	, this the day

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. 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 Iris Alvarado Office Held Administrative Supervisor Planning Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Jose G. Gonzalez Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Planning & Zoning Commissioner 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 12/19/2018 Description of Gift Dinner Party Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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. GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Iris Alvarado , to certify which, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath ature of officer administering oath

FORM CIS

This quest	ionnaire reflects changes m	nade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
		te local governmental entity that the following local are of facts that require the officer to file this statement	Date Received
	ance with Chapter 176, Lo		1 Vi Office
1 Name o	of Local Government Offic	cer Lty Secre	etary's Office Received
-	. 01	Λ	(ESELOELL
	s Alvara	Date	1-10-19
2 Office I	Held		
Pla	inning Adn	nin Supervisor	
3 Name o	of vendor described by Se	ections 176.001(7) and 176.003(a), Local Government	Code
A	lonso Co	intu.	
		tent of each employment or other business relationshi	p and each family relationship
with ve	ndor named in item 3.		
		government officer and any family member, if aggreg ceeds \$100 during the 12-month period described by	
Date G	ift Accepted	Description of Gift	
Date G	ift Accepted	Description of Gift	
Date G	ift Accepted	Description of Gift	
		(attach additional forms as necessary)	
6 AFFID.	AVIT	I swear under penalty of perjury that the above statement i	is true and correct. I acknowledge
-		that the disclosure applies to each family member (as defined as a second of this local government officer. I also second on the 12 month period described by Section 176 002/	ned by Section 176.001(2), Local
W. A. P.	NIKKI MARIE CAV Notary Public		a)(2)(B), Local Government Code.
*: 5	STATE OF TEXA Notary ID# 131330		A-
WATE O	My Comm. Exp. 10-20	6-2021	Government Officer
		Control of Control	dovernment onicer
AFFIX	NOTARY STAMP / SEAL AS	77 101	OFTH
^	and subscribed before me, by		, this the day
of De	compr. 20 18.	to certify which, witness my hand and seal of office.	00 1
Jul	w Ward away	of Mirky Many Condsoz	xcretary
Signat	ure of officer administering ba	h Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer City Sec	etary's Office
	retary's Office Received
2 Office Held Date—	
Administrative Supervisor	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Jose Chanin	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	o and each family relationship
£ .	
Developer	
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 170.003(a)(2)(b).
Date Gift Accepted 2018 Description of Gift CANdy	
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	s true and correct. I acknowledge
that the disclosure applies to each family member (as define	ned by Section 176.001(2), Local
GABRIELA CANTU Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	
STATE OF TEXAS Notary ID# 13133076-3	$\mathcal{N}()$
My Comm. Exp. 10-26-2021	
Signature of local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
lvis Almondo	, this the AO day
Swore to and subscribed before me, by the said VIS AVIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	, this the day
Swore to and subscribed before me, by the said VIS AVVIVIII	, this the <u>20</u> day
Swore to and subscribed before me, by the said VISAVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	, this the day

FORM CIS

OFFICE USE ONLY
Date Received
tary's Office
tary's Office
Code
o and each family relationship
ate value of the gifts accepted Section 176.003(a)(2)(B).
volates
s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
, this theday Lane, Lovetare Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regu	lar Session. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the fo government officer has become aware of facts that require the officer to file the in accordance with Chapter 176, Local Government Code.	nis statement Date Received
Name of Local Government Officer	(lity Secretary's Office
Carmen White	City Decretary's Office Received Date 1-10-19
2 Office Held	Date 1-10-19
Planning Secretary	
Name of vendor described by Sections 176.001(7) and 176.003(a), Loca	I Government Code
Jose G. Gonzalez	
Description of the nature and extent of each employment or other busine with vendor named in item 3.	ess relationship and each family relationship
Planning & Zoning Commissioner	
List gifts accepted by the local government officer and any family men from vendor named in item 3 exceeds \$100 during the 12-month period	nber, if aggregate value of the gifts accepted I described by Section 176.003(a)(2)(B).
Date Gift Accepted 12/19/2018 Description of Gift Dinner Par	rty
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necess	ary)
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021	above statement is true and correct. I acknowledge member (as defined by Section 176.001(2), Local ent officer. I also acknowledge that this statement Section 176.003(a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said of Carmen William o	ice. Adm. Sec.

FORM CIS

This questionnaire reflects changes made to the	law by H.B. 23, 84th Leg., Regular Sess	office USE ONLY
This is the notice to the appropriate local go government officer has become aware of facts in accordance with Chapter 176, Local Government	that require the officer to file this state	ment Date Received
Name of Local Government Officer	Lity	Decretary's Office
Carmen Wh	ite D	Secretary's Office Received
2 Office Held		The state of the s
Planning Secreta 3 Name of vendor described by Sections 176	ry	
Name of vendor described by Sections 176	6.001(7) and 176.003(a), Local Gove	nment Code
Jose Chanin		
Description of the nature and extent of each with vendor named in item 3.	h employment or other business rela	tionship and each family relationship
Engineer Devel	OPER	
5 List gifts accepted by the local government from vendor named in item 3 exceeds \$100	nt officer and any family member, if	
Date Gift Accepted Descrip	tion of Gift <u>Candy</u>	
Date Gift Accepted Descrip	tion of Gift	
(atta	ch additional forms as necessary)	
that the sover		r (as defined by Section 176.001(2), Local er. I also acknowledge that this statement
Swore to and subscribed before me, by the said, 20, to certify whi	ch, witness my hand and seal of office.	this the day
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. 1 Name of Local Government Officer 2 Office Held Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
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 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	's Offic
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
Traine of vertical described by decitions 170.000(1), and 170.000(a), Edeal devertiment dode	
Channin	
Description of the nature and extent of each employment or other business relationship and each family with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gi from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a Date Gift Accepted	fts accepted i)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 I swear under penalty of perjury that the above statement is true and correct. I act that the disclosure applies to each family member (as defined by Section 176.00 Government Code) of this local government officer. I also acknowledge that this covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer	01(2), Local s statement
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Abel Barra and seal of office.	day

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.

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

City =

ecretary's Office

Lt. Armando Cano

2 Office Held

Date 1

Fire Department/Prevention Division

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

Sanchez Trailers

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

Food Trailer Distributor

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 12-19-18 Description of Gift Christmas food basket.

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 176.003(a)(2)(B), Local Government Code.

A SI

CECILIA GARZA Notary Public, State of Texas Comm. Expires 08-18-2022 Notary ID 126813313

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Lt. Armando Cano

day

of Muar, 20 19, to certify which, witness my hand and seal of office.

, 20 ______, to certify which, with essirily hand and sear of office

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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.

1 Name of Local Government Officer

Lity a

OFFICE USE ONLY

Date Received

Secretary's Office Received

Lt. Armando Cano

2 Office Held

Fire Department/Prevention Division

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

Alliance Specialized Systems

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

Fire Sprinkler Contractor

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 12-18-18 Description of Gift Christmas cookies & sweet breads.

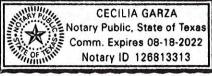
Date Gift Accepted _____ Description of Gift _____

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 176.003(a)(2)(B), Local Government Code.



Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lt. Armando Cano

this the

day

of lanuar, 20 19

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

Cecilia.

Printed name of officer administering oath

Title of officer administering oath

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.	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	tary's Office
Veronica Whitacre	tary's Office
2 Office Held Date—	1-13
City Commissioner	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	Code
The Warren Group Architects	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Architect Firm	
List gifts accepted by the local government officer and any family member, if aggrega from vendor named in item 3 exceeds \$100 during the 12-month period described by S Date Gift Accepted 12/19/18 Description of Gift Holiday cheese, sausage	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local G	ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Veronica Whitacre	_, this the 14th day
or January, 20 19, to certify which, witness my hand and seal of office.	
Dema Johnson E	xecutive Assistant
Signature of officer administering oath Printed name of officer administering oath Tit	tle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer City = 207	etary's Office
Omar Quintanilla	etary's Office Verical 1-15-19
2 Office Held	
Commissioner District 3	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	Code
Megamorphosis	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Architectural Firm	
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 \$100 during the 12-month perio	ite value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted 12/18/18 Description of Gift One jar of mazapán	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(a)) Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local Communications of the statement of the st	ned by Section 176.001(2), Local acknowledge that this statement ()(2)(B), Local Government Code.
The state of the s	x. Assistant
Signature of officer administering oath Printed name of officer administering oath T	nio o, omoor dominiotering oddi

FORM CIS

This questionnaire reflects changes made	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following loc e of facts that require the officer to file this stateme al Government Code.	The state of the s
1 Name of Local Government Office	er City S	erstary's Office
Omar Quintanilla		executed 1-15-19
2 Office Held	Datz-	1-15-19
City Commissioner		
3 Name of vendor described by Sec	etions 176.001(7) and 176.003(a), Local Governm	ent Code
The Warren Group Arc	chitects	
Description of the nature and exte with vendor named in item 3.	nt of each employment or other business relation	ship and each family relationship
Architect Firm		
from vendor named in item 3 excertions Date Gift Accepted 12/19/18	Description of Gift	usage, crackers box
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430- My Comm. Exp. 05-06-20	021	defined by Section 176.001(2), Local also acknowledge that this statement
Sworn to and subscribed before me, by the	ne said Omar Quintanilla	, this theday
Alua, O ohros	certify which, witness my hand and seal of office. Alicia Johnson	Executive Assistant
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Cara Van Cala Cara and		

FORM CIS

T	his questionnaire reflects changes mad	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
		local governmental entity that the following local e of facts that require the officer to file this statement	Date Received
	accordance with Chapter 176, Loca	l Government Code.	Offi-
1	Name of Local Government Office	r City Score	tury - Cifice
	Omar Quintanilla	R	celved
_		V. 10.4	1-15-19
2	Office Held	2 Miles	
	Commissioner District 3		
3	Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
	Jacinto Garza		
4	Description of the nature and exter with vendor named in item 3.	nt of each employment or other business relationshi	p and each family relationship
	L&G Engineering		
5	List gifts accepted by the local go from vendor named in item 3 exce	overnment officer and any family member, if aggreg eeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
	Date Gift Accepted 12/18/18	Description of Gift One box of fruit	
	Date Gift Accepted	Description of Gift	
	Date Gift Accepted	Description of Gift	
		(attach additional forms as necessary)	
6	AFFIDAVIT ALICIA J. JOHNSON	I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined as Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)	ined by Section 176.001(2), Local acknowledge that this statement
THE PROPERTY.	Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-202	arint	Government Officer
	AFFIX NOTARY STAMP / SEAL ABO		, this the 14th day
		certify which, witness my hand and seal of office.	, this the day
ur.	Deus John	4	EX. Assistant
	Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	retary's Office
John Ingram	retary's Office Recewed
2 Office Held Date	1-15-19
Commissioner District 5	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Megamorphosis	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Architectural Firm	
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).
Date Gift Accepted 12/18/18 Description of Gift One jar of mazapán	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 ALICIA J. JOHNSON STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	ned by Section 176.001(2), Local acknowledge that this statement
Signature of Local of	Government Officer
Sworn to and subscribed before me, by the said of January, 20 19 , to certify which, witness my hand and seal of office.	, this the 14+ day
Dema Johnson / Ex	C. Assistant
Signature of officer administering oath Printed name of officer administering oath T	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	, , , 0%
John Ingram	ecretary's Office Received
2 Office Held	1-15-19
City Commissioner	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
The Warren Group Architects	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
Architect Firm	
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 12/19/18 Description of Gift Holiday Cheese, saus	Section 176.003(a)(2)(B).
	age, crackers box
from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/19/18 Description of Gift Holiday cheese, saus Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Accepted Accepted Description of Gift Accepted Affine Accepted Affine Affinance (attach additional forms as necessary)	age, crackers box
from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/19/18 Description of Gift Holiday Cheese, saus 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 that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12 month period described by Section 176.0036 STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	is true and correct. I acknowledge ined by Section 176.001(2), Local acknowledge that this statement (a)(2)(B), Local Government Code.
from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/19/18 Description of Gift Holiday Cheese, saus 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 that the disclosure applies to each family nember (as def Government Code) of this local government officer. I also covers the 12 month period described by Section 176.0036 Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	is true and correct. I acknowledge fined by Section 176.001(2), Local acknowledge that this statement
from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/19/18 Description of Gift Holiday Cheese, saus 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 that the disclosure applies to each family nember (as def Government Code) of this local government officer. I also covers the 12 month period described by Section 176.0036 Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	is true and correct. I acknowledge fined by Section 176.001(2), Local control acknowledge that this statement (a)(2)(B), Local Government Code.
from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift	is true and correct. I acknowledge ined by Section 176.001(2), Local acknowledge that this statement (a)(2)(B), Local Government Code.
from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/19/18 Description of Gift Holiday cheese, saus 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 that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.0030 Signature of Local AFFIX NOTARY STAMP / SEAL ABOVE	is true and correct. I acknowledge fined by Section 176.001(2), Local control acknowledge that this statement (a)(2)(B), Local Government Code.
Date Gift Accepted 12/19/18 Description of Gift Holiday cheese, saus Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Maccepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12 month period described by Saction 176.0036 Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said John Ingram of January, 20 9, to certify which, witness my hand and seal of office.	is true and correct. I acknowledge fined by Section 176.001(2), Local control acknowledge that this statement (a)(2)(B), Local Government Code.

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 City Sect	stary's Office
John Ingram	etary's Office
2 Office Held	173 49
Commissioner District 5	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Jacinto Garza	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
L&G Engineering	
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 12/18/18 Description of Gift One box of fruit	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	ined by Section 176.001(2), Local o acknowledge that this statement a)(2)(B), Local Government Code.
Signature of Local AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	Government Officer
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer City = 207	stary's Office
Joaquin Zamora	etary's Office Kewid 1-15-19
2 Office Held Date	
City Commissioner	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
The Warren Group Architects	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Architect Firm	
List gifts accepted by the local government officer and any family member, if aggregation vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/19/18 Description of Gift Holiday cheese, sausa	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Sworn to and subscribed before me, by the said Joaquin Zamora of, 20, to certify which, witness my hand and seal of office.	ned by Section 176.001(2), Local acknowledge that this statement
The state of the s	itle of officer administering oath

(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.	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 Lity Secre	tary's Office
Javier Villalobos	tary's Office velocal 1-15-19
2 Office Held	
City Commissioner	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
The Warren Group Architects	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Architect Firm	
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 12/19/18 Description of Gift Holiday cheese, sausa	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of pegjury that the above statement i	is true and correct. Lackneyladge
ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	ned by Section 176.001(2), Local acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE	TIM
Sworn to and subscribed before me, by the said Javier Villalobos	, this the day
of January, 20 19, to certify which, witness my hand and seal of office.	
Alicia Johnson	Executive Assistant
Signature of officer administering oath Printed name of officer administering oath T	Fitle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	orn's Office
Javier Villalobos City Secret	tary's Office
2 Office Held Date	1-15-19
Commissioner District 1	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Jacinto Garza	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
L&G Engineering	
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 12/18/18 Description of Gift One box of fruit	
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 in that the disclosure applies to each family member (as defined as the control of this local government officer. I also	ned by Section 176.001(2), Local
ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	a)(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	Government Officer
Sworn to and subscribed before me, by the said	, this the day
of January, 20 19, to certify which, witness my hand and seal of office.	
- The property of the state of	Ex. Assistant Title of officer administering oath
7-77	

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 City SECTED	ary - 11
Javier Villalobos	arys Office wed
2 Office Held	The state of the s
Commissioner District 1	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Megamorphosis	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	o and each family relationship
Architectural Firm	
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 12/18/18 Description of Gift One jar of mazapán	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
6 AFFIDAVIT	
I swear under penalty of periody that the above statement is that the disclosure applies to each family member (as defined as define	ned by Section 176.001(2), Local acknowledge that this statement
My Comm. Exp. 05-06-2021 Signature of Local	Government Officer
Sworn to and subscribed before me, by the said	, this the day
of January, 20 19 , to certify which, witness my hand and seal of office.	
Deur Johnson Atica Johnson &	Ex. Assistant
Signature of officer admir/sistering oath Printed name of officer administering oath	Fitle of officer administering oath

(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.	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 City Ezor.	stary's Office
Aida Ramirez	etary's Office
2 Office Held	1-15-19
City Commissioner	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
The Warren Group Architects	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
Architect Firm	
List gifts accepted by the local government officer and any family member, if aggregation wender named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/19/18 Description of Gift Holiday cheese, sausation Date Gift Accepted Description of Gift Descri	section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined for the disclosure applies for the disclos	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said Aida Ramirez of January, 20 19, to certify which, witness my hand and seal of office. Alicia Johnson	, this the day Executive Assistant
Signature of officer administering oath Printed name of officer administering oath T	Fitle of officer administering oath

FORM CIS

This questionnaire reflects changes i	nade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY	
This is the notice to the appropria government officer has become aw in accordance with Chapter 176, Lo	ate local governmental entity that the following local vare of facts that require the officer to file this statement local Government Code.	Date Received	
1 Name of Local Government Off	icer City - 1075	eary's Office	
Aida Ramirez		tary's Office	
2 Office Held	Cola	and the second s	
Commissioner District 4			
3 Name of vendor described by S	Sections 176.001(7) and 176.003(a), Local Government	Code	
Jacinto Garza			
Description of the nature and exwith vendor named in item 3.	ctent of each employment or other business relationshi	p and each family relationship	
L&G Engineering			
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 12/18/18	Description of Gift One box of fruit	-	
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 i	ned by Section 176.001(2), Local	
ALICIA J. JOHNS Notary Public STATE OF TEX Notary ID# 129414	covers the 12-month period described by Section 176:003(a		
My Comm. Exp. 05-0		Government Officer	
Sworn to and subscribed before me, by the said AIda Rangez, this the 1446 day			
			of January, 20 19
Deur Joh	mon Alicia Johnson E	X. Assistant	
Signature of officer administering o	ath Printed name of officer administering oath	Fitle of officer administering oath	

FORM CIS

This questionnaire reflects changes made t	o the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	cal governmental entity that the following local facts that require the officer to file this statement overnment Code.	Date Received
Name of Local Government Officer	City Sec	retary's Office
Aida Ramirez	J	retary's Office Received
2 Office Held	Dale	11311
Commissioner District 4		
Name of vendor described by Section	ns 176.001(7) and 176.003(a), Local Government	Code
Megamorphosis		
Description of the nature and extent of with vendor named in item 3.	of each employment or other business relationshi	p and each family relationship
Architectural Firm		
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 12/18/18 De	escription of Gift One jar of mazapán	
Date Gift Accepted De	escription of Gift	
Date Gift Accepted De	escription of Gift	
	(attach additional forms as necessary)	
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. Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local Government Officer		
Sworn to and subscribed before me, by the se of	tify which, witness my hand and seal of office.	, this the Ht day X. Cossistant Title of officer administering oath

(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.	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 City Secre	etary's Office
Yesenia Rodriguez	1-15-19
2 Office Held	adamenta bisina na bisina
Deputy City Secretary	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Paul Zimmer Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	
Smallcakes Cupcakery and Creamery 5 List gifts accepted by the local government officer and any family member, if aggreg	
Date Gift Accepted Description of Gift 1 box of cupcakes (shared v	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(ined by Section 176.001(2), Local a acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE	icts.
of Savan, 20 19, to certify which, witness my hand and seal of office.	, this the day
Ch & Conty Consake	Notary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

, , , , ,			
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. OFFICE USE ONLY			
	e local governmental entity that the following local e of facts that require the officer to file this statement all Government Code.	Date Received	
Name of Local Government Office	The City DE	retary's Office	
Vocania Dodriguaz	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C. C. C.	
Yesenia Rodriguez 2 Office Held	Deti-	175-12	
Deputy City Secretary	·		
Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code	
Luis Garcia		•	
	nt of each employment or other business relationshi	p and each family relationship	
with vendor named in item 3.			
Proforma vendor			
	overnment officer and any family member, if aggreg		
Date Gift Accepted 1/15/2019	2019 Calendar and Ruler Description of Gift		
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional forms as necessary)		
		ined by Section 176.001(2), Local of acknowledge that this statement (a)(2)(B), Local Government Code. Government Officer	
	- Cindy Consoler	Title of officer addicates	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath	

	(Instructions for completing and filing this form are provided on the next page.)	
T	his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Se	ession. OFFICE USE ONLY
g	This is the notice to the appropriate local governmental entity that the following povernment officer has become aware of facts that require the officer to file this standard accordance with Chapter 176, Local Government Code.	atement Date Received
1	Name of Local Government Officer	Secretary's Office Received 1-15-19
	Cindy Gonzalez	1-15-19
2	Office Held 2	te
	Administrative Supervisor	
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Go Luis Garcia	vernment Code
4	Description of the nature and extent of each employment or other business re	elationship and each family relationship
	with vendor named in item 3.	
	Proforma vendor List gifts accepted by the local government officer and any family member.	
	Date Gift Accepted Description of Gift Description of Gift	
	Date Gift Accepted Description of Gift	
	(attach additional forms as necessary)	
6	I swear under penalty of perjury that the above that the disclosure applies to each family mer Government Code) of this local government of covers the 12-month period described by Sect	nber (as defined by Section 176.001(2), Local fficer. I also acknowledge that this statement
	Sworn to and subscribed before me, by the said Cincly Conzale of January, 20 19, to certify which, witness my hand and seal of office.	
	Signature of officer administering oath Printed name of officer administering oath	

FORM CIS

(instructions for completing and fining this form are provided of the next page.)	The state of the s
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	
Victor Rodriguez for McAllen Police Department	eretary's Office Received 1/23/19
Office Held Date	1/23/19
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	ode
Mr. Nicholas Brown, Regional Manager, Security Services	
Description of the nature and extent of each employment or other business relationship Allied Universal Retail Division Simon Account Southwest	and each family relationship
List gifts accepted by the local government officer and any family member, if aggrega from vendor named in item 3 exceeds \$100 during the 12-month period described by 5 Date Gift Accepted 1/22/19 Description of Gift (1) Meal at Luncheon Meeting at La Plaza Mall Date Gift Accepted Description of Gift (Attach additional forms as necessary.)	t Yard House Restaurant,
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(as STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01/10/2020 I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(as STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01/10/2020	ined by Section 176.001(2), Local acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE	, this the $22^{\rm nd}$ day
Sworn to and subscribed before me, by the said <u>Victor Rodriguez</u> of <u>January</u> , 20_19, to certify which, witness my hand and seal of office.	, this theday
Maria M. Guzman Notary I	Public / Administrative
	Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) February, 2019

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.

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

Julianne R.Rankin

Office Held

Director of Planning

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

Frank Schuster

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

Local Farmer

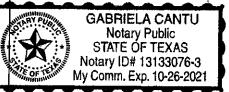
5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted 1/30/19 Description of Gift Box of Broccoli shared with Staff Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

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

AFFIX NOTARY STAMP / SEAL ABOVE

gnature of officer administering oath

d subscribed before me, by the said

to certify which, witness my

Finted name of officer administering oath

Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Hegular 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	S (mil Off as
JESSICA CAVAZOS City	Secretary's Office Received
2 Office Held	7/7/19
PLANNING SECRETARY	Jace
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
ANA LEONARD WITH CENSUS	
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
CENSUS COMMITTEE	
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 2/5/2019 Description of Gift COOKIES	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the disclosure applies to each family member (as defined by Section 176.003(in the statement of the statem	ned b y Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by the said JESSICA CAVAZOS	, this the 5TH day
FEBRUARY 20_19 to certify which, witness my hand and seal of office.	uay
2) countu Babrela Cantu ;	Adm. See.
Signature of officer administering oath Printed name of officer administering oath	Fitle of officer administering oath

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.	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	
Victor Rodriguez for McAllen Police Department	Secretary's C Received
2 Office Held	0. 7/12/19
Chief of Police	Date
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Co	de
Mr. Zac Propst, Transportation Specialist	
Description of the nature and extent of each employment or other business relationship a	nd each family relationship
G.L.G. II, LTD, dba	
GRIFFITH TRANSPORTATION, McAllen	
List gifts accepted by the local government officer and any family member, if aggregate from vendor named in item 3 exceeds \$100 during the 12-month period described by Se	
Date Gift Accepted 2/12/19 Description of Gift (3) Cases of Grapes	·
(Given to employees.) 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 to that the disclosure applies to each family member (as define	•
AAADIA AA CITAAAA CONTRANT Code) of this local government officer. I also a	cknowledge that this statement
Notary Public Notary Public	2)(B), Local Government Code.
STATE OF TEXAS	
Notary ID# 385152-1 My Comm. Exp. 01/10/2020	
Signature of Local Go	vernment Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Victor Rodriguez	_, this the <u>12th</u> _day
of February , 20 19 , to certify which, witness my hand and seal of office.	
Maria M. Guzman Notary Pul	blic / Administrative
	e of officer administering oath

(instructions for completing and filing)	this form are provided on the next page.)			
This questionnaire reflects changes mad	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY		
	local governmental entity that the following local e of facts that require the officer to file this statement I Government Code.	Date Received		
1 Name of Local Government Office	r Lit	4 Searchoni's		
Yvette Barrera		y Secretary's C Received Date 2-18-19 283		
2 Office Held		Bal 2-10 11 200		
City Engineer	· · ·	e inde capación del de cicalente cica e secundadese escripio alteriorgia e adecida.		
Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code		
Jim Dannenbaum				
Description of the nature and exter with vendor named in item 3.	nt of each employment or other business relationshi	ip and each family relationship		
Engineering Company				
	vernment officer and any family member, if aggreg			
from vendor named in item 3 exce	eas \$100 during the 12-month period described by	Section 176.003(a)(2)(b).		
Date Gift Accepted 2-13-19	Description of Gift 3 boxes of candies-	for Yvette Barrera,		
	Marlen Garza and Of Description of Gift	fice Staff		
Date Gift Accepted	Description of Gift			
	(attach additional forms as necessary)			
6 AFFIDAVIT				
	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(ined by Section 176.001(2), Local of acknowledge that this statement		
VERONICA SANCHEZ Notary Public STATE OF TEXAS		Control of the Contro		
Notary ID# 781744-6 My Comm. Exp. 07-15-202	1	Government Officer		
Sworn to and subscribed before me, by th		13th , this the day		
of February, $20 \frac{18}{0}$, to certify which, witness my hand and seal of office.				
Commea L Samb) // Veronica Sanchez 1	Notary Public		
Signature of officer administering oath		Title of officer administering oath		

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	Secretary's Of
Vabila Ituarte	Received
2 Office Held	7 / /)
Customer Relations, Clerk	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Oscar Conty for Dolaco Constr	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	o and each family relationship
Regular woater Service Applica	ut.
List gifts accepted by the local government officer and any family member, if aggregit	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted 21919 Description of Gift 2 (b) ens of Knish	Kreme Doughnuts
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 that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	ned by Section 176.001(2), Local acknowledge that this statement
- 10086178 WTWOLKER	
Signature of Local (Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
	, this the day
of \text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath

ĺ	AGIAI FIG IO DIOOFO		
	(Instructions for completing and filing	this form are provided on the next page.)	
	This questionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
١		e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
1	Name of Local Government Offic	er <i>Cli</i>	y Secretary s
ĺ	Julianne R. Rankin		Received
		. %	y Secretary's C Received
2	Office Held		202
	Director of Plannin	g	
3	Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
	Katherine Ziegler		-
4	Description of the nature and exte with vendor named in item 3.	nt of each employment or other business relationshi	p and each family relationship
,	Development Contrac	tor	
5	from vendor named in item 3 excepted $\frac{2/20/19}{}$		Section 176.003(a)(2)(B).
	Date Gift Accepted	Description of Gift	
	Date Gift Accepted	Description of Gift	
		(attach additional forms as necessary)	
6	NIKKI MARIE CAVAZO Notary Public STATE OF TEXAS Notary ID# 13133069-2 My Comm. Exp. 10-26-202	Povers the 12-month period described by Section 176,003(8)	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
	Sworn to and subscribed before me, by the street of the subscribed before me, by the subscribed before	persid Tulianne Rankin pertify which, witness my hand and seal of office. Organ Nikki Marie Cayaros	

(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.	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	. Secretary's O
Norma A. Rodriguez	Secretary's O, Received Date 2/20/19
Office Held	Date 2/20 19
Passport Division	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Nancy Fabela	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
Passport applicant	
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).
Date Gift Accepted 2/15/2019 Description of Gift 1 dozen of chocola	ate strawberries
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 that the disclosure applies to each family member (as defined overnment Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a) Signature of Local of the control of	ned by Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by the said 10000 Podi gue of Selvan, 20 19, to certify which, witness my hand and seal of office. Signature of officer administering oath 10000 Printed name of officer administering oath 100000 Printed name of officer administering oath 100000 Printed name of officer administering oath 1000000 Printed name of officer administering oath 1000000000000000000000000000000000000	this theday
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Boy/pe.gol/302015

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. 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 Victor Rodriguez for McAllen Police Department Office Held Chief of Police Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Mr. James Ewing Description of the nature and extent of each employment or other business relationship and each family relationship South Texas Communications, McAllen 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). Door Prize at South Texas Communications Lunch & Learn Demonstration Date Gift Accepted 2/21/19 Description of Gift (1) Motorola Portable APX 7000 Serial #655cmv0473 (Added to Radio Inventory.) Date Gift Accepted_____ Description of Gift _ Description of Gift __ Date Gift Accepted____ (Attach additional forms as necessary.) **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 overnment Code) of this local government officer. I also acknowledge that this statement MARIA M. GUZMAN overs the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01/10/2020 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said $\underline{\hspace{0.1in} Victor\ Rodriguez}$ day . this the February , to certify which, witness my hand and seal of office. Maria M. Guzman Notary Public / Administrative Assistant Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) March, 2019

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	Cretary's Office
Gerardo Noriega	Received
2 Office Held	
City of McAllen Purchasing & Contracting	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	t Code
Dannenbaum Engineering	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
3rd party Engineer for the City of McAllen	
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 Russel Stovers Hea	art Box Chocolate
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I als covers the 12-month period described by Section 176.003 Notary ID 12845221-7 Signature of Local	fined by Section 176.001(2), Local o acknowledge that this statement
Sworn to and subscribed before me, by the said Gerardo Noriegg of March , 20 19 , to certify which, witness my hand and seal of office. Diana M. Silva Signature of officer administering oath Printed name of officer administering oath	this the 5th day

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.

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

Lt. Cesar Gomez

Ity Secretary's Office

2 Office Held

Fire Department/Prevention Division

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

McAllen Produce Terminal

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

Homero Gonzalez/Manager

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).

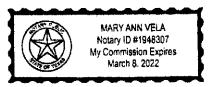
Date Gift Accepted 2/26/19 Description of Gift (3) Boxes of riped mangos

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 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Lt. Cesar Gomez

12tr

Mary Ann Vela

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM CIS

(Instructions for completing and filing this	sionniare provided on	ine next page.)			
This questionnaire reflects changes made t	o the law by H.B. 23, 8	4th Leg., Regul	ar Session.	OFFICE USE	ONLY
This is the notice to the appropriate logovernment officer has become aware of in accordance with Chapter 176, Local G	f facts that require the			Date Received	·
Name of Local Government Officer			7.	4. 8	, p
Victor Rodriguez for McAllen Po	lice Department			ty Secrete	arys C wed
2 Office Held				Date 3	4719
Chief of Police					
Name of vendor described by Section	ns 176.001(7) and 176	3.003(a), Local	Government C	ode	
Mr. Luis Becerra, Assistant Mana					
Mr. Tony Cavazos, Asset Protecti					47 1-2
Description of the nature and extent of	of each employment o	r other busine	ss relationship a	and each family rela	ationsnip
		•			
WalMart Neighborhood Market,	800 E. Nolana Ave.	, McAllen			
List gifts accepted by the local gove	rnment officer and ar	ny family mem	ber, if aggregat	e value of the gifts	accepted
from vendor named in item 3 exceed	s \$100 during the 12	month period	described by S	section 176.003(a)(2)(B).
		i) Cases of Bot			<i>,</i> *
Date Gift Accepted 3/13/19	Description of Gift (6	3) packages of l	Mini-Brownies	<u> </u>	· · ·
		(Given to p	olice employees.)		
Date Gift Accepted	Description of Gift				
		·			
(Attach additional forms as necessary.)				
6 AFFIDAVIT			·		
AFFIDAVII	I swear under penalty of				
	that the disclosure appli Sovernment Code) of t				
MARIA M. GUZMAN	overs the 12-month per				
Notary Public STATE OF TEXAS	1				
Notary ID# 385152-1		\A	<u>~</u>		
My Comm. Exp. 01/10/2020	4 –		ignature of Local G	Sovernment Officer	
	:		ingiliature or Local C	oreminent omes.	
AFFIX NOTARY STAMP / SEAL ABOVE		C			
Sworn to and subscribed before me, by the s	aidVictor Rodriguez			, this the14th	day
of March , 20 19 , to cer	tify which, witness my hai	nd and seal of off	ice.		
7.			• :		
Mana M. Guzman	Maria M. Gu	ızman		ıblic / Administrative	
Signature of officer administering oath	Printed name of o	fficer administeri	ng oath T	itle of officer administe	ring oath

CONFLICTS DISCLOS	UNE STATEMENT	
(Instructions for completing and filing th	nis form are provided on the next page.)	
This questionnaire reflects changes made	e to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
Name of Local Government Officer	Cit	decretani's in
Norma A. K	odriguer	Secretary's O Received Date_3/26/2019
2 Office Held Passport Divi	81m	Date_SLADI CO17
Name of vendor described by Section 3	ions 176.001(7) and 176.003(a), Local Governmen	t Code
Francisco Per	CEV	
Description of the nature and exten	t of each employment or other business relationsh	ip and each family relationship
with vendor named in item 3.		
Passport Appl	licant	
List gifts accepted by the local gov	vernment officer and any family member, if aggre	gate value of the gifts accepted
	eds \$100 during the 12-month period described by	
Date Gift Accepted 3/19/2019	Description of Gift Breakfast tacos)
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
6 AFFIDAVIT	•	fined by Section 176.001(2), Local o acknowledge that this statement
Sworn to and subscribed before me, by the	May Landerson	, this theday
Signature of officer administering oath	Charly M. Contalet Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Sess	ion. OFFICEUSEONLY
This is the notice to the appropriate local governmental entity that the following government officer has become aware of facts that require the officer to file this state	local
in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	Notice of the latest and the latest
Victor Rodriguez for McAllen Police Department	3/26/19 3/26/19
2 Office Held	Secretary's Office
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Gover	nment Code
Mr. George Leal, Athletic Director	
Description of the nature and extent of each employment or other business relat	tionship and each family relationship
McAllen Boys and Girls Club	
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 descri	
Date Gift Accepted 3/22/19 Description of Gift (1) Camouflage Base Ba	
(To be raffled off to Date Gift Accepted Description of Gift	employees.)
Date Gift Accepted Description of Gift	
(Attach additional forms as necessary.)	
6 AFFIDAVIT	
I swear under penalty of perjury that the above state that the disclosure applies to each family member	
overnment Code) of this local government office	er. I also acknowledge that this statement
Notary Public	176.003(a)(2)(B), Local Government Code.
STATE OF TEXAS Notary ID# 385152-1	(a)
My Comm. Exp. 01/10/2020	of Local Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the saidVictor Rodriguez	this the 25th day
of March , 20_19 , to certify which, witness my hand and seal of office.	
mana M. Dugman Maria M. Guzman	Notary Public / Administrative
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

(Insti	ructions for completing and filing	this form are provided on the next page.)	
This q	uestionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
gover		e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
1 Nar	ne of Local Government Offic	er Citi	Secretary's Cockeeined
	Cindy Gonzalez	े भू	Dute 3/26/19
2] Om	ce Held		
	City Secretary Departme	ent	
3 Nar	ne of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Government	Code
	Monica Chavez		
	scription of the nature and extended in item 3.	ent of each employment or other business relationsh	ip and each family relationship
Ci	tizen (Proclamation reque	est)	
		overnment officer and any family member, if aggree eeds \$100 during the 12-month period described by	
Dat	te Gift Accepted 3/25/19	Description of Gift One (1) Box of Girl Scot	at Cookies
Dat	te Gift Accepted	_ Description of Gift	- · · · · ·
Da	te Gift Accepted	Description of Gift	
		(attach additional forms as necessary)	
6 AF	RODA Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I als covers the 12-month period described by Section 176.003	fined by Section 176.001(2), Local o acknowledge that this statement
	FIX NOTARY STAMP / SEAL AB orn to and subscribed before me, by March, 2019, t	Cindy Gonzalez	, this the <u>26th</u> day
Si	ignature of efficer administering oat	Yesenia Rodriguez Printed name of officer administering oath	Title of officer administering oath

FORM CIS

OFFICE USE ONLY

(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.

ant Code

Tital Secretary 2 Chica

Tital Secretary 3 128 12019

The Code

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

Ciliana Garza

Office Held

Planner 1

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

Michael Grace

Description of the nature and extent of each employment or other business relationship and each family relationship

Small cells- Nexius

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).

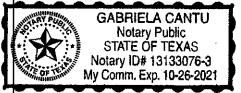
Date Gift Accepted 3/25/19 Description of Gift Cookie box Shand with Staff

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted ______ Description of Gift ____

(attach additional forms as necessary)

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

AFFIX NOTARY STAMP / SEAL ABOVE

of officer administering oath

Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) April 2019

(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.	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.	1
Name of Local Government Officer	Decretary's U
Rodrigo Sanchez 2 Office Held	Date 4/22/19
Planner II	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	t Code
antonia Fuentes	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
Cuntamon	·
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 41819 Description of Gift Potpour	2RI Jar
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT CARMEN WHITE Notary Public STATE OF TEXAS Notary ID# 13133060-1 My Comm. Exp. 10-26-2021 wear under penalty of perjury that the above statement this the disclosure applies to each family member (as del government officer. I also covers the 12-month period described by Section 176.0036	fined by Section 176.001(2), Local o acknowledge that this statement
Kodnigo.	Sarcha
Signature of Local	Government Officer
Sworn to and subscribed before me, by the said POLYIGO SCINCLO. of	, this the day
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering bath

(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. OFFICEUSEONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.
1 Name of Local Government Officer
Yavier Cervantes
2 Office Held
Planner II
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
antonia Fuentes
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
Customer
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 1819 Description of Gift Polypourri Jak
Date Gift Accepted Description of Gift
Date Gift Accepted Description of Gift
(attach additional forms as necessary)
AFFIDAVIT Lowear under penalty of perjury that the above statement is true and correct. I acknowledge
CARMEN WHITE that the disclosure applies to each family member (as defined by Section 176.001(2), Local
STATE OF TEXAS colors the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.
Notary ID# 13133060-1 My Comm. Exp. 10-26-2021
Signature of Local Government Officer
Signature of Local Government Officer
Sworn to and subscribed before the by the said Valier Cervantes this the 1844 day
Sworn to and subscribed before me, by the said
of Torne White, CAlmer White admin. Lecty
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM CIS

(moradicine for completing and minigration rate provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICEUSEONLY
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	de Sandanie
Victor Rodriguez for McAllen Police Department	iy Secretary's C Recited Det april 1.2019
2 Office Held	Date april 1.2019
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government 0	Code
Ms. Chris Lash, Program Coordinator	
Description of the nature and extent of each employment or other business relationship	and each family relationship
Keep McAllen Beautiful	
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	
Date Gift Accepted 3/29/19 Description of Gift (2) "Arbor Day Celebration 2019	
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 that the disclosure applies to each family member (as definition of this local government officer. I also	ined by Section 176.001(2), Local acknowledge that this statement
Notary Public covers the 12-month period described by Section 178.003(a STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01/10/2020	
Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Victor Rodriguez	, this theday
of March , 20_19 , to certify which, witness my hand and seal of office.	
	Public / Administrative
Signature of officer administering oath Printed name of officer administering oath	Fitle of officer administering oath

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.

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

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 relationship and each family relationship

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 3/29/2019 Description of Gift Breakfast Tacos

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.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

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

Signature of officer administering oath

Printed name of officer administering oath

GOVERNMENT OFFICER STATEMENT

FORM CIS

(The second sec	no torm are provided	- Torrere Hext page	7 .)	
This questionnaire reflects changes made	to the law by H.B. 2	23, 84th Leg., Reg	ular Session.	OFFICE USE ONLY
This is the notice to the appropriate government officer has become aware in accordance with Chapter 176, Local (of facts that require	entity that the the officer to file	following local this statement	Date Received
Name of Local Government Officer			<u>Albo</u>	Searchorn's OU
Victor Rodriguez for McAllen P	olice Department		Carl	Recived
2 Office Held				Date 4-23-19
Chief of Police			Frances.	
Name of vendor described by Section	ons 176.001(7) and	176.003(a), Loca	al Government (ode
Ms. Jessica Reyna, Program Spec	cialist II		÷	
Description of the nature and extent	of each employmer	nt or other busin	ess relationship	and each family relationship
Lower Rio Grande Valley Devel	opment Council			
List gifts accepted by the local gove from vendor named in item 3 exceed	ernment officer and ds \$100 during the	l any family mer 12-month perio	nber, if aggrega d described by	te value of the gifts accepted Section 176.003(a)(2)(B).
				nch Bag, Iconia One 7 phone,
Date Gift Accepted 4/24/19	Description of Gift			h, Tote bag, cell phone holder, ell phone Chargers, and 2 Stickers
Date Gift Accepted	Description of Gift			
Date Gift Accepted	Description of Gift			
(Attach additional forms as necessary.)		(To be raf	fled off to emplo	yees.)
AFFIDAVIT		4		
MARIA M. GUZMAN	that the disclosure a	pplies to each famil of this local govern	y member (as defir nent officer. I also	true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
Notary Public	covers the 12-month	period described by	Section 176.003(a))(2)(B), Local Government Code.
STATE OF TEXAS Notary ID# 385152-1	ľ	4)		
My Comm, Exp. 01/10/20	20		ignature of Local G	Povernment Officer
			v	Jovennijent Onicei
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the s	aid Victor Rodriguez			, this the <u>24th</u> day
of April 20 19 to cer	tify which, witness my I	hand and seal of off	ice.	
mariam Bergman	Maria M.			ublic / Administrative
Signature of officer administering oath	Printed name o	f officer administerir	ng oath Ti	tle of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) May 2019

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) June 2019

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) July 2019

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) August 2019

FORM CIS

This questionnaire reflects changes made	e to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	local governmental entity that the following local of facts that require the officer to file this statement Government Code.	at Date Received
Name of Local Government Office		Received
Omar Quintanilla		Thy Secretary's Of Received Date 8-12-19
2 Office Held		
Commissioner District 3		
Name of vendor described by Sec	ions 176.001(7) and 176.003(a), Local Governme	ent Code
McAllen Firefighters Associati	on	
Description of the nature and exter with vendor named in item 3.	it of each employment or other business relation	ship and each family relationship
	vernment officer and any family member, if agg eds \$100 during the 12-month period described	
Date Gift Accepted 8/8/19	Description of Gift lunch meeting	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430- My Comm. Exp. 05-06-20	21 2	defined by Section 176.001(2), Local also acknowledge that this statement
Sworn to and subscribed before me, by the of August , 20 19 , to o	Oman Quintanilla	this the 8th 12th day
Deirie John	Alice Johnson	Executive Administrator
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) September 2019

FORM CIS

This questionnaire reflects changes made	to the law by H.B. 23	3, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate to government officer has become aware on accordance with Chapter 176, Local G	of facts that require	,	•
1 Name of Local Government Officer		· 1. ·	
Victor Rodriguez for McAllen Po	olice Department	City .	Secretary's Office Received
2 Office Held			9-11-19
Chief of Police		•	and a state from
3 Name of vendor described by Section	ns 176.001(7) and	176.003(a), Local Government	Code
Rio Grande Regional Hospital			
Description of the nature and extent	of each employmen	t or other business relationshi	p and each family relationship
Ms. Cris Rivera, Chief Executiv	e Officer		
List gifts accepted by the local gove from vendor named in item 3 exceed			
Not Date Gift Accepted 09/16/19		(1) Large Gift Basket filled coff (To be raffled to police en	
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
(Attach additional forms as necessary.)			
MARIA M. GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-1	that the disclosure ap Government Code) of coners the 12-month	y of perjury that the above statement pplies to each family member (as de of this local government officer. I als period described by Section 176.003	efined by Section 176.001(2), Local so acknowledge that this statement
My Comm. Exp. 01/10/20	020	Signature of Loca	l Government Officer
Sworn to and subscribed before me, by the s	aidVictor Rodriguez	5	, this the 16th day
of September , 20 19 , to cer	tify which, witness my I	hand and seal of office.	
Mana M. Buzman	Maria M.	Guzman Notary	Public / Administrative
Signature of officer administering oath	Printed name o	f officer administering oath	Title of officer administering oath

(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.	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 City	we wretary's Uffic
OMAR Sotelo	eccutary's Office Received
2 Office Held	
Plannel	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	Code
	MCMICO
Halff Associates, 5000 W. Multary # 100 Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Customer	
List gifts accepted by the local government officer and any family member, if aggrega from vendor named in item 3 exceeds \$100 during the 12-month period described by \$	te value of the gifts accepted
Date Gift Accepted 9/13/19 Description of Gift 1 doz donuts shared	with Co-wookers
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	-
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined)	ed by Section 176.001(2), Local
NIKKI MARIE CAVAZO Scovers the 12-month period described by Section 176.003(a) Notary Public STATE OF TEXAS Notary ID# 13133069-2 My Comm. Exp. 10-26-2021 Signature of Local G	(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	16
Sworn to and subscribed before me, by the said DMOY SUCO	, this the day
of Destination of the control of the	societari
Signature of officer administering oath Printed name of officer administering oath Til	tle of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) October 2019

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.

1 Name of Local Government Officer

City Secretary 2

Received

Date Received

City Secretary 2

Reselvad

Cuty Codhim

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

TOP GOIF

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 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 10/8/19 Description of Gift Can of Character Chip Cookies

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 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nabila Itoatle , this the 8th da

of October, 20 19, to certify which, witness my hand and seal of office.

CJ SJ Notary Condy Conzalez

ignature of officer administering oath Printed name of officer administering oat

Title of officer administering oath

FORM CIS

· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
This questionnaire reflects changes made to the law by H.B. 23, 84th	Leg., Regular Session. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity of government officer has become aware of facts that require the office in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	City Senstonu's Of
Victor Rodriguez for McAllen Police Department	City Secretary's Off Received Date 10/23/19
2 Office Held	Date IN 1281
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003	(a), Local Government Code
Ms. Francine Jones	
Description of the nature and extent of each employment or oth	er business relationship and each family relationship
Citizens Police Academy - Class XVI	
List gifts accepted by the local government officer and any fa from vendor named in item 3 exceeds \$100 during the 12-more	
Not	
Date Gift Accepted 10 / 16 / 19 Description of Gift (2)	Fony Roma's Gift Cards – Value: \$25.00 each
Date Gift Accepted Description of Gift	be raffled off to police employees.}
(Attach additional forms as necessary.)	be fained on to ponce employees.
6 AFFIDAVIT	
	ury that the above statement is true and correct. I acknowledge each family member (as defined by Section 176.001(2), Local
MARIA M. GUZMAN GOVernment Code) of this lo	cal government officer. I also acknowledge that this statement
Notary Public covers the 12-month period d	escribed by Section 176.003(a)(2)(B), Local Government Code.
Notary ID# 385152-1	
My Comm. Exp. 01/10/2020	Signature of Local Government Officer
	Signature of Eucai Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Victor Rodriguez	, this the 21st day
of October , 20_19 , to certify which, witness my hand an	d seal of office.
Main M. Bezman Maria M. Guzman	Notary Public / Administrative Assistant
Signature of officer administering oath Printed name of officer	administering oath Title of officer administering oath

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.

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

Victor Rodriguez for McAllen Police Department

Office Held

Chief of Police

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

Mr. Sidney Sosa, Store Manager

Description of the nature and extent of each employment or other business relationship and each family relationship

Walmart Store 1200 E. Jackson Ave., McAllen

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).

Not

Date Gift Accepted 10 / 22 /19 Description of Gift (2) new and boxed 7.5 ft. pre-lit, artificial Christmas Trees

Date Gift Accepted

Description of Gift

Description of Gift Date Gift Accepted____

{Given to City of McAllen's Grants Office and Office of Communications}

(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 ♣vernment Code) of this local government officer. I also acknowledge that this statement evers the 12-month period described by Section 1/76.003(a)(2)(B), Local Government Code.



MARIA M. GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01/10/2020

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Victor Rodriguez

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

Maria M. Guzman

Notary Public / Administrative Assistant

Printed name of officer administering oath

Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) NOVEMBER, 2019

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	
Victor Rodriguez for McAllen Police Department	Secretary's Of
2 Office Held	20te 11/1/2
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	ode
Mr. Ruben Cavazos	
Description of the nature and extent of each employment or other business relationship	and each family relationship
Ruben's Grocery 620 N. 20 th , McAllen	
List gifts accepted by the local government officer and any family member, if aggrega from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Not	
Date Gift Accepted 10/28/19 Description of Gift 40 lbs of sliced brisket with barbe (Given to employees.)	eque sauce
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(Attach additional forms as necessary.)	
AFFIDAVIT	
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defi	
MARIA M. GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-1	acknowledge that this statement
My Comm. Exp. 01/10/2020 Signature of Local C	Covernment Officer
Signature of Local C	Soveriment Onice
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Victor Rodriguez	, this theday
of October , 20 19 , to certify which, witness my hand and seal of office.	_
Maria M. Guzman Notary	Public / Administrative Assistant
	itle of officer administering oath

FORM CIS

This questionnaire reflects changes made	to the law by H.B. 23	3, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate I government officer has become aware in accordance with Chapter 176, Local C	of facts that require t		
Name of Local Government Officer		2	
Victor Rodriguez for McAllen P	olice Department	City	y Secretary's Office Remired
2 Office Held			Date 11/19
Chief of Police			
Name of vendor described by Section	ons 176.001(7) and	176.003(a), Local Governmen	t Code
Ms. Raylene Lackey, Communities in Schools			
Description of the nature and extent	of each employmen	t or other business relationsh	nip and each family relationship
Alonzo De Leon Middle School 4201 N. 29 th St., McAllen			
List gifts accepted by the local government from vendor named in item 3 exceets			
Not		(1) package of Lindt Lindor Ch	ocolate Truffles
Date Gift Accepted 10/28/19	Description of Gift	(1) Coffee Thermos with carry	ring case
Date Gift Accepted	Description of Gift	(To be raffled off to polic	e employees.)
Date Gift Accepted	•		
(Attach additional forms as necessary.)			W. 10.11.
(maon additional terms as necessary,)			
AFFIDAVIT			
Notary Public	that the disclosure a Government Code) on N covers the 12-month	pplies to each family member (as of this local government officer) I a	nt is true and correct. I acknowledge defined by Section 176.001(2), Local also acknowledge that this statement 3(a)(2)(B), Local Government Code.
STATE OF TEXA: Notary ID# 385152 My Comm. Exp. 01/10	ы 【	Size transfer	al Covernment Officer
		Signature of Loc	al Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	<u>:</u>	V	
Sworn to and subscribed before me, by the	said Victor Rodriguez	Z	, this the day
of October 20 19 to ce	ertify which, witness my	hand and seal of office.	
Mina M. Durman	Maria M	. Guzman Notai	ry Public / Administrative Assistant
Signature of officer administering oath	Printed name o	of officer administering oath	Title of officer administering oath

FORM CIS

This 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 lo government officer has become aware o in accordance with Chapter 176, Local G		nt Date Received
Name of Local Government Officer	<u>.</u>	Thy Searcton's in
Victor Rodriguez for McAllen Police Department		lity Secretary's Of Received Date 11/8/19
Office Held		Date 11 8 11 9
Chief of Police		
Name of vendor described by Section	ns 176.001(7) and 176.003(a), Local Governme	nt Code
Ms. Esperanza Aguilera, Owner		· .
Description of the nature and extent of	of each employment or other business relations	hip and each family relationship
Espi and T's Mexican Restauran 2101 N. 10 th Street, McAllen	t	
List gifts accepted by the local gove from vendor named in item 3 exceed	rnment officer and any family member, if aggr is \$100 during the 12-month period described	egate value of the gifts accepted by Section 176.003(a)(2)(B).
Date Gift Accepted 11/06/19	Description of Gift	and all the fixings) for employees
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift {Served to McAllen Policy }	ce Department employees.}
(Attach additional forms as necessary.)		
6 ASSIDANT		
6 AFFIDAVIT	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as evernment Code) of this local government officer. I	defined by Section 176.001(2), Local also acknowledge that this statement
MARIA M. GUZMAN Notary Public	colers the 12-month period described by Section 176.0	03(a)(2)(B), Local Government Code.
STATE OF TEXAS Notary ID# 385152-1	200	
My Comm. Exp. 01/10/20		ocal Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the s	aid Victor Rodriguez	, this the 6thday
of November 20 19 to cer	ntify which, witness my hand and seal of office.	
Maria M. Buyman	Maria M. Guzman Nota	ry Public / Administrative Assistant
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

(instructions for completing and filing this	s form are provided of the next page.)	
This questionnaire reflects changes made t	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
• • •	cal governmental entity that the following local of facts that require the officer to file this statement overnment Code.	Date Received
1 Name of Local Government Officer		L. Scarstonia
Victor Rodriguez	<u> </u>	ty Secretary 2
for McAllen Police Department		S/restoed
2 Office Held		ty Secretary's C Received Date 11819
Chief of Police		
Chief of Fonce		
Name of vendor described by Sectio	ns 176.001(7) and 176.003(a), Local Government	Code
Mr. Richey Owen		
4 Description of the nature and extent of	of each employment or other business relationship	and each family relationship
-	, ·	
Earl Owen Company		
	rnment officer and any family member, if aggreg	
from vendor named in item 3 exceed	s \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted 11 / 07 /19	Description of Gift (1) Box of Tiff's Treats Cooki	AC
	{Given to police employed	
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	•
	that the disclosure applies to each family member (as de- Government Code) of this local government officer. I also	
MARIA M. GUZMAN Notary Public	covers the 12-month period described by Section 176.003(
STATE OF TEXAS)	
Notary ID# 385152-1		
My Comm, Exp. 01/10/2		Government Officer
	Originality of Ecocal	Oovernment Officer
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the sa	aid Victor Rodriguez	, this theday
of November 20 19 to cer	tify which, witness my hand and seal of office.	
maria m. Durmer	Maria M. Guzman Notary	Public / Administrative Assistant
Signature of officer administering oath		Title of officer administering oath

FORM CIS

This questionnaire reflects changes mad	e to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	local governmental entity that the following local of facts that require the officer to file this statement Government Code.	Date Received
Name of Local Government Officer	Contract Con	
Mayor Jim Darling		en e
2 Office Held		9/15/11
City of McAllen		
Name of vendor described by Sect	ions 176.001(7) and 176.003(a), Local Government	Code
L&G Engineering		
	t of each employment or other business relationshi	p and each family relationship
with vendor named in item 3.		
Business		
	vernment officer and any family member, if aggreg eds \$100 during the 12-month period described by	
Date Gift Accepted 11//21/19	Description of Gift 2 dozen tamales (gave to staf	f at city hall)
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 that the disclosure applies to each family member (as def	ined by Section 176.001(2), Local
ALICIA J. JOHNSON Notary Public STATE OF TEXAS	overs the 12-month period described by Section 176.003(
Notary ID# 12941430 My Comm. Exp. 05-06-2		Government Officer
	Signature of Local	Government Onicer
AFFIX NOTARY STAMP / SEAL ABO		31154
Sworn to and subscribed before me, by th		, this the day
of <u>NDVember</u> , 20 <u>19</u> , to	certify which, witness my hand and seal of office.	
Done Johnson	Airce sofffisor	Executive Administrator
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

(matricularis for completing and ming the form are provided on the maxipage.)	
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	Secretary 2 Constituted
Commissioner Joaquin Zamora	Date 11 176 19
2 Office Held	
City of McAllen	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
L&G Engineering	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
Business	
	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	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	y Section 176.003(a)(2)(B).
from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted11//21/19	y Section 176.003(a)(2)(B).
trom vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift 2 dozen tamales Date Gift Accepted Description of Gift	y Section 176.003(a)(2)(B).
trom 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)	y Section 176.003(a)(2)(B).
trom vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift 2 dozen tamales Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary)	is true and correct. I acknowledge
by trom vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift 2 dozen tamales Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as defined any expression of this local government officer. Lals	is true and correct. I acknowledge fined by Section 176.001(2), Local or acknowledge that this statement
pate Gift Accepted 11//21/19 Description of Gift 2 dozen tamales Date Gift Accepted Description of Gift (attach additional forms as necessary) 6 AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I als ALICIA J. JOHNSON Coves the 12-month period described by Section 176.003 Notary Public STATE OF TEXAS	is true and correct. I acknowledge fined by Section 176.001(2), Local or acknowledge that this statement
pate Gift Accepted 11//21/19 Description of Gift 2 dozen tamales Date Gift Accepted Description of Gift Description of Gift Description of Gift Accepted Description of Gift Maccepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I als ALICIA J. JOHNSON Covels the 12-month period described by Section 176.003 Notary Public STATE OF TEXAS Notary ID# 12941430-1	is true and correct. I acknowledge fined by Section 176.001(2), Local or acknowledge that this statement
Date Gift Accepted 11//21/19 Description of Gift 2 dozen tamales Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Maccepted Description Occupation Description Occupation Description Occu	is true and correct. I acknowledge fined by Section 176.001(2), Local o acknowledge that this statement (a)(2)(B), Local Government Code.
Date Gift Accepted 11//21/19 Description of Gift 2 dozen tamales Date Gift Accepted 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 that the disclosure applies to each family member (as defined Government Code) of this local government officer. I als ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local	is true and correct. I acknowledge fined by Section 176.001(2), Local o acknowledge that this statement (a)(2)(B), Local Government Code.
Date Gift Accepted 11//21/19 Description of Gift 2 dozen tamales 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 that the disclosure applies to each family member (as defective Government Code) of this local government officer. I also ALICIA J. JOHNSON covers the 12-month period described by Section 176.003-Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Joaquin Zamora of 1000 to certify which, witness my hand and seal of office.	is true and correct. I acknowledge fined by Section 176.001(2), Local o acknowledge that this statement (a)(2)(B), Local Government Code.

(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.	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	1
Commissioner Veronica Whitacre	y Secretary's C Received Date 11/26/19
2 Office Held	11/26/19
City of McAllen	Date_IIICO
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
L&G Engineering	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
Business	
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 11//21/19 Description of Gift 2 dozen tamales	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	***
	fined by Section 176.001(2), Local o acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE	, this the Zlore day
Sworn to and subscribed before me, by the said <u>Veronica Whitacre</u> of <u>No vardeup</u> j to certify which, witness my hand and seal of office.	cay
	Executive Administrator
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

(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.	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	
Commissioner Omar Quintanilla	Secretary's Office Received
Office Held	117, 110
City of McAllen	Date William
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
L&G Engineering	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Business	
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 11//21/19 Description of Gift 2 dozen tamales	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	· .
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined by Section 176.003). ALICIA J. JOHNSON covers the 12-month period described by Section 176.003(Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Cornin. Exp. 05-06-2021 Signature of Local	ned by Section 176.001(2), Local acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Omar Quintanilla	, this the 210 day
of November, 20 19, to certify which, witness my hand and seal of office.	
Alice Johnson	xecutive Administrator
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

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 appropr	iate local governmental entity that the following local ware of facts that require the officer to file this statement	Date Received
Name of Local Government Of	ficer Ou	S416
Commissioner Javier Villalob	os	Secretary's C Received
Office Held		no ulzelia
City of McAllen		
Name of vendor described by	Sections 176.001(7) and 176.003(a), Local Government	t Code
L&G Engineering		
Description of the nature and e with vendor named in item 3.	xtent of each employment or other business relationsh	ip and each family relationship
Business		
from vendor named in item 3 e	I government officer and any family member, if aggreenceds \$100 during the 12-month period described by Description of Gift 2 dozen tamales	gate value of the gifts accepted y Section 176.003(a)(2)(B).
from vendor named in item 3 of Date Gift Accepted 11//21/19	exceeds \$100 during the 12-month period described by Description of Gift 2 dozen tamales	y Section 176.003(a)(2)(B).
from vendor named in item 3 of Date Gift Accepted 11//21/19	exceeds \$100 during the 12-month period described by	y Section 176.003(a)(2)(B).
Date Gift Accepted 11//21/19 Date Gift Accepted	exceeds \$100 during the 12-month period described by Description of Gift 2 dozen tamales	y Section 176.003(a)(2)(B).
from vendor named in item 3 of Date Gift Accepted	Description of Gift	y Section 176.003(a)(2)(B).
Date Gift Accepted 11//21/19 Date Gift Accepted Date Gift Accepted Date Gift Accepted AFFIDAVIT ALICIA J. JOHN Notary PublisTATE OF TE Notary ID# 1294 My Comm. Exp. 05 AFFIX NOTARY STAMP / SEAL	Description of Gift 2 dozen tamales Description of Gift 1 dozen tamales Description of Gift 2 dozen tamales Description of Gift 4 dozen tamales Description of Gift 4 dozen tamales I swear under penalty of perjuny that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003 SON in SAS 1430-1 doc-2021 Signature of Local ABOVE	is true and correct. I acknowledge fined by Section 176.001(2), Local to acknowledge that this statement of (a)(2)(B), Local Government Code.
Date Gift Accepted	Description of Gift 2 dozen tamales Description of Gift 1 dozen tamales Description of Gift 2 dozen tamales Description of Gift 4 dozen tamales Description of Gift 4 dozen tamales I swear under penalty of perjuny that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003 SON in SAS 1430-1 doc-2021 Signature of Local ABOVE	is true and correct. I acknowledge fined by Section 176.001(2), Local to acknowledge that this statement o(a)(2)(B), Local Government Code.

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) December 2019

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. 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 MAYOR JIM DARLING Office Held City of McAllen Mayor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code CIL Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Business 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 12/4/19 Description of Gift cake (Gave to Staff Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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 ALICIA J. JOHNSON covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Jim Darling _{, 20} 19 , to certify which, witness my hand and seal of office. **Executive Adminisrator** Alice Johnson Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. 1 Name of Local Government Officer MAYOR JIM DARLING 2 Office Held City of McAllen Mayor 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Deanan Products Inc. 4 Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 bucket of popcorm Date Gift Accepted Description of Gift bucket of popcorm	İ
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 MAYOR JIM DARLING 2 Office Held City of McAllen Mayor 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Deanan Products Inc. 4 Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 12/5/19 Description of Gift bucket of popcorn	
City of McAllen Mayor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Deanan Products Inc. Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 12/5/19 Description of Gift bucket of popcorn	
City of McAllen Mayor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Deanan Products Inc. Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 12/5/19 Description of Gift bucket of popcorn	A
City of McAllen Mayor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Deanan Products Inc. Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 12/5/19 Description of Gift bucket of popcorn	⁻ //
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Deanan Products Inc. Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 12/5/19 Description of Gift bucket of popcorn	
Dearnan Products Inc. Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 12/5/19 Description of Gift bucket of popcorn	
Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 12/5/19 Description of Gift bucket of popcorn	
Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. Business 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 12/5/19 Description of Gift bucket of popcorn	
Business 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 12/5/19 Description of Gift bucket of popcorn	
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 12/5/19 Description of Gift bucket of popcorn	ip
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 12/5/19 Description of Gift bucket of popcorn	
from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted 12/5/19 Description of Gift bucket of popcorn	
Date Gift Accepted 12/5/19 Description of Gift bucket of popcom	ed
Date Gift Accepted Description of Gift	_
Date Gilt Accepted Description of Gilt	
	-
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	
ALICIA J. JOHNSON Government Code) of this local government officer. I also acknowledge that this statement code. Notary Public covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.	
Notary ID# 12941430-1	
My Comm. Exp. 06-06-2021	
Signature of Local Government Officer	
AFFIX NOTARY STAMP / SEAL ABOVE	
Db	ay
of <u>December</u> , 20 19, to certify which, witness my hand and seal of office.	
Alice Johnson Executive Administrator	_
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	

(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.	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	tu Segretari'
MAYOR JIM DARLING	ty Secretary's C Received Data 1215/19
2 Office Held	Data 1215/19
City of McAllen Mayor	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	t Code
Gonzalez Castillo, LLP Attorneys at Law	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
Business	
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 12/5/19 Description of Gift ice cream (french)	
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 that the disclosure applies to each family member (as de Government Code) of this local government officer. I also covers the 12-month-period described by Section 176.003 Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE	fined by Section 176.001(2), Local to acknowledge that this statement
Sworn to and subscribed before me, by the said Jim Darling	, this the 5 ⁺ day
, 10 001 11, 11110 11, 11110 11, 11110 11	Executive Adminisrator Title of officer administering oath
Signature of onicer administering dath	The of officer admittering card

FORM CIS

		· · · · · · · · · · · · · · · · · · ·	
This	questionnaire reflects changes mad	e to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
gove		local governmental entity that the following local of facts that require the officer to file this statement Government Code.	Data Bacaiyad
1 N	ame of Local Government Office	\sim	ty Secretary 2
-,-	Ms. Yvette Barrera		ity Secretary's C Received
2 0	ffice Held		- Date -
	City Engineer		
3 N	ame of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Governmen	ıt Code
F	RABA KISTNER		·
		nt of each employment or other business relations	hip and each family relationship
_ w	ith vendor named in item 3.		
	Shortbread Cookies- 1 Pound Box		
		vernment officer and any family member, if aggreeds \$100 during the 12-month period described b	
D	Date Gift Accepted 12-05-2019	Description of Gift Distributed To Engineering	Staff
D	Pate Gift Accepted	Description of Gift	<u> </u>
D	Date Gift Accepted	Description of Gift	
		(attach additional forms as necessary)	
_	AFFIDAVIT	I swear under penalty of perjury that the above statemer that the disclosure applies to each family member (as d Government Code) of this local government officer. I all covers the 12-month period described by Section 176.00	lefined by Section 176.001(2), Local Iso acknowledge that this statement
"Minanam"	VERONICA SANCHI Notary Public STATE OF TEXAS Notary ID# 781744- My Comm. Exp. 07-15-2	Signature of Loc	ral Government Officer
	Sworn to and subscribed before me, by the part of the property	certify which, witness my hand and seal of office.	this the 5th day
(Signature of officer administering oath	Veronica Sanchez f	Title of officer administering oath
1	The state of stricts during beginning beginning	Times harris of smoot assumptioning sales	the proper designation of the party

FORM CIS

	<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	Date Received
in accordance with Chapter 176, Local Government Code.	S 40711/4 (
Name of Local Government Officer	Date Received y Secretary's C Received Posts—171019
Tason Shelton	Stateoun
- 1000 C	Date 12/10/19
2 Office Held	
Systems Manager	
Systems I was fee	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Free TT Data Solutions	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
Vender / Integrator	
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 12/9/19 Description of Gift Gift Basket	
Date Gift Accepted Description of Gift	<u> </u>
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is	s true and correct. I acknowledge
that the disclosure applies to each family member (as defin	ned by Section 176.001(2), Local
Government Code) of this local government officer. Jalso covers the 12-month period described by Section 1 6.003(g	
	1/2/5/19
Signature of Local	Government Officer
AFFIX NOTARY STAND / SEAL ABOVE	
Sworn to and subscribed before me, by the said	, this the day
of December, 20 19, to certify which, witness my hand and seal of office.	
210 Vesenia Rodriquez	Notary
	itle of officer administering oath

FORM CIS

(mandedonator completing and limit	finis form are provided on the next page.)	
	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate government officer has become awain accordance with Chapter 176, Local	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
Name of Local Government Office	er <i>Cit</i>	y Secretary's U
Commissioner Victor Seby Had	dad 	Secretary's O Received
2 Office Held		1. THE
City of McAllen		
Name of vendor described by Sec	ctions 176.001(7) and 176.003(a), Local Government	Code
L&G Engineering		
Description of the nature and extermite with vendor named in item 3.	nt of each employment or other business relationship	p and each family relationship
Business		
5 List gifts accepted by the local g	overnment officer and any family member, if aggreg	jate value of the gifts accepted
from vendor named in item 3 exc	eeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted 11//21/19	Description of Gift 2 dozen tamales (gave to staf	fat city hall)
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	;
6 AFFIDAVIT	Lawcov under novelty of annual that the above that	
	I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defi	
	Servernment Code) of this local government officer. I also (N covers the 12-month period described by Section 176.003)	
Notary Public STATE OF TEX		-/(-/(-/, 100a/ dovornimon/ dodo/
Notary ID# 129414	130-1	
My Comm. Exp. 05-0	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABO	VE .	
Sworn to and subscribed before me, by the	ne said <u>Victor Seby Haddad</u>	, this the day
of <u>December</u> , 20 19, to	certify which, witness my hand and seal of office.	
Devia Jonno	Alice Johnson E	xecutive Administrator
Signature of officer administering oath		Fitle of officer administering oath

FORM CIS

CE

(Instructions for completing and filing	this form are provided on the next page.)	
This questionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
Name of Local Government Office	er City	Secretary's Off
Commissioner Tania Ramirez		Secretary's Off Received
2 Office Held		Pate 1721101
City of McAllen	:	
Name of vendor described by Sec	ctions 176.001(7) and 176.003(a), Local Governmen	t Code
L&G Engineering		
Description of the nature and exte with vendor named in item 3.	nt of each employment or other business relationsh	ip and each family relationship
Business		
List gifts accepted by the local go from vendor named in item 3 exce	overnment officer and any family member, if aggre eeds \$100 during the 12-month period described b	gate value of the gifts accepted y Section 176.003(a)(2)(B).
Date Gift Accepted 11//21/19	Description of Gift 2 dozen tamales	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-20	scovers the 12-month period described by Section 176,003	fined by Section 176.001(2), Local of acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABC		, this the day
of <u>December</u> , 20, 19, to	certify which, witness my hand and seal of office.	
Signature of officer administering oath	Alice Johnson Printed name of officer administering oath	Executive Administrator Title of officer administering oath
-		

FORM CIS

CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.) This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. 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. City Secretary's Office
Reactived

Date 12/12/19 Name of Local Government Officer Joe Vera 2 Office Held Assistant City Manager Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code R Communications Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3. Business 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 Gift Basket Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift (attach additional forms as necessary) **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 ALICIA J. JOHNSON covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 gnature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Joe Vera ____, this the Sworn to and subscribed before me, by the said 20 19 , to certify which, witness my hand and seal of office. Administrative Assistant Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.

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

Jason Shelton

City Secretary's Office
Received

Date 17/13/19

Office Held

Systems Manager

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

TexAir

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

Venly

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 12 11(19 Description of Gift Cookie tray

Date Gift Accepted ______ Description of Gift _____

Date Gift Accepted Description of Gift

(attach additional forms as necessary)

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.

of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn-to and subscribed before me, by the said

 $\overline{ig(ig)}$, to certify which, witness my hand and seal-of-office.

Signature of officer administer

Printed hame of officer administering oath (

Title of officer administering dath

(Instructions for completing and filing th	is form are provided on the next page.)	
This questionnaire reflects changes made	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
		Date Received
1 Name of Local Government Officer	City	Secretary's Off Received
Mark Vega, P.E.		nte 12/13/19
2 Office Held	7	
MPU General Manager	£	
Name of vendor described by Section	ns 176.001(7) and 176.003(a), Local Government (Code
Freese & Nichols		
Description of the nature and extent with vendor named in item 3.	of each employment or other business relationship	and each family relationship
Engineering Firm		
List gifts accepted by the local gove from vendor named in item 3 exceed	rnment officer and any family member, if aggrega s \$100 during the 12-month period described by S	te value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted 12/12/19 De	escription of Gift Sausage & Cheese box	
Date Gift Accepted De	escription of Gift	
Date Gift Accepted De	escription of Gift	
o F	(attach additional forms as necessary)	
EDITH SHELTON Notary Public STATE OF TEXAS Notary ID# 13042695-7 My Comm. Exp. 11-02-2023	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a)(ed by Section 176.001(2), Local toknowledge that this statement (2)(B), Local Government Code.
	Signature of Local Go	overnment Officer
Sworn to and subscribed before me, by the said to be before me, by the said before me, by t	ld Mark Vlague fy which, witness my hand and seal of office.	_ this the 13th day
MUNUTIN	Edith Shelton E	xecutive Assistant
Signature of officer administering oath	Printed name of officer administering oath Title	e of officer administering oath

LOCAL GOVERNMENT OFFICER

FORM CIS

CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.) This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. 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 Mark Vega, P.E. Office Held MPU General Manager Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code SWG Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. **Engineering Firm** 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 12/12/19 Description of Gift Snack basket Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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 EDITH SHELTON Government Code) of this local government officer. I also acknowledge that this statement Notary Public STATE OF TEXAS overs the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary ID# 13042695-7 My Comm. Exp. 11-02-2023 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said_ 20 19 , to certify which, witness my hand and seal of office. **Executive Assistant Edith Shelton** Signature of officer administering oath Printed name of officer administering oath Title of officer administering eath

FORM CIS

This questionnaire reflects changes made	e to the law by H.B. 23,	84th Leg., Regular Session.	OFFIC	CEUSE ONLY
This is the notice to the appropriate government officer has become aware in accordance with Chapter 176, Local	of facts that require the	,	ent Date Receive	i
Name of Local Government Officer	hadamaan		ty Secre	etary's Off
Victor Rodriguez for McAllen I	Police Department		S (2	etary's Off Isseived 116/19
Office Held	·		DateC	
Chief of Police				
Name of vendor described by Secti	ions 176.001(7) and 17	6.003(a), Local Governme	ent Code	
Mr. Jennifer Banda				
Description of the nature and exten	t of each employment o	or other business relation	ship and each fa	mily relationship
H.E.B. Store Ware Rd., McAllen				
White item, intermedia				
List gifts accepted by the local gov				
	eds \$100 during the 12	2-month period described	by Section 176	.003(a)(2)(B).
List gifts accepted by the local gov from vendor named in item 3 excee				.003(a)(2)(B).
List gifts accepted by the local government from vendor named in item 3 exceed Date Gift Accepted 12/12/19	Description of Gift _	(1) White Coconut Christmas (Given to employees.)		.003(a)(2)(B).
List gifts accepted by the local government from vendor named in item 3 exceed Date Gift Accepted 12/12/19 Date Gift Accepted	Description of Gift _	(1) White Coconut Christmas (Given to employees.)	s Cake	
List gifts accepted by the local government from vendor named in item 3 excepted Date Gift Accepted 12/12/19 Date Gift Accepted Date Gift Accepted	Description of Gift Description of Gift Description of Gift	(1) White Coconut Christmas (Given to employees.)	s Cake	· · · · · · · · · · · · · · · · · · ·
List gifts accepted by the local government from vendor named in item 3 exceed Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19	Description of Gift Description of Gift Description of Gift	(1) White Coconut Christmas (Given to employees.)	s Cake	
List gifts accepted by the local government from vendor named in item 3 excepted Date Gift Accepted Date Gift Accepted Date Gift Accepted (Attach additional forms as necessary)	Description of Gift Description of Gift Description of Gift	(1) White Coconut Christmas (Given to employees.)	s Cake	
List gifts accepted by the local government from vendor named in item 3 excepted Date Gift Accepted 12/12/19 Date Gift Accepted Date Gift Accepted	Description of Gift	of perjury that the above statem lies to each family member (as this local government officer I eriod described by Section 176.0	ent is true and correst defined by Section also acknowledge	ect. I acknowledge n 176.001(2), Local that this statement Government Code.
List gifts accepted by the local government of the from vendor named in item 3 excepted. Date Gift Accepted	Description of Gift Description of Gift Description of Gift I swear under penalty of that the disclosure app Government Code) of covers the 12-month periods.	of perjury that the above statem lies to each family member (as this local government officer I eriod described by Section 176.0	ent is true and correst defined by Section also acknowledge	ect. I acknowledge n 176.001(2), Local that this statement Government Code.
Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 AFFIDAVIT MARIA M. GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-My Comm. Exp. 01/10/2 AFFIX NOTARY STAMP / SEAL ABOV Sworn to and subscribed before me, by the	Description of Gift Description of Gift Description of Gift Description of Gift I swear under penalty of that the disclosure app Government Code) of covers the 12-month period of the	of perjury that the above statem dies to each family member (as this local government officer). Signature of Local Control of the statem of t	ent is true and correst defined by Section also acknowledge	ect. I acknowledge n 176.001(2), Local that this statement Government Code.
Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 AFFIDAVIT MARIA M. GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-My Comm. Exp. 01/10/2 AFFIX NOTARY STAMP / SEAL ABOV Sworn to and subscribed before me, by the	Description of Gift Description of Gift Description of Gift I swear under penalty of that the disclosure app Government Code) of covers the 12-month periods.	of perjury that the above statem dies to each family member (as this local government officer). Signature of Local Control of the statem of t	ent is true and correst defined by Section also acknowledge 03(a)(2)(B), Local (ocal Government O	ect. I acknowledge n 176.001(2), Local that this statement Government Code.
Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 Date Gift Accepted 12/12/19 Affidational forms as necessary. MARIA M. GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-My Comm. Exp. 01/10/2 Affix Notary STAMP / SEAL ABOV Sworn to and subscribed before me, by the	Description of Gift Description of Gift Description of Gift Description of Gift I swear under penalty of that the disclosure app Government Code) of covers the 12-month period of the	(fiven to employees.) of perjury that the above statem lies to each family member (as this local government officer of the signature of Lies and and seal of office.	ent is true and correst defined by Section also acknowledge 03(a)(2)(B), Local Cocal Government O	ect. I acknowledge n 176.001(2), Local that this statement Government Code.

FORM CIS

(instructions for completing and iming this form are provided on the next page.)	
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	S-matoria Off
Victor Rodriguez for McAllen Police Department	Secretary's Off Received Date 12/16/19
Office Held	Date 12116/19
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government (Code
Ms. Melissa del Toro	
Ms. Marisela Escobedo	
Description of the nature and extent of each employment or other business relationship	and each family relationship
Name Assess Committee Consider Union Maddles	
Navy Army Community Credit Union, McAllen	
List gifts accepted by the local government officer and any family member, if aggrega	ate value of the nifts accented
from vendor named in item 3 exceeds \$100 during the 12-month period described by	
(50) Pens	
Date Gift Accepted 12/12/19 Description of Gift (5) Dozen Assorted Shipley Dor	oute
Date Gitt Accepted 12/12/19 Description of Gitt (3) 2020 Year Wall Calendars	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
•	
(Attach additional forms as necessary.)	
AFFIDAVIT	
I swear under penalty of perjury that the above statement i	s true and correct. I acknowledge
that the disclosure applies to each family member (as def	ined by Section 176.001(2), Local
A M. GUZMArpvern ment Code) of this local government officer. I also	a V2VR) Local Covernment Code
Public covers he 12-month period described by Section 176.008(a	s/(2)(B), Local Government Gode.
MAMIA M. GUZMAN	
Notary Public STATE OF TEXAS	
	Government Officer
My Comm. Exp. 01/10/2020	•
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Victor Rodriguez	this the 12th day
of December , 20_19 , to certify which, witness my hand and seal of office.	
nana M. Deyman Maria M. Guzman Notary I	Public / Administrative

FORM CIS

This questionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
Name of Local Government Offic	er	Secretary's Off
Jason S	helton	Date 12/16/19
Office Held	· · · · · · · · · · · · · · · · · · ·	
Systems 1	Manager	
Name of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Government	Code
Dell IEM		
Description of the nature and extended with vendor named in item 3.	ent of each employment or other business relationshi	p and each family relationship
Vendor		
	overnment officer and any family member, if aggreg	
from vendor named in item 3 exc	eeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift Holiday Snack T	ma/
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT		
RODA	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as defined Government Code) of this local government officer. I also covers the 12-month period described by Section 176.002	ned by Seeting 176.001(2), Local acknowledge that this statement
OF LEGG		
Exp. 03.10.2020		
77,71111111	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL AB	1 locare Sholton	the trail (0th)
Swern to and subscribed before me, by	o certify which, witness my hand and seal of office.	, this the day
31.25CGA,GE, 20	Verence Rodrincez	Notary
Signature of officer administering oath		Title of officer administering oath

(Instructions for	completing and filing	this form are provided on the next page.)		
This questionnair	e reflects changes mad	le to the law by H.B. 23, 84th Leg., Regu	lar Session.	OFFICE USE ONLY
government office		local governmental entity that the fo of facts that require the officer to file th Government Code.	nis statement	Date Received
1 Name of Loca	I Government Office		City .	Secretary's Op Received Date 17/10/19
Yvette Bar	rera			17/16/19
2 Office Held City Engli	ieer			
3 Name of vend	or described by Sect	ions 176.001(7) and 176.003(a), Loca	l Government Co	de
Megamor	phosis			
4 Description o with vendor n	the nature and exter amed in item 3.	t of each employment or other busine	ss relationship a	nd each family relationship
Macaro	ons & Card			
Date Gift Acce	pted 12-10-2019 pted	Macaroons Description of Gift Description of Gift (attach additional forms as necessary)		
AFFIX NOTAR	/ERONICA SANCHEZ Notary Public STATE OF TEXAS Notary ID# 781744-6 / Comm. Exp. 07-15-202 / STAMP / SEAL ABOV scribed before me, by the	Sign Sign Sign Sign State Stat	member (as defined introfficer. I also act Section 176.003(a)(2)	by Section 176.001(2), Local knowledge that this statement (B), Local Government Code. ernment Officer this the LC flag
Signature of of	(COL) On (S) icer administering oath	V EVONICA JOINCE Printed name of officer administering		INISTATING SUPERVISOV of officer administering cath

CONFLICTS DISCLO	SURE STAT	EMENT	
(Instructions for completing and filing	g this form are provide	ed on the next page.)	
This questionnaire reflects changes ma	ide to the law by H.B	. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriat government officer has become awa in accordance with Chapter 176, Loc	re of facts that requir	e the officer to file this statement	
Name of Local Government Offic	er		
		City	Secretary's Offi
Yvette Barrera			Reaewed
2 Office Held			Secretary's Offi Received
. City Engineer			
Name of vendor described by Sec	ctions 176.001(7) an	nd 176.003(a), Local Governmer	it Code
Schneider Electric			
Description of the nature and extered with vendor named in item 3.	nt of each employm	ent or other business relations	nip and each family relationship
7 Way Chocolate Lover's Dr	eam Box	•	·
List gifts accepted by the local go from vendor named in item 3 exce	overnment officer a	nd any family member, if aggre	gate value of the gifts accepted
	rous proo daring ti	o iz month ponou dosonica i	y 0001.011 1.01005(2)(1)(1)(1)
Date Gift Accepted 12-11-19	Description of Gift	7 Way Chocolate Lover's Dr	eam Box
Date Gift Accepted	Description of Gift		
Date dist Accepted	Description of Gift,		
Date Gift Accepted	Description of Gift		
•	(attach additiona	ai forms as necessary)	
6 AFFIDAVIT	l swear under pena	ally of perjury that the above statement	is true and correct. Lacknowledge
•	that the disclosure	applies to each family member (as de	fined by Section 176.001(2), Local
grafifere filigio de Constitut	covers the 12-mont	of this local government officer. I als h period described by Section 176.003	. –
VERONICA SANCH	8	1 -0	
Notary Public STATE OF TEXAS	17	Van 12.	<u> </u>
Notary ID# 781744 My Comm. Exp. 07-15-	. 668	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABO	Annal Billian of		
Sworn to and subscribed before me, by th	e said YVH	Barrera	, this the day
of December 20 19, to	certify which, witness m	y hand and seal of office.	•
Gennica Sonch	Éz Ve	vanica Sanchez	Administrative Supervisor
Signature of officer administering oath	Printed name	of officer administering oath	Title of officer administering oath

(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.	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]
Jim Darling <i>Li</i> i	y Secretary's U
	y Secretary's C Received Data 17/16/19
2 Office Held	17/11/0/19
Mayor - City of McAllen	Sui MAN anna kankan
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	l Code
Consul de Mexico	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
Business	
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	
nom vehadi hamed in tem o exceeds \$100 daring the 12 month period described s	, 000.0 110.000(2)(2)(2)
Date Gift Accepted 12/13/19 Description of Gift Patron - Tequila	
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 de Government Code) of this local government officer. I als	fined by Section 176.001(2), Local
ALICIA J. JOHNSON dovers the 12-month period described by Section 176.003	
Notary Public STATE OF TEXAS	A
Notary ID# 12941430-1	- Cuy
Signature of Loca	I Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said <u>Jim Darling</u>	, this the <u>l</u> \(\text{\$\ext{\$\text{\$\exiting{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{\$\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\texittit{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texititt{\$\text{\$\texitititt{\$\text{\$\text{\$\text{\$\text{\$\texititt{\$\text{\$\text{\$\
of $\underline{December}$ 20 $\underline{19}$, to certify which, witness my hand and seal of office.	
Delua Johnson Ex. Ad	dministrator
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

(Instructions for completing and filing this form are provided on the r	next page.)
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 t government officer has become aware of facts that require the office in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	
Jim Darling	City Secretary's Off Received
	Received
2 Office Held	12/16/19
Mayor - City of McAllen	Date
Name of vendor described by Sections 176.001(7) and 176.00	3(a), Local Government Code
UTRGV	
011.0 v	
Description of the nature and extent of each employment or ot with vendor named in item 3.	her business relationship and each family relationship
Business	
List gifts accepted by the local government officer and any fa from vendor named in item 3 exceeds \$100 during the 12-more	
Date Gift Accepted 12/13/19 Description of GiftBaske	et full of cookies gave to Staff
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms	as necessary)
that the disclosure applies to Government Code) of this local covers the 12-month period of	ury that the above statement is true and correct. I acknowledge each family member (as defined by Section 176.001(2), Local cal government officer. I also acknowledge that this statement described by Section 176.003(a)(2)(B), Local Government Code.
Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	Signature of Local Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	/
Sworn to and subscribed before me, by the said	this the day
of December 20 19 , to certify which, witness my hand an	nd seal of office.
Alice Johnson	on Ex. Administrator
Signature of officer administering oath Printed name of officer	administering oath Title of officer administering oath

(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. 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.
1 Name of Local Government Officer
Jim Darling Received
1 Name of Local Government Officer Jim Darling 2 Office Held Date 17 11(e) 19
2 Office Held
Mayor - City of McAllen
3
The Brownstone Group
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
Business
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 12/13/19 Description of Gift pecan pie
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 Sovernment Code) of this local government officer. I also acknowledge that this statement codes and subscribed by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Conim. Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said
Alice Johnson Ex. Administrator
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM CIS

(Instructions for completing and filing this form are provided on the next page.) This guestionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. OFFICE USE ONLY This is the notice to the appropriate local governmental entity that the following local Date Received government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. Name of Local Government Officer Jim Darling Office Held Mayor - City of McAllen Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code The Rhodes Family Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Business 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 12/11/19 Description of Gift Coffee Cake Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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 ALICIA J. JOHNSON covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Jim Darling Sworn to and subscribed before me, by the said December 20, 19 , to certify which, witness my hand and seal of office. Alice Johnson Ex. Administrator Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath

FORM CIS

(Instructions for completing and fining this form are provided of the flext page.)	
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.	
1 Name of Local Government Officer	
Jim Darling <i>Lity</i>	Secretary's Offi
	<u> Croeuta</u>
2 Office Held	Date 17 116 19
Mayor - City of McAllen	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	nt Code
Schneider Electric	
Description of the nature and extent of each employment or other business relations with vendor named in item 3.	hip and each family relationship
Business	
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 I Date Gift Accepted 12/11/19 Description of Gift chocolate candy	egate value of the gifts accepted by Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	·
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	defined by Section 176.001(2), Local also acknowledge that this statement
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
1	

FORM CIS

(manaciona for completing and ming this form are provided on the next page.)	
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	
Jim Darling City	Secretary's Office Received
2 Office Held	21, 10
Mayor - City of McAllen	Date CHO 1
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Megamorphosis	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Business	
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 12/10/19 Description of Gift macaroons (gave to staff)	
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 that the disclosure applies to each family member (as definition of the disclosure applies to e	ined by Section 176.001(2), Local coacknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE	11 other
Sworn to and subscribed before me, by the said	, this the day
of December , 20 19 , to certify which, witness my hand and seal of office.	
	Executive Administrator Fitle of officer administering oath
- I miled fighte of officer administering datif	The or other duffilliatering oath

المراكب والمراكب والمراكب والمراكب والمراكبة والمراكبة والمراكبة والمراكبة والمراكبة والمراكبة والمراكبة والمراكبة	filing this form are provided on the next page.)	(20) at 100 at 1
Inis questionnaire reflects change	es made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	oriate local governmental entity that the following local aware of facts that require the officer to file this statement Local Government Code.	Date Received
Name of Local Government O	Officer City	Secretary 5 C
Yvette Barrera		Secretary's Of Received
Office Held City Engineer		
Name of vendor described by	y Sections 176.001(7) and 176.003(a), Local Government	Code
Terracon Consultants, 1	Inc.	
Description of the nature and with vendor named in item 3.	extent of each employment or other business relationshi	p and each family relationship
Premium Select Fudge M	Mint Cookies-Distributed to Employees.	
Date Gift Accepted 12-18-19 Date Gift Accepted		
Date Gift Accepted	Description of Gift (attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement i	s true and servent I acknowledge
	that the disclosure applies to each family member (as defi	ned by Section 176.001(2), Local
The state of the s	Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	
VERONICA SA Notary Pul STATE OF T	ANCHEZ Sublic EXAS	a)(2)(B), Local Government Code.
VERONICA SA Notary Pu	ANCHEZ Sold Sold Section 176.003(a Section 176.003) ANCHEZ Sold Sold Sold Sold Sold Sold Sold Sold	a)(2)(B), Local Government Code.
VERONICA SA Notary Pul STATE OF TI Notary ID# 78 My Comm. Exp. 0 AFFIX NOTARY STAMP SEAL Sworn to and subscribed before me,	ANCHEZ Iblic EXAS 1744-6 17-15-2021 Abyte Anchez Signature of Local of Bayers And Bayers Anchez Signature of Local of Bayers And Bayers And Bayers And Bayers And Bayers And Bayers And Bayers	a)(2)(B), Local Government Code.
VERONICA SA Notary Pul STATE OF TI Notary ID# 78 My Comm. Exp. 0	ANCHEZ Iblic EXAS 31744-6 17-15-2021 By the said Ve the Bayveva To certify which, witness my hand and seal of office.	a)(2)(B), Local Government Code. Government Officer

CONFLICTS DISCLOSURE STATEMENT	
(Instructions for completing and filing this form are provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	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	y Secretary 3
Victor Seby Haddad	ty Secretary's C Received
Office Held Commissioner - City of McAllen	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Schneider Electric	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
Business	
List gifts accepted by the local government officer and any family member, if aggregation wendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(as STATE OF TEXAS Notary ID# 12941430-1 My Comm, Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(as STATE OF TEXAS Notary Public STATE OF TEXAS Notary ID# 12941430-1 Signature of Local Signature of Local Signature of Local State Notary Stamp / SEAL ABOVE Sworn to and subscribed before me, by the said	ned by Section 176.001(2), Local acknowledge that this statement
of December 20 19 , to certify which, witness my hand and seal of office.	
	ministrator Title of officer administering oath

(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.	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				
Kevin D. Pagan	ecretary's Office Received			
2 Office Held	17,119,119			
City Attorney				
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code			
Ross Molina Oliveros, P.C.				
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship			
Outside Counsel				
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 12/18/2019 Description of Gift Holiday Package				
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 that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(ined by Section 176.001(2), Local cacknowledge that this statement			
STATE OF TEXAS Notary ID# 12474934-4 My Comm. Exp. 11-17-2023	Government Officer			
Sworn to and subscribed before me, by the said Kevin D. Pagan of December , 20 19 , to certify which, witness my hand and seal of office.	, this theday			
Alma VIllarreal	Paralegal/Notary Public			
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath			

FORM CIS

(Instructions for completing and filling this form are provided on the next page.) 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 Jason Shebton Office Held Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Metrork Solutions Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Vender 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 220 19 Description of Gift Vive len Change Pad Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift ____ (attach additional forms as necessary) **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. grature of Local Government Officer SEAL ABOVE Sworn to and subscribed before me, by the said_ ___, to certify which, witness my hand and seal of office. Vesenia Kodriguez Printed name of officer administering oath officer administering oath

FORM CIS

(instructions for completing and fining this form are provided on the next page.)	
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	y Secretary's (
Jim Darling	y Secretary's C Received Date 12/20/19
2 Office Held	200
Mayor - City of McAllen	
3	
TWG Architects	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Business	
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 12/20/19 Description of Gift 3 bottles of wine	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	,
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Jim Darling dr December 20 19 , to certify which, witness my hand and seal of office. Alice Johnson Ex. Ad	ined by Section 176.001(2), Local cacknowledge that this statement a)(2)(B), Local Government Code. Government Officer
Signature of officer administering bath Printed name of officer administering bath	Title of officer administering oath

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. 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 City Secretary's Office
Received

Date 17 (2019 Jim Darling Office Held Mayor - City of McAllen **Terry Canales** Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. **Business** 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 12/20/19 Description of Gift bottle of wine Date Gift Accepted Description of Gift ______ Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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 17,6.001(2), Local Covernment Code) of this local government officer. I also acknowledge that this statement ALICIA J. JOHNSOnvers the 12-month period described by Section 176.003(a)(2)(B), Lecal Government Code. Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _Jim Darling o December 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Alice Johnson

Ex. Administrator

Title of officer administering oath

(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.	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	
Jim Darling City	Secretary's Of Received
2 Office Held	24 12/2019
Mayor - City of McAllen	13/11/
3	
Capable Kids Foundation	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Business	
from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/20/19 Description of Gift Ornament and cookies (gas Date Gift Accepted Description of Gift	ave to staff)
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also sovers the 12-month period described by Section 176.003(ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said December 20 19 , to certify which, witness my hand and seal of office.	ined by Section 176.001(2), Local o acknowledge that this statement (a)(2)(B), Local Government Code.
Alice Johnson Ex. Ac	Iministrator
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	ty Secretary 2
Eduardo Mendoza	ty Secretary's C Reactoral Date 12 (20 19
2 Office Held	
Deputy City Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Melden & Hunt, INC.	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
2 Trays of Mini Pastries-Distribute To Employees	
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 12-19-2019 Description of Gift 2 Trays of Mini Pastries - Er	ngineering Staff
Date Gift Accepted Description of Gift	<u> </u>
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I als covers the 12-month period described by Section 176.003	fined by Section 176.001(2), Local so acknowledge that this statement
VERONICA SANCHEZ Notary Public STATE OF TEXAS Notary ID# 781744-6 My Comm. Exp. 07-15-2021 Signature of Loca	l Government-Officer
Sworn to and subscribed before me, by the said <u>Eduar do Mendo 79</u>	, this the 19% day
of <u>December</u> , 20 <u>[9]</u> , to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath	Ministrative Assistant Title of officer administering oath
Signature of onlocal definitioning death	The state of the s

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.

OFFICE USE ONLY

Date Received

1	Name of	Local	Government	Officer

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 relationship and each family relationship with vendor named in item 3.

List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Description of Gift COTUL Plate

Date Gift Accepted

Description of Gift

Date Gift Accepted Description of Gift

(attach additional forms as necessary)

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.

and subscribed before me, by the said

administering oath

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

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) January 2020

(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.	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	Secretary's Office Received		
Alejandio Rames 2 Office Held 200	11/0/0.40		
2 Office Held	1 2000		
Fleet Superviser			
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen	t Code		
mobile Service			
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship		
Regain Center			
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 12/19/19 Description of Gift office Syphus bash to Calarles, Floshing also 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 that the disclosure applies to each family member (as de Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003 Signature of Local	efined by Section 176.001(2), Local so acknowledge that this statement		
AFFIX NOTARY STAMP / SEAL ABOVE	A2		
Sworn to and subscribed before me, by the said Alg'Ander Rames of Ree , 20 19 , to certify which, witness my hand and seal of office.	, this the day		
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath		

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.	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 (ity =	secretary's Office Received
Fleet Seperviser Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Autel tech	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Diagnestic deal Vender	p and each family relationship
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	·
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(state of Texas My Comm. Exp 01-20-2020) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(state of Texas My Comm. Exp 01-20-2020) Signature of Local Signature of Loc	ined by Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by the said Major Co. Rances of Re. , 20 19 , to certify which, witness my hand and seal of office.	, this the day
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects change	s made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
		Date Received Ecic Etary's Off
Name of Local Government C	officer	Received
Yvette Barrera	ឮ	Received Date 1/7/2020
Office Held		
City Engineer		
Name of vendor described by	/ Sections 176.001(7) and 176.003(a), Local Government	Code
SpawGlass		
Description of the nature and with vendor named in item 3.	extent of each employment or other business relationshi	p and each family relationship
Contractor		
	al government officer and any family member, if aggreg exceeds \$100 during the 12-month period described by	
from vendor named in item 3	exceeds \$100 during the 12-month period described by	- Section 170.003(2)(D).
Date Gift Accepted 12-19-20	19 Description of Gift 1Box-Honey Bourbon Hot Too	ldy-
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	·
	(attach additional forms as necessary)	
VERONICA SAN Notary Publication STATE OF TEX	CHEZ CAS	ined by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Notary ID# 7817 My Comm. Exp. 07- AFFIX NOTARY STAMP / SEAL Sworn to and subscribed before me	ABOVE YVA HA ROSSONO	Government Officer
of January 20 20 Cennica Sanch	_, to certify which, witness my hand and seal of office. 2 Veronica Sanchez Admin	istrative Supervisa
Signature of officer administering	*	Title of officer administering oath

FORM CIS

(Instructions for completing and filing this fo	orm are provided on the next page.)	
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 loca government officer has become aware of fi in accordance with Chapter 176, Local Gov	al governmental entity that the following loca acts that require the officer to file this statemen vernment Code.	t Date Received
Name of Local Government Officer		Received
Yvette Barrea	•	Received Received
2 Office Held		
Engineering Department		
Rio Delta Engineering	3 176.001(7) and 176.003(a), Local Governme	
with vendor named in item 3.	each employment or other business relations	hip and each family relationship
Engineering Firm	ment officer and any family member, if aggre	ngata value of the gifts assented
from vendor named in item 3 exceeds to Date Gift Accepted 12-19-19 Des	s100 during the 12-month period described in cription of Gift Mini Box Cookies cription of Gift	distributed to employees
Date Gift Accepted Des	cription of Gift	*
	(attach additional forms as necessary)	
ti G	swear under penalty of perjury that the above statement the disclosure applies to each family member (as discvernment Code) of this local government officer. I allovers the 12-month period described by Section 176.00	efined by Section 176.001(2), Local lso acknowledge that this statement
Sworn to and subscribed before me, by the said of	Yvette Barrera which, witness my hand and seal of office.	, this the20 day
	Veronica Sanchez	Administrative Supervisior
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering cath

FORM CIS

,		·	· · · · · · · · · · · · · · · · · · ·	
Th	is questionnaire reflects changes mad	de to the law by H.B.	1491, 80th Leg., Regular Session.	OFFICE USE ONLY
go	nis is the notice to the appropriate evernment officer has become awar accordance with Chapter 176, Loca	e of facts that require	the officer to file this statement	Date Received
1	Name of Local Government Office	er		Received
	Eduardo Mendoza		Q	Secretary's Uff. Received Note 1/7/2020
2	Office Held			
	Deputy City Engineer			
3	Name of person described by Sec	ctions 176.002(a) an	d 176.003(a), Local Government	Code
	Dannenbaum Engineering			•
4	Description of the nature and ext	ent of employment o	or other business relationship w	ith person named in item 3
	Engineering Firm			
5	List gifts accepted by the local of 176.003(a-1), if aggregate value of period described by Section 176.	f the gifts accepted		
	Date Gift Accepted 12-23-2019	_ Description of Gift	1 Tray of Pastries- Engineering	Staff
	Date Gift Accepted	_ Description of Gift		
	Date Gift Accepted	Description of Gift		
		(attach addition	al forms as necessary)	
6	AFFIDAVIT	that the disclosure Government Code	alty of perjury that the above statement e applies to a family member (as defin) of this local government officer. I also th period described by Section 176:003	ned by Section 176.001(2), Local or acknowledge that this statement
	VERONICA SANCH Notary Public STATE OF TEXAS Notary ID# 781744- My Comm. Exp. 07-15-2	EZ 6	5	Sovernment Officer
	Sworn to and subscribed before me, by to of	the said <u>Edual</u> o certify which, witness n	victor Mendoza ny hand and seal of office. Na Sanchez Admi e of officer administering oath	, this the <u>OFR</u> day **NISTVATIVE DUDEV VISOV Title of officer administering oath
	Signature of officer administering gate	rinted parti	e of officer administering oad	The of officer administering odd.

FORM CIS

, ,		
This questionnaire reflects changes n	nade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ate local governmental entity that the following local are of facts that require the officer to file this statement cal Government Code.	Date Received
Name of Local Government Offi	cer	eRenzional
Eduardo Mendoza	Ω	DECRETARY'S Up. Received Note 1/7/2020
Office Held		·
Deputy City Engineer		
Name of vendor described by S	ections 176.001(7) and 176.003(a), Local Government	Code
Cantu Construction		
Description of the nature and ex with vendor named in item 3.	tent of each employment or other business relationshi	p and each family relationship
Construction Co	mpany.	
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 ex	ceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
12-23-2019		nd To Empleyone
Date Gift Accepted	Description of Gift 10 Dozens-Tamales-Distribute	ed to Employees
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement	is true and correct. Lacknowledge
	that the disclosure applies to each family member (as defi	
	Government Code) of this local government officer. I also	
	covers the 12-month period described by Section 176:003(a)(2)(B), Local Government Code.
VERONICA SANCI Notary Public		¬ /
STATE OF TEXA		
Notary ID# 78174 My Comm. Exp. 07-15	5-2021	Government Officer
AFFIX NOTARY STAMP / SEAL A	BOVE	, D
Sworn to and subscribed before me, b	y the said Eduardo Mendora	, this the 674 day
or January 20 20.	to certify which, witness my hand and seal of office.	^
Germina) Sa	nchs Veranica Sancher, An	ministrative. Supervi
Signature of officer administering or	ath Printed name of officer administering oath	Title of officer administering oath
	Ů,	-

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. 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 Norma A. Rodriguez Passport Division Office Held Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code ancu Solis - Texas Casa De Cambio Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. usiness related 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 17 2020 Description of Gift Governet Gift Busket-Shared with Staff Date Gift Accepted ______ Description of Gift _ Date Gift Accepted ______ Description of Gift (attach additional forms as necessary) **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. Sworn to and subscribed before me, by the said Norma A. Rodriquez, this the , to certify which, witness my hand and seal of office.

Title of officer administering oath

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. 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 Tania Ramirez Office Held Commissioner - City of McAllen Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Schneider Electric Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Business 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 12/11/19 Description of Gift chocolate candy Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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 ALICIA J. JOHNSON covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Tania Ramirez Sworn to and subscribed before me, by the said_ 20 20 , to certify which, witness my hand and seal of office. مرس Alice Johnson Ex. Administrator Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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. 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. Name of Local Government Officer Javier Villalobos Office Held Commissioner - City of McAllen Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Schneider Electric Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Business 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 12/11/19 Description of Gift chocolate candy Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted Description of Gift (attach additional forms as necessary) **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 overnment Code) of this local government officer. I also acknowledge that this statement ALICIA J. JOHNSON overs the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. **Notary Public**

STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Javier Villalobos

20.20 , to certify which, witness my hand and seal of office. Alice Johnson

Ex. Administrator

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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.

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.

Secretary's Office

1 Name of Local Government Officer

Omar Quintanilla

Note 1/14/2020

2 Office Held

Commissioner - City of McAllen

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

Schneider Electric

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

Business

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 12/11/19 Description of Gift chocolate candy

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 176.003(a)(2)(B), Local Government Code.

ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Omar Quintanilla

_, this the _

day

of January,

202,96 certify which, witness my hand and seal of office.

Alice Johnson

Ex. Administrator

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM CIS

(Instructions for completing and filing	this form are provided on the next page.)	
This questionnaire reflects changes made	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local e of facts that require the officer to file this statement al Government Code.	Date Received Decretary's Office
Name of Local Government Office	er .	Received
Joaquin Zamora	Da	Secretary's Offic Received 4_1/14/2020_
2 Office Held		
Commissioner - City of I	McAllen	
3 Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
Schneider Electric		
Description of the nature and exte with vendor named in item 3.	nt of each employment or other business relationshi	p and each family relationship
Business		
from vendor named in item 3 exce	overnment officer and any family member, if aggreg eeds \$100 during the 12-month period described by	
Date Gift Accepted 1211119	Description of Gift <u>chocolate candy</u>	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
6 AFFIDAVIT ALICIA J. JOHNSON	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as defi Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(ined by Section 176.001(2), Local o acknowledge that this statement
Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABO	Joaquin Zamora	, this the 13th day
1	certify which, witness my hand and seal of office.	day
Donne Orden	Alice Johnson Ex. Ad	lministrator
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

(Instructions for completing ar	nd filing this form are provided on the next page.)	
	ges made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the approposernment officer has become accordance with Chapter 17	opriate local governmental entity that the following local e aware of facts that require the officer to file this statement 6, Local Government Code.	Date Received
Name of Local Governmen		Secretary's Off Reserved
Veronica Whitacre	2	Date 1/14/2020
Office Held		
MPT / City of McAllen		
S&B Infrastructure		
Description of the nature at with vendor named in item	nd extent of each employment or other business relationship 3.	and each family relationship
Business		
List gifts accepted by the I from vendor named in item	ocal government officer and any family member, if aggrega 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
from vendor named in item Date Gift Accepted 12/26	3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
from vendor named in item Date Gift Accepted 12/26	3 exceeds \$100 during the 12-month period described by \$\frac{1}{19}\$ Description of Gift _Fruit from Pittman&Davis Description of Gift	Section 176.003(a)(2)(B).
Date Gift Accepted	3 exceeds \$100 during the 12-month period described by \$\frac{1}{19}\$ Description of Gift _Fruit from Pittman&Davis Description of Gift	Section 176.003(a)(2)(B).
Date Gift Accepted	Description of GiftFruit from Pittman&Davis Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defir Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a OHNSON Public TEXAS 2941430-1 . 05-06-2021	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Date Gift Accepted	Description of GiftFruit from Pittman&Davis Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defir Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a OHNSON Public TEXAS 2941430-1 . 05-06-2021	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Date Gift Accepted	Description of GiftFruit from Pittman&Davis Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a) OHNSON Public TEXAS 2941430-1 . 05-06-2021	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement (2)(2)(B), Local Government Code.

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. 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 Veronica Whitacre Office Held Commissioner - City of McAllen Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Schneider Electric Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Business 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 12/11/19 Description of Gift chocolate candy Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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 ALICIA J. JOHNSON covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE Veronica Whitacre Sworn to and subscribed before me, by the said_ 1 2020, to certify which, witness my hand and seal of office. Alice Johnson Ex. Administrator Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Sessi	on. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following government officer has become aware of facts that require the officer to file this stater in accordance with Chapter 176, Local Government Code.	nent Date Received
Name of Local Government Officer	ity Secretary & Office
Office Held	ity Secretary's Office Received
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Govern	nment Code
Eriberto Bravo Jr.	
Description of the nature and extent of each employment or other business relat with vendor named in item 3.	ionship and each family relationship
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 describ	
Date Gift Accepted \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2014le openers
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 start that the disclosure applies to each family member Government Code) of this local government officer covers the 12-month period described by Section 1 10-18-2010 Signature of the section 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(as defined by Section 176.001(2), Local . I also acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said OMAT BATTETA	, this the \(\sqrt{6}^{\frac{1}{2}} \) day
of Savery, 20 70, to certify which, witness my hand and seal of office. Contact Signature dofficer administering oath Printed name of officer administering oath	Title of officer administering oath
Signature of officer authinisering oath	The of officer administering patri

FORM CIS

This questionnaire reflects changes made	e to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
· · · · · · · · · · · · · · · · · · ·		OF FIDE USE UNLI
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 cretary's Office
Name of Local Government Officer		Received
Yvette M. Balderas	Date_	1/17/2020
2 Office Held		
Director of Grant Adm:	inistration	
Name of vendor described by Sect	ions 176.001(7) and 176.003(a), Local Government	Code
Karen Valdez		
Description of the nature and exten	t of each employment or other business relationshi	p and each family relationship
CD Chairperson		
	vernment officer and any family member, if aggreg	
from vendor named in item 3 exce	eds \$100 during the 12-month period described by	section 176.003(a)(2)(B).
Date Gift Accepted 12/13/19	Description of Gift Basket of sweets fo	r staff
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
6 AFFIDAVIT		
A RODA ARV AUGUST OF OF TERM 264A 1800	I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined as a second statement of that the disclosure applies to each family member (as defined as a second statement of the defined as a second statement of the definition of the defini	ined by Section 176.001(2), Local a acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOV	~	
		, this the day
	certify which, witness my hand and seal of office.	
	- Yesenia Bodriguz	Notary
Signature of officer administering oath	Printed name of officer administering dath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made	e to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	local governmental entity that the following local of facts that require the officer to file this statement Government Code.	Pate Received
Name of Local Government Office	-	Reselved Tic
Yvette M. Balderas	Da	Secretary's Office
2 Office Held		
Director of Grant Adm	inistration	
Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
Affordable Homes of S	outh Texas	
Description of the nature and exter with vendor named in item 3.	nt of each employment or other business relationshi	p and each family relationship
Subrecipient		
	vernment officer and any family member, if aggreg eds \$100 during the 12-month period described by	
Date Gift Accepted $\frac{12/17/19}{}$	Description of Gift Box of bundt cakes	for staff
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined as a second statement of this local government officer. I also covers the 12-month period described by Section 176.003(ned by Section 176.001(2), Local b acknowledge that this statement
0 C OF 1E 10 264A 80	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABO Sworn to and subscribed before me, by th		, this the day
T	certify which, witness my hand and seal of office.	
C/R	Yesinia Rodriguez	No Early
Signature of officer administering cath	Printed name of officer administering dath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	Can y s Uffic
Yvette M. Balderas	Secretary's Office
2 Office Held	
Director of Grant Administration	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
El Periodico	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Media - Department publishes in newspaper.	·
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	
nom vondor named in nom b exceede \$100 daring the 12 month period described by	00011011 1701000(4)(2)(2)1
Date Gift Accepted 12/19/19 Description of Gift Box of chocolates f	for staff
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIX NOTARY STAMP / SEAL ABOVE	ined by Section 176.001(2), Local control acknowledge that this statement (a)(2)(B), Local Government Code. Government Officer
ofJanuay_, 20, to certify which, witness my hand and seal of office.	, this the day
Vesenia Radriquez	Hotary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

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.	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	Secretary's Office
Yvette M. Balderas	Secretary's Office Received 117/2020
2 Office Held	701000
Director of Grant Administration	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Affordable Homes of South Texas	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
Subrecipient	
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 12/17/19 Description of Gift Insulated tote	
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 in that the disclosure applies to each family member (as defined as	ned by Section 176.001(2), Local acknowledge that this statement
of Jahvan, 20 20, to certify which, witness my hand and seal of office.	, this the day No tany Title of officer administering oath
Form provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 11/30/2015

FORM CIS

This questionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local e of facts that require the officer to file this statement al Government Code.	Date Received
Name of Local Government Office	er City a	Perrol / Ocal
Yvette M. Balderas	J	Secretary's Office
	<u> </u>	1/1~1-1
Office Held		417/0000
Director of Grant Adr	ninistration	
Name of vendor described by Sec	ctions 176.001(7) and 176.003(a), Local Governmen	t Code
United Way of South :	l'exas	
Description of the nature and extended with vendor named in item 3.	nt of each employment or other business relationsh	lip and each family relationship
Subrecipient		
List gifts accepted by the local g from vendor named in item 3 exc	overnment officer and any family member, if aggre eeds \$100 during the 12-month period described b	gate value of the gifts accepted y Section 176.003(a)(2)(B).
Date Gift Accepted 12/19/19	Description of Gift mug	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	<u> </u>
	(attach additional forms as necessary)	
AFFIX NOTARY STAMP / SEAL ABO Sworn to and subscribed before me, by to of	he said Wette Balderas certify which, witness my hand and seal of office. Veschia Podrijuez	efined by Section 176.001(2), Local so acknowledge that this statement

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) February 2020

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.	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 Norma A. Rodriguez	2-19-2020
2 Office Held Passport Division	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Jorge Bravd	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	o and each family relationship
Passport Applicant	
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	
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 that the disclosure applies to each family member (as defined as define	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	. 4
Sworn to and subscribed before me, by the said NOTMA ROdrigue 2 of February, 20 20, to certify which, witness my hand and seal of office.	, this thel q · · · day
ent ! Mara Pener E. Lar	Notary
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement	Date Received
Name of Local Government Officer	ecretary's Office
Yvette Barrera	Ecretary's Office Received 2/20/2020
Office Held	
City Engineer	;
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Carla
Spawglass	
Description of the nature and extent of each employment or other business relationship with vendor named in Item 3.	p and each family relationship
Contractor	, we will be a second of the s
Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
APFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176,003(as covers the 12-month period described by Section 176,003(as statement is that the disclosure applies to each family member (as defined by Section 176,003(as covers the 12-month period described by Section 176,003(as statement is that the disclosure applies to each family member (as defined by Section 176,003(as covers the 12-month period described by Section 176,003(as statement is that the disclosure applies to each family member (as defined by Section 176,003(as covers the 12-month period described by Section 176,003(as covers	ned by Section 176.001(2), Local acknowledge that this statement ()(2)(B), Local Government Code.
of elmuar 20 27, to certify which, witness my hand and seal of office.	_, this the <u>26 th</u> day

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) March 2020

FORM CIS

This questionnaire reflects changes made	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ocal governmental entity that the following local of facts that require the officer to file this statement dovernment Code.	Date Received
Name of Local Government Officer	a	ly Secretary's Character of Secretary and Charac
for McAllen Police Department		J\EXWE
2 Office Held		Date 3-23-2020
Chief Victor Rodriguez		
Name of vendor described by Section	ons 176.001(7) and 176.003(a), Local Government	Code
Zac Propst, Transportation Spec	zialist	
G.L.G, II, LTD. DBA Griffith Transportation 2502 Buddy Owens Blvd., McAl	of each employment or other business relationshi len, TX	p and each family relationship
	ernment officer and any family member, if aggreg ds \$100 during the 12-month period described by	
nom vendor hamed in item o excee	as the during the 12 month period described by	, 00011011 1701000(4)(2)(2)
Date Gift Accepted 03/19 /2020	Description of Gift (3) Cases of Roma Tomatoes	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift [Given to Salvation Army.]	1
(Attach additional forms as necessary.)		,
6 AFFIDAVIT	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I also	efined by Section 176.001(2), Local
MARIA M GUZMAN Notary Public STATE OF TEXAS	overs the 12-month period described by Section 176.003	(a)(2)(B), Local Government Code.
Notary ID# 385152-1 My Comm. Exp. 01-10-202	Signature of Loca	Il Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE		this the 19th day
Sworn to and subscribed before me, by the	said Victor Rodriguez ertify which, witness my hand and seal of office.	this the 1941 , day
of water 2020 to ce		
Mana M. Kuyman Signature of officer administering oath	Maria M. Guzman Notary Printed name of officer administering oath	Public / Administrative Assistant Title of officer administering oath

FORM CIS

This questionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local	
	re of facts that require the officer to file this statement	Date Received
in accordance with Chapter 176, Loc	al Government Code.	orstoni's Off.
Name of Local Government Office	er	cretary's Office Received 3/31/2020
Julia Lash		Deceived
	Date_	3/3//2000
2 Office Held		2131/2020
Assistant Director of	f Grant Administration	
Name of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Government	Code
Department of State I	Health Services	
Department of beater i	icaren bervices	
Description of the nature and exte	ent of each employment or other business relationshi	p and each family relationship
with vendor named in item 3.		
Emergency Preparednes	ss and Response	
imergency rreparedness	and Response	
5 List gifts accepted by the local g	overnment officer and any family member, if aggreg	ate value of the gifts accepted
from vendor named in item 3 exc	eeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted 03/20/20	Description of Gift 500 hand sanitizers	- 2 oz. clip
Date Gift Accepted	Description of Gift	
Bostonia Americani	2.5.00.002	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
6	(diddir dddionar forms do necessary)	
6 AFFIDAVIT	I swear under penalty of perjury that the above statement i	is true and correct. Lacknowledge
" GERLAEL	that the disclosure applies to each family member (as defi	
ARY AU . Cy	Government Code) of this local government officer. I also	THE TALL TO THE SET FOR THE TO THE THE STATE OF THE SET
	covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.
2	(1)	1
O OF IET	JANIM VC	M
02 10 2020	Signature of Local	Government Officer
1111111111	1	
AFFIX NOTARY STAMP / SEAL ABO	OVE	1-41
Sworn to and subscribed before me, by t	he said Julia Lash	, this the day
of April 10, 20 20, to	certify which, witness my hand and seal of office.	
Doch La	u Perla Lara	Notar
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) April 2020

FORM CIS

(motional for completing and minig the formation provided on the next page.)	
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	Secretary's Office Received 4/2/2
Chief Victor Rodriguez	The same and the s
2 Office Held	
for McAllen Police Department	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Mr. Eduardo "Eddie" Cantu Hidalgo County Commissioner, Precinct 2	Code
Description of the nature and extent of each employment or other business relationship Hidalgo County Commissioners Court 100 E. Cano, Second Floor Edinburg, TX 78539	p and each family relationship
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted 04/03/2020 Description of Gift (5) Boxes of Crispy Crème Doug	hnuts
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(Attach additional forms as necessary.) {Given to police employees	.)
6 AFFIDAVIT I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Bovernment Code) of this local government officer. I als	efined by Section 176.001(2), Local
MARIA M GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024	
AFFIX NOTARY STAMP / SEAL ABOVE	I Government Officer
Sworn to and subscribed before me, by the said	, this theday
of April , 2020, to certify which, witness my hand and seal of office.	
Maria M. Guzman Notary	
The state of the s	Public / Administrative Assistant

FORM CIS

This questionnaire reflects changes made	to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ocal governmental entity that the following local of facts that require the officer to file this statement Government Code.	Date Received
Name of Local Government Officer		4/21/2020
Chief Victor Rodriguez		
2 Office Held		
for McAllen Police Departme	ent	
Name of vendor described by Section	ons 176.001(7) and 176.003(a), Local Government (Code
Dr. Yudu Li		
Description of the nature and extent	of each employment or other business relationship	and each family relationship
University of Texas Rio Grande Criminal Justice Department	Valley	
	ernment officer and any family member, if aggregates \$100 during the 12-month period described by	
Date Gift Accepted 04/17/2020	Description of Gift (500) Face Masks	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift [Given to police officers.]	
(Attach additional forms as necessary.)		
MARIA M GUZMA Notary Public STATE OF TEXA Notary ID# 385152 My Comm. Exp. 01-10	2-1 -2024	fined by Section 176.001(2), Local acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVI	<u> </u>	
Sworn to and subscribed before me, by the		, this theday
of April , 2020 , to certify wh	nich, witness my hand and seal of office.	
Maria M. Jayman Signature of officer administering oath		Public / Administrative Assistant Title of officer administering path
Signature of output daminional goden		

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) May 2020

FORM CIS

0014- =-0.0		
(Instructions for completing and filing	g this form are provided on the next page.)	
This questionnaire reflects changes m	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	te local governmental entity that the following local are of facts that require the officer to file this statement cal Government Code.	Date Received
1 Name of Local Government Offic	er	May 11, 2020
Carina Jimenez, Administrato	or of Marketing & Special Events	
2 Office Held		
McAllen Parks & Recreation	1	
Name of vendor described by Se	ections 176.001(7) and 176.003(a), Local Government	Code
O'Reilly's		
Description of the nature and external with vendor named in item 3.	ent of each employment or other business relationship	p and each family relationship
Las Palmas CC Classic Car	r show - prizes for the winners	
	overnment officer and any family member, if aggregated as \$100 during the 12-month period described by	
Date Gift Accepted 5/1/20	Description of Gift (2) \$30 and (6) \$20 gift card	ds
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the	he sald Chrina Timenez	8th this the day
of IVIAY , 20 20 , to May Un Da Signature of officer administrating cath		USOr of Alcounding.

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.	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	May 11, 7,020
Carina Jimenez, Administrator of Marketing & Special Events	May 11, 2020
2 Office Held	
McAllen Parks & Recreation	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Whataburger	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Las Palmas CC Classic Car show - prizes for the winners	
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	
Date Gift Accepted 5/1/20 Description of Gift Whataburger for a year prize	e basket
Date Gift Accepted Description of Gift	· · ·
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a Expires 04/17/2023 1.D.# 12429211-2 Signature of Local Code	ned by Section 176.001(2), Local acknowledge that this statement)(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	·
Sworn to and subscribed before me, by the sald <u>Carina Timenez</u> of May , 20 20 , to certify which, witness my hand and seal of office.	8th day
Mary ann Juare Si	uper Visor of Alcount
• • •	

FORM CIS

This questionnaire reflects changes made to	o the law by H.B. 23,	84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate loogovernment officer has become aware of in accordance with Chapter 176, Local Go	f facts that require the	e officer to file this statement - I	Date Received Secretary's Of
Name of Local Government Officer			y Secretary's Of Received 5/28/20
Chief Victor Rodriguez			Date
Office Held			
for McAllen Police Departmen	at		
Name of vendor described by Section	ns 176.001(7) and 17	76.003(a), Local Government (Code
Ms. Maria Sandoval			
Description of the nature and extent of	of each employment	or other business relationship	and each family relationship
Citizen of Pharr, TX			
List gifts accepted by the local gove from vendor named in item 3 exceed	rnment officer and a is \$100 during the 1	any family member, if aggreg 2-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted 05/27/2020	Description of Gift (2,000) Face Masks	
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift _	{Given to police employees	1
(Attach additional forms as necessary.)		(Given to bouce employees	"
AFFIDAVIT	that the disclosure ap	of perjury that the above statement oplies to each family member (as defined this local government efficer. I also	is true and correct. I acknowledge efined by Section 176.001(2), Local so acknowledge that this statement
MARIA M GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024	covers the 12-month p	period described by Section 76.003	(a)(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	Ē		
Sworn to and subscribed before me, by the	said Victor Rodr	iguez	, this the 27th day
of May , 2020, to certify wh	nich, witness my hand an	d seal of office.	
manam. Buzman	Maria M. Guzn		Public / Administrative Assistant
Signature of officer administering oath	Printed name o	f officer administering oath	Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) June 2020

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.

OFFICE USE ONLY Date Received

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

Yvette M. Balderas

City Secretary's Office
Received

Office Held

Director of Grant Administration

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

McAllen Independent School District

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

Subrecipient

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 05/26/20 Description of Gift Graduation tickets (No Value)

Date Gift Accepted ______ Description of Gift _____

Date Gift Accepted ______ Description of Gift

(attach additional forms as necessary)

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said_

Tuette M. Balderas, this the 26th

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

Printed name of officer administering oath

Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to	o the law by H.B. 23, 84th Leg., Regular Sess	ion. OFFICE USE ONLY
	cal governmental entity that the following facts that require the officer to file this state overnment Code.	
Name of Local Government Officer		Readord
		De 10/25/2020 ,
Chief Victor Rodriguez	•	
2 Office Held		
for McAllen Police Departme	nt	
Name of vendor described by Section	ns 176.001(7) and 176.003(a), Local Gover	nment Code
Ms. Martha Garza		
Description of the nature and extent o	f each employment or other business relat	tionship and each family relationship
BREADSMITH		
4105 N. 10 th , McAllen, TX		
	rnment officer and any family member, if a s \$100 during the 12-month period descri	
Date Gift Accepted 06/16/2020	Description of Gift (10) Loaves of Bread	· · · · · · · · · · · · · · · · · · ·
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	oloyees.)
(Attach additional forms as necessary.)	{Given to police emp	oloyees.)
6 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·	and the state of t
<u>=</u>	I swear under penalty of perjury that the above stathat the disclosure applies to each family members	· · · · · · · · · · · · · · · · · · ·
- Company of the Comp	envernment Code) of this local government office	
MARIA M GUZMAN Notary Public	colers the 12-month period described by Section	176.003(a)(2)(B), Local Government Code.
* STATE OF TEXAS Notary ID# 385152-1		
My Comm. Exp. 01-10-202		~
	Signature	of Local Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the sa	victor Rodriguez	, this the 16th day
Type	th, witness my hand and seal of office.	
ma a h	• .	•
Signature of officer administering oath	Maria M. Guzman Printed name of officer administering oath	Notary Public / Administrative Assistant Title of officer administering oath
Signature of pincer authinistering path	Ennied name of onicer administering oath	rice or onicer authinistering catri

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) July 2020

FORM CIS

	this form are provided on the next page.)	
This questionnaire reflects changes ma	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received Ecretary's Officery
Name of Local Government Offic	er	Reveloped
Yvette Barrera		Secretary's Officered 7/16/2020
Office Held		1
City Engineer		
Name of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Governmen	t Code
SpawGlass		
Description of the nature and externity with vendor named in item 3.	ent of each employment or other business relationsh	nip and each family relationship
Contractors		
	overnment officer and any family member, if aggre eeds \$100 during the 12-month period described b	
Date Gift Accepted _7/2/2020	Description of Gift 4th of July Goodie Bucket -	
	Description of Gift 4th of July Goodie Bucket - Description of Gift	
Date Gift Accepted		
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	is true and correct. I acknowledge fined by Section 176.001(2), Local caknowledge that this statement
Date Gift Accepted Date Gift Accepted AFFIDAVIT VERONICA SANCHEZ Notary Public	Description of Gift	is true and correct. I acknowledge fined by Section 176.001(2), Local to acknowledge that this statement (a)(2)(B), Local Government Code.
Date Gift Accepted Date Gift Accepted AFFIDAVIT VERONICA SANCHEZ	Description of Gift	is true and correct. I acknowledge fined by Section 176.001(2), Local caknowledge that this statement
Date Gift Accepted Date Gift Accepted VERONICA SANCHEZ Notary Public STATE OF TEXAS Notary ID# 781744-6	Description of Gift	is true and correct. I acknowledge fined by Section 176.001(2), Local to acknowledge that this statement (a)(2)(B), Local Government Code.
Date Gift Accepted Date Gift Accepted VERONICA SANCHEZ Notary Public STATE OF TEXAS Notary ID# 781744-6 My Comm. Exp. 07-15-202	Description of Gift	is true and correct. I acknowledge fined by Section 176.001(2), Local to acknowledge that this statement (a)(2)(B), Local Government Code.
Date Gift Accepted Date Gift Accepted VERONICA SANCHEZ Notary Public STATE OF TEXAS Notary ID# 781744-6 My Comm. Exp. 07-15-202	Description of Gift	is true and correct. I acknowledge fined by Section 176.001(2), Local to acknowledge that this statement (a)(2)(B), Local Government Code.

, c.

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 g government officer has become aware of facts in accordance with Chapter 176, Local Govern	s that require the officer to file this statement	Date Heceived
Name of Local Government Officer	. Ex	ty and country to have
Yvette Barrera		Date 1/30/20
2 Office Held		Date
City Engineer		0
Name of vendor described by Sections 1	76.001(7) and 176.003(a), Local Governmen	nt Code
Priscilla Mireles		
Description of the nature and extent of ear with vendor named in item 3.	ch employment or other business relations	hip and each family relationship
Resident of Meadow Ridge		
List gifts accepted by the local governme from vendor named in item 3 exceeds \$1	ent officer and any family member, if aggr 00 during the 12-month period described i	egate value of the gifts accepted by Section 176.003(a)(2)(B).
Date Gift Accepted 7/30/2020 Descri	iption of Gift Starbucks gift cards \$25 & \$10-0	distributed with staff
Date Gift Accepted Descr	iption of Gift	
Date Gift Accepted Descr	iption of Gift	
(at	tach additional forms as necessary)	
that Gov	vear under penalty of perjury that the above statement the disclosure applies to each family member (as overnment Code) of this local government officer. I a vers the 12-month period described by Section 176.00	defined by Section 176.001(2), Local also acknowledge that this statement
VERONICA SANCHEZ Notary Public STATE OF TEXAS Notary ID# 781744-6 My Comm. Exp. 07-15-2021	Signature of Loc	cal Government Officer
Carrier Sanch	Yvette Barrera which, witness my hand and seal of office. Veronica Sanchez	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) September 2020

FORM CIS

-			
1	This questionnaire reflects changes ma	nde to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
(e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
1	Name of Local Government Office	er .	C / 1.6
	Marcello Langoni, Center Ma	nager Ci.	y Secretary's C Received Date 9-2-2020
2	Office Held		Date 9-2-2020
	McAllen Parks & Recreation	- Palmview Community Center	
3	Name of vendor described by Sec	ctions 176.001(7) and 176.003(a), Local Government	Code
	Kendra Scott		
4	Description of the nature and exte with vendor named in Item 3.	nt of each employment or other business relationshi	p and each family relationship
	Quarantine Queen - prizes fe	or the winners	
5	List gifts accepted by the local go from vendor named in item 3 exce	overnment officer and any family member, if aggreg eeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
	Date Gift Accepted 8/17/20	Description of Gift (4) Leanor Gold Pendants,	\$70 each
	Date Gift Accepted	Description of Gift	
	Date Gift Accepted	Description of Gift	
		(attach additional forms as necessary)	
6	MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 1.D.# 12429211-2	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	ned by Section 176.001(2), Local acknowledge that this statement ()(2)(B), Local Government Code.
		Signature of Local G	Government Officer
	AFFIX NOTARY STAMP / SEAL ABO	VE	
	Sworn to and subscribed before me, by the	e said HACCENO LANGONIO.	, this the
	Signature of diffeer administering of	Printed name of officer administering oath Ti	Icouring Supervisor tle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	9/29/2020
Archie Morales	10~
2 Office Held	
Assistant IT Director	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government (Code
Turn-Key Mobile, Inc.	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Vendor was one of the sponsors during the TAGITM Virtual Conference.	
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	
Date Gift Accepted 09/29/20 Description of Gift \$25 Amazon Gift Card	
Date Gift Accepted Description of Gift Baseball Cap (est. value \$15)	
Date Gift Accepted Description of Gift	· · · · · · · · · · · · · · · · · · ·
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined by Section 176.003(as covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period described by Section 176.003(as signature of Local covers the 12-month period de	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said Archie Movides ofSeptember_, 2020, to certify which, witness my hand and seal of office.	, this the29 th day
Diana M. Silva Diana M. Silva	hotory
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) October 2020

FORM CIS

	The state of the s
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	Oct. 30, 2020
JAMES Schultz	000. 5. (1)
Office Held	
FIRE CHIEF	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
VERONICA ONTIVEROS - MED CARE EMS	
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 3. CURRENT UENDUR FOR CITY 911 EMS SE	46013ch
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	pate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted 10-30-20 Description of Gift GIFT BASKET	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIX NOTARY STAMP / TEAL ABOVE	fined by Section 176.001(2), Local o acknowledge that this statement
Sworn to and subscribed before me, by the said	uns ure uay
Deili & Lan Perla E. Lark	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	Oct. 30-2020
JAMES Schultz	
Office Held	
FIRE CHIEF	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
KENNY PONCE- HIDALGO COUNTY EMS	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	
VENDOR HAS BID ON CITY EMS CONTRAC	T IN PAST
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	pate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted 10.30-20 Description of Gift EDIBLE FRUIT	3ASKET
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	to the same of the
(attach additional forms as necessary)	
The manufacture of the second	ined by Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by the said <u>James Shult z</u>	, this the <u>30</u> day
of Octobe , 20 20 , to certify which, witness my hand and seal of office.	
Dorl E. Lara Perla E. Lara	Notary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) November 2020

(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	on. OFFICE USE ONLY	
This is the notice to the appropriate local governmental entity that the following logovernment officer has become aware of facts that require the officer to file this statem in accordance with Chapter 176, Local Government Code.	nent Date Received	
Name of Local Government Officer	city Secretary's Office	
Captain Hector Bennett	ity Secretary's Office Received	
2 Office Held		
Assistant Fire Marshal		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Govern	nment Code	
Home Depot		
Description of the nature and extent of each employment or other business relativith vendor named in item 3. NONE	onship and each family relationship	
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 described. Date Gift Accepted Description of Gift 10 Texas Flags and Hamber in the period described and the period description of Gift	ardware for 7 fire stations	
Date Gift Accepted Description of Gift		
(attach additional forms as necessary)		
1 swear under penalty of perjury that the above state that the disclosure applies to each family member Government Code) of this local government officer covers the 12-month period described by Section 1. Notary ID #11644447 My Commission Expires October 11, 2021	(as defined by Section 176.001(2), Local . I also acknowledge that this statement	
Sworn to and subscribed before me, by the said HUD BULLET of NOVEMBER 2020, to certify which, witness my hand and seal of office. May a multiple of officer administering oath Printed name of officer administering oath	this the 5th day Mutany Title of officer administering oath	

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) December 2020

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	C / / CM.
Yvette M. Balderas	Secretary's Offic Received . 12/1/2020
2 Office Held	12/1/2020
Director of Grant Administration	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Communtiy HOPE Medical Center	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Subrecipient	
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 11/19/20 Description of Gift cheese and fruit pl	atter
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 that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(ID# 12845221-7 My Commission Expires 11-22-2022 Signature of Local	ined by Section 176.001(2), Local o acknowledge that this statement
Sworn to and subscribed before me, by the said	this the day

(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. OFFICE USE ONLY		
This is the notice to the appropriate local governmental government officer has become aware of facts that require in accordance with Chapter 176, Local Government Code.	entity that the following local		
Name of Local Government Officer			
JIM DARLING	12/11/20		
2 Office Held			
MAYOR			
Name of vendor described by Sections 176.001(7) and	176.003(a), Local Government Code		
Gonzalez Castillo Moya, LLP	•		
Description of the nature and extent of each employmer with vendor named in item 3.	nt or other business relationship and each family relationship		
Attorneys at Law			
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 12/09/20 Description of Gift ice cream (shared with staff)			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
(attach additional f	orms as necessary)		
AFFIDAVIT			
that the disclosure app Government Code) of	of perjury that the above statement is true and correct. I acknowledge bles to each family member (as defined by Section 176.001(2), Local this local government officer. I also acknowledge that this statement		
AFFIX NOTARY STAMP / SEAL ABOVE ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 Signature of Local Government Officer			
Sworn to and subscribed before me, by the said <u>IIM DARLIN</u>	this the		
of December 20 20, to certify which, witness my ha			
Deve John ALICIA JOHNS			
Signature of officer administering oath Printed name of o	fficer administering oath Title of officer administering oath		
· · · · · · · · · · · · · · · · · · ·	4		

(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.	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		
JIM DARLING	12/11/20	
2 Office Held		
MÀYOR		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code	
ReSolved Energy Consulting		
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship	
Consultants		
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 box of popcorn 20 bags (shared with staff) 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 that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said IIM DARLING of December, 20 20 to certify which, witness my hand and seal of office. ALICIA JOHNSON EX.	ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.	
	e of officer administering oath	

FORM CIS

(monactions for completing an initial and provided of the next page)	
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	1 .
	12/11/2020
JIM DARLING	
2 Office Held	
MÁYOR	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	ode
Goode Company Hall of Fame	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
vendor	
List gifts accepted by the local government officer and any family member, if aggregat	
from vendor named in item 3 exceeds \$100 during the 12-month period described by So	.ection 176.003(a)(2)(b).
Date Gift Accepted 11/30/20 Description of Gift pecan pie	
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 to that the disclosure applies to each family member (as defined	- 1
Government Code) of this local government officer. I also ac	cknowledge that this statement
covers the 12-month period described by Section 1Z6.003(a)(2	2)(B), Local Góvernment Code.
ALICIA J. JOHNSON Notary Public Om E Wor	$\ell \swarrow$
STATE OF TEXAS Notary ID# 12941430-1 Signature of Local Go	vernment Officer
My Comm. Exp. 05-06-2021	
MAPRIX NOTARY STAMP / SEAL ABOVE	4 1 M
Sworn to and subscribed before me, by the said <u>JIM DARLING</u>	this the the day
of	
ALICIA JOHNSON EX. A	ASSISTANT
Signature of officer administering oath Printed name of officer administering oath Title	e of officer administering oath

(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.	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 — ity =	secretary's Uffic
Kevin D. Pagan	Ecretary's Office Revelved 12/14/20
2 Office Held	
City Attorney	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Lloyd Gosselink	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Outside Counsel	
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 12/14/20 Description of Gift Brazos Bottom Pecan Pie in \	Wooden Box
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 that the disclosure applies to each family member (as def Government Code) of this local government officer. I also severe the 12-month period described by Section 176.003(ALMA VILLARREAL Notary Public STATE OF TEXAS Notary ID# 12474934-4 My Comm. Exp. 11-17-2023 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Kevin D. Pagan of December , 20 20 , to certify which, witness my hand and seal of office.	ined by Section 176.001(2), Local o acknowledge that this statement
Alma Villarreal	Paralegal/Notary Public
1 Comment of the comm	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	of Jus
Jim Darling	11/15/20
2 Office Held	
Mayor	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
TWG Archhitects	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
consultants	
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	
12/14/20 bottle of wine	
Date Gift Accepted 12/14/20 Description of Gift bottle of wine	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	•
AFFIDAVIT I swear under penalty of perjury that the above statement is	s true and correct I acknowledge
that the disclosure applies to each family member (as defin	ned by Section 176.001(2), Local
Government Code) of this local government officer. I also covers the 12-month period-described by Section 176.003(g	
Notary Public STATE OF TEXAS	
Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 My Comm. Exp. 05-06-2021	-) lul
Signature of Local (3overnment Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said <u>Jim Darling</u>	, this the <u>14th</u> day
of December 20 20 to certify which, witness my hand and seal of office.	
Alicia Johnson Ex	x. Assistant
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer — Lty =	becrebary's Office
Victor Seby Haddad	Secretary's Office Record 12/15/20
2 Office Held	
Commissioner	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
TWG Archhitects	-
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship
consultants	
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	
10/14/00	
Date Gift Accepted 12/14/20 Description of Gift pound cake / fruit cake	
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 that the disclosure applies to each family member (as deficient to each family m	ined by Section 176.001(2), Local a acknowledge that this statement
My Comm. Exp. 05-06-2021	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE Victor Seby Haddad	1411
Sworn to and subscribed before me, by the said	, this the <u>14th</u> day
	x. Assistant
Signature of officer administering oath Printed name of officer administering oath	Fitle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	ecretary's Office
JIM DARLING	ecretary's Office
2 Office Held	
MAYOR	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government (Code
THE RHODES FAMILY	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
DEVELOPERS	
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).
Date Gift Accepted 12/16/20 Description of Gift COFFEE CAKE	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also govern the 12-month period described by Section 176.003(a)	ned by Section 176.001(2), Local acknowledge that this statement
ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 Signature of Local G	4
Sworn to and subscribed before me, by the said	, this the <u>16TH</u> day
of $\underline{DECEMBER}$, 20 $\underline{20}$, to certify which, witness my hand and seal of office.	*
Dhu ALICIA JOHNSON EX	X. ASSISTANT
Signature of officer administering oath Printed name of officer administering oath Ti	itle of officer administering oath

(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.	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 = Secretary's Office Received
Name of Local Government Officer	Reactived
JIM DARLING	L 12/17/23
2 Office Held	
MAYOR	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government (Code
UTRGV.GOVERNMENT VERONICA GONZALEZ & STAFF	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
UNIVERSITY	
List gifts accepted by the local government officer and any family member, if aggrega from vendor named in item 3 exceeds \$100 during the 12-month period described by \$	
Date Gift Accepted 12/16/20 Description of Gift FRUIT 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 that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) ALICIA J. JOHNSON Notary Public STATE OF TEXAS Notary ID# 12941430-1 My Comm. Exp. 05-06-2021 AFFIX NOTARY STAMP / SEAL ABOVE	ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
Sworn to and subscribed before me, by the said <u>IIM DARLING</u>	_, this the <u>16TH</u> day
of DECEMBER, 20 20, to certify which, witness my hand and seal of office.	
ALICIA JOHNSON EX	K. ASSISTANT
Signature of officer administering oath Printed name of officer administering oath Tit	le of officer administering oath

(Instructions for completing and filing this form are provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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	12/18/230
Kevin D.Pagan	2/18/2300 han
2 Office Held	5 11/1
City Attorney	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code
Twenhafel Law, PLLC	
Description of the nature and extent of employment or other business relationship w	rith person named in item 3
Outside Counsel	
List gifts accepted by the local government officer and any family member, exclude 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 experiod described by Section 176.003(a)(2)(B)	ceed \$250 during the 12-month
Date Gift Accepted 12/17/20 Description of Gift Capadona Ranch Chilli Piquin M	Mesquite Bean Jelly
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 that the disclosure applies to a family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003 ALMA VILLARREAL Notary Public STATE OF TEXAS Notary ID# 12474934-4 My Comm. Exp. 11-17-2023 AFFIX NOTARY STAMP / SEAL ABOVE	ned by Section 176.001(2), Local o acknowledge that this statement
Sworn to and subscribed before me, by the saidKevin D. Pagan	, this the17th day
of December , 20 20 , to certify which, witness my hand and seal of office.	
Ma Villarreal Single of affine addition and the second of a second of	Notary Public
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

L	(Instructions for completing and filing this form are provided on the next page.)	
1	his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
g	his is the notice to the appropriate local governmental entity that the following local overnment officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code.	Date Received
冝	Name of Local Government Officer	Received
	Jim Darling .	constant suffi Record
2	Office Held	
	Mayor	
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
	Schneider Electric	
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
	Consultans	
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 12/18/20 Description of Gift cookies in a tin	
	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	s true and correct. I acknowledge
	that the disclosure applies to each family member (as define	
	ALICIA J. JOHNSON Notary Public ALICIA J. JOHNSON Covers the 12-month period described by Section 176.003(a	
	Notary Public STATE OF TEXAS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Notary ID# 12941430-1)as K
	My Cornm. Exp. 05-06-2021 Signature of Local C	Government Officer
	AFFIX NOTARY STAMP / SEAL ABOVE	
	Sworn to and subscribed before me, by the said	, this the <u>18th</u> day
	of <u>December</u> , 20 20 , to certify which, witness my hand and seal of office.	
	Doule Ohr Alicia Johnson Ex	. Administrator
	Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath

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. 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 Cesar Noe Rodvique7 Assistant Director Health & Coole Enforcement Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Habitut Developers, LLC. - Investor Magine Tomonous Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Investor with Project Imagine Tomonow - Rehab Condemnes. 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 12/21/2020 Description of Gift 8-Starbuchs Gift Cups - \$80-6 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. AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Cesar Noe Rodriguez, this the ZI 2000, 20 10 , 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

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.

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

Office Held

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

Description of the nature and extent of each employment or other business relationship and each family 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 12/23/19 Description of Gift Busket



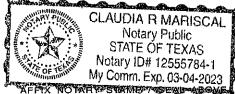
Date Gift Accepted Description of Gift

Date Gift Accepted ______ Description of Gift _

(attach additional forms as necessary)

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 Office

Sworn to and subscribed before me, by the said

to certify which withess my hand and seal-

AUDIA TO MAKISCAL

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(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. 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 Ecretary's Officer
1 Name of Local Government Officer Received
in accordance with Chapter 176, Local Government Code. 1 Name of Local Government Officer Cassica Cuazo 1 Name of Local Government Officer Received 1 Name of Local Government Officer Received
2 Office Held Adminostatui Superiusion
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
Canti Constiction
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
Cantu Canstrotion Cumpany
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)
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. CLAUDIA R MARISCAL Notary Public STATE OF TEXAS Notary ID# 12555784-1 My Comm. Exp. 03-04-2023 AFFIX NOTARY STAMP / SEAL ABOVE Sworp to and subscribed before me, by the said of DUMBL, 20, 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

(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.	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 Lessica Caragos 2 Office Held Adminisharia Supervision	Secretary's Office Received 12/22/20
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Melden and Hunt	·
Description of the nature and extent of each employment or other business relationshis with vendor named in item 3. Language Canpany	p and each family relationship
List gifts accepted by the local government officer and any family member, if aggregation vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/33/19 Description of Gift Tray of Cooperation of Gift Tray of Coop	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.0036 CLAUDIA R MARISCAL Notary Public STATE OF TEXAS Notary ID# 12555784-1 My Comm. Exp. 03-04-2023 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said of Document, 20 19, to certify which, witness my hand and sea of office.	fined by Section 176.001(2), Local o acknowledge that this statement
	AdminiStrative Later Title of officer administering oath
Signature of officer administering oath Printed name of officer administering oath	ride of officer administering oath

(Instructions for completing and filling this form are provided on the next page.)	
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 JUSSICA CUUCIFUS 2	Secretary's Office Received
Administrative Superiusir	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3. Autumy Punkny	and each family relationship
Date Gift Accepted Description of Gift	ens 4-Candies
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a Notary Public STATE OF TEXAS Notary ID# 12555784-1 My Comm. Exp. 03-04-2023 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	ned by Section 176.001(2), Local acknowledge that this statement (2)(2)(B), Local Government Code.
of Marines, 20 st., to certify whick witness my hand and set of office. Caudia R Marines Claudia R Marines Marines Claudia R Marines Clau	NOTARY Public itle of officer administering oath

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.

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

Office Held

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

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

time applying her

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 7-6-20 Description of Gift 0

-face mask

Date Gift Accepted _____ Description of Gift _

Date Gift Accepted ______ Description of Gift _

(attach additional forms as necessary)

6 **AFFIDAVIT**

> CLAUDIA R MARISCAL Notary Public STATE OF TEXAS Notary ID# 12555784-1

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

My Comm. Exp. 03-04-2023

, 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

FORM CIS

and the second s	· ·
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	Pecretary's Office
Rodrigo Janchez Da	Secretary's Office Received . 12/22/20
2 Office Held	
Senior Planner	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Casa del Taco	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Casa del Taco	
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 3/10/20 Description of Gift Paid lunch	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	· .
(attach additional forms as necessary)	
AFFIDAVIT i swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def	ined by Section 176.001(2), Local
CLAUDIA R MARISCAL Government Code) of this local government officer. I also vote the 12-month period described by Section 176.003(
STATE OF TEXAS	
Notary ID# 12555784-1 My Comm. Exp. 03-04-2023 Rodrigs Sa	nchy
Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said March Rouge South	this the 12th day
of March, 20 20, to certify which, witness my hand and seal of office.	/
Quida & marincel CLAUDIA R MARISCAL	
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

(instructions for completing and iming this form are provided on the flext page.)	
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 Sose Humberto de la Sargity 2 Office Held The solution of Local Government Officer The solution of Local Government Officer Date of Local Government Officer The solution of Local Government Officer Date of Local Government Officer The solution of Local Government Officer The soluti	Ecretary's Office Received 12/22/20
2 Office Held Date Planner III	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Sandra Prado	t Code
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. La Cuntu Used Auto Part 4	
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 3-16-20 Description of Gift Tumbles Date Gift Accepted Description of Gift Tumbles	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. Lals covers the 12-month period described by Section 176,008 Notary Public STATE OF TEXAS Notary ID# 13133069-2 My Comm. Exp. 10-26-2021	fined by Section 176.001(2), Local of acknowledge that this statement
Sworn to and subscribed before me, by the said	, this the/ day
of Mariess my hand and seal of office. Nikki May is Cavazos Signature of officer administering oath Printed name of officer administering oath	Sccrefary Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	ecretary's Office
Corner White 201	Ecretary's Office Received 12/27/23
Office Held Secretory_	
Name of vendor described by Sections 176.00(7) and 176.003(a), Local Government	Code
The Butterfly (Sylvia Herojon)	
Description of the nature and extend of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
The Butterd our	
List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted / Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift	
Date Gilt Accepted Description of Gilt	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	·
I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003 Notary ID# 12555784-1 My Comm. Exp. 03-04-2023 Signature of Local	fined by Section 176.001(2), Local o acknowledge that this statement (a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said	, this the 18% day
of Olcember, 20 20, to certify which, witness my hand and seal of office.	
Claudie R. Mariscal Claudia R. Mariscal +	taminiotrative Secretary
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

	the state of the s	
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	1/21/h=	
Planning Department 2 Office Held	1/29/20 1/ 0	
Friday Review Meeting - Staff		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code	
Michael Tamers		
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship	
Mad House Development Gr	mo.	
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 1/24/20 Description of Gift BOX of Kolaches Date Gift Accepted 1/24/20 Description of Gift BOX of Donuts		
Date Gift Accepted 7/24/20 Description of Gift 60% of Dom	uts	
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 def		
CLAUDIA R MARISCAL povers the 12-month period described by Section 176.003		
STATE OF TEXAS Notary ID# 12555784-1		
My Comm. Exp. 03-04-2023		
Signature of Local	Government Officer	
AFFIX NOTARY STAMP / SEAL ABOVE	-	
Sworn to and subscribed before me, by the said	, this the day	
of July, 20 20, to certify which, witness my hand and seal of office.	*	
Claudia P Mariscal Signature of officer administering oath Printed name of officer administering oath	NOTURY Title of officer administering oath	
Committee of Commi		

(Instructions for completing and filing this form are provided on the next pag	e.)
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Re	gular 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 file in accordance with Chapter 176, Local Government Code.	this statement Date Received
Name of Local Government Officer	Received 3
Yvette Barrera	City Secretary's Of Received Date 12/20/2020
2 Office Held	
City Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Lo	cal Government Code
Schneider Electric	
Description of the nature and extent of each employment or other busi with vendor named in item 3.	ness relationship and each family relationship
1 box of Christmas cookies and a Holiday Card	
List gifts accepted by the local government officer and any family me from vendor named in item 3 exceeds \$100 during the 12-month periods.	
Date Gift Accepted 12-18-20 Description of Gift 1 box of Chris	tmas cookies and a Holiday Card
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as neces	sary)
AFFIDAVIT I swear under penalty of perjury that the	above statement is true and correct. I acknowledge
that the disclosure applies to each fam	lly member (as defined by Saction 176.001(2), Local ment officer. I also acknowledge that this statement
	y Section 176.003(a)(2)(B), Local Government Code.
VERONICA SANCHEZ Notary Public	R
STATE OF TEXAS	Signature of Local Government Officer
My Comm. Exp. 07-15-2021	ogialaro er esca escarillicia estado
AFFIX NOTARY STAMP / SEAL ABOVE VO HE BO	-10
Sworn to and subscribed before me, by the said/ VEVIC DO of December, 20, to certify which, witness my hand and seal of control of the said	VVeva 18th
	VVCVC , this the 18th day
Signature of officer administering oath Printed name of officer administering	mhez Adm. Supervisur

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) JANUARY 2021

(Instructions for completing an	d 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. 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. 1 Name of Local Government Officer Bilkis Olazaran		
1 Name of Local Government	Officer	Received
• .	•	1/1/2021
Bilkis Olazaran		Date [16 20 21
2 Office Held		
Development Engineer		
3 Name of vendor described	by Sections 176.001(7) and 176.003(a), Local Governme	ent Code
Antun Domit		
Description of the nature an with vendor named in item	d extent of each employment or other business relation 3.	ship and each family relationehip
Developer		
	ocal government officer and any family member, if agg 3 exceeds \$100 during the 12-month period described	
		rent pastries. (Distributed to
	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 stateme that the disclosure applies to each family member (as Government Code) of this local government officer. I a covers the 12-month period described by Section 176.0	defined by Section 176.001(2), Local also acknowledge that this statement
VERONICA SA Notary Put STATE OF TE Notary ID# 78 My Comm. Exp. 0	Dlic Signature of Loc Signature of Loc (7-15-2021)	cal Government Officer
Swom to and subscribed before most SWAW 20	Billia () Ozaran	, this theday
Signature of officer administering	enchez Veranica Banchez	Motane Julieu Title of officer administering oath
		<u> </u>

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS) FEBRUARY 2021

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. 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 Lt. TAULO HERRERA, JR. Office Held FIRE PRIVENTION / Public Education Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code JAC'S FIVE ProtochON, LLC Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. with vendor / Local Vendor Clearing out his shop - No Kelptionship with vendor / Local Vendor Clearing out his shop - Extinguishers to be used first training full purposes only 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 2-17-21 Description of Gift USED / WERVICEASE Fix Extinguishers Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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. MARIA IMELDA CANTU Notary ID #11644447 My Commission Expires October 11, 2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE n-to/and subscribed before me, by the said $\underline{\mathcal{T}}$, to certify which,

FORM CIS

(Instructions for completing and filling this form are provided on the next page.) 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 Kristyna M Mancias, Center Manager Office Held McAllen Parks & Recreation - Las Palmas Community Center Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code United Healthcare Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Senior programs - Valentine's Day event 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 2/12/21 Description of Gift 27 Dz. cupcakes (\$188.00) ____ Description of Gift Valentine's Day backdrop (\$18.99) Date Gift Accepted _____ Description of Gift (attach additional forms as necessary) **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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 Signature of Local Government Officer I.D.# 12429211-2 AFFIX NOTARY STAMP / SEAL ABOVE Kristyna Mancias, this the 22 Sworn to and subscribed before me, by the said , to certify which, witness my hand and seal of office.

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. 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 Kristyna M Mancias, Center Manager Office Held McAllen Parks & Recreation - Las Palmas Community Center Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Amistad Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Senior programs - arts & craft and special event 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 2/11/21 Description of Gift party favors, flower arrangements, center pieces, Date Gift Accepted _____ Description of Gift floral products, ribbons, etc. (\$2,300.00) Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 Kantin Manau

Signature of Local Government Officer LD.# 12429211-2 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Kristyna Mankias, this the 22 tebruary, 20 2, to certify which, witness my hand and seal of office.

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. **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 Kristyna M Mancias, Center Manager Office Held McAllen Parks & Recreation - Las Palmas Community Center Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Area Agency Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Senior programs 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 ___ Mask (\$1,036.80) Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 1.D.# 12429211-2 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said , to certify which, witness my hand and seal of office. Printed name of officer administering oath

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. 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 2/24/21 Yvette Barrera Office Held City Engineer Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Jacinto Garza Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. L&G Engineering 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 2/8/2021 Description of Gift A box of grapefruit and avocados (distributed to staff) 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 GABRIELA CANTU overs the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE and subscribed before me, by the said , to certify which, witness my hand and seal of office. Printed name of officer administering oath nature of officer administering oath Title of officer administeri

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

May 2021

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 City	, Secretary's Of
Yvette Barrera	Secretary's Off
2 Office Held	Date _ 10 /01
City Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Madhouse Developers	
Description of the nature and extent of each employment or other bueiness relationship with vendor named in Item 3.	and each family relationship
Developer	
List gifts accepted by the local government officer and any family member, if aggregation wender named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift De Alba Bakery- Sweet Bread I	
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 that the disclosure applies to each family member (as define Government Code) of this local government officer. I also povers the 12-month period described by Section 176.003(at Notary Public STATE OF TEXAS Notary ID# 781744-6 My Comm. Exp. 07-15-2021 I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also povers the 12-month period described by Section 176.003(at Notary ID# 781744-6 My Comm. Exp. 07-15-2021	ned by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
Sworn to and subscribed before me, by the said of April , 20 24, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath	, this the

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	Losi
Jason Shelton	
Office Held	Date many 2012
Systems Manager	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Arctic Wolf	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Vendor	
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 5 20 21 Description of Gift	ottle
(attach additional forms as necessary)	
Gindy Gonzalez Notary ID# 13086724-9 My Comm. Exp. 10-18-2024 Notary ID# Signature of Local	ined by Section 176.001(2), Local
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said 525cm Shellon	, this the day
of Mc, 20 ZI, to certify which, witness my hand and seal of office.	,
Signature of Officer administering oath Printed name of officer administering dath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY	
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received	
Name of Local Government Officer	5%	
Jaken Shelton	6.050	
Office Held	War way	
Systems Manager	5-20-2	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code	
Free IT Data Soltions		
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	p and each family relationship	
Vender/Interactor		
5 List gifts accepted by the local government officer and any family member, if aggreg	gate value of the gifts accepted	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).	
Date Gift Accepted <u>J/20/21</u> Description of Gift <u>Lunch</u>		
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 de Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003 Cindy Gonzalez Notary ID# 13086724-9 My Comm. Exp. 10-18-2024 Signature of Local	fined by Section 176.001(2), Local of acknowledge that this statement	
Sworn to and subscribed before me, by the said Sasan She Fun	, this the <u>May</u> day	
of 71, to certify which, witness my hand and seal of office.		
Signature of officer administering oath Printed name dirofficer administering oath	Title of officer administering oath	

FORM CIS

(Induditional for completing the limiting the formation provided by the formation of the fo		
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	Secretary's	
Ricardo Mendoza	Secretary's C Received Date 5/20/21	
Office Held	Date 5/20/21	
Information-Technology Department - Information Security Officer	·	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code	
Arctic Wolf		
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship	
Information Technology - New Vendor Meeting - No relation		
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 5/20/2021 Description of Gift Deck of Cards, Water Bottle,	Can Cooler, Black Cup	
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 that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(13086724-9 10-18-2024 Signature of Local	ined by Section 176.001(2), Local coacknowledge that this statement	
Sworn to and subscribed before me, by the said <u>Ricardo Mendozar</u> of May, 20 71, to certify which, witness my hand and seal of office.	, this the day	
Candy Candy Canzalez	Notary	
	Title of officer administering oath	

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

June 2021

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. **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. City Secretary's Office
Received
Date 711171 Name of Local Government Officer Victor Rodriguez for McAllen Police Department Office Held Chief of Police Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code SYMBOL ARTS Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Marketing Department, Ogden Utah 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 06/2021 Description of Gift (150) Blue Line Flag Lapel Pins Description of Gift Date Gift Accepted____ ___ Description of Gift Date Gift Accepted____ (To be raffled off to Police Officers at Command Staff Roll Call Training.) (Attach additional forms as necessary.) **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 rmment Code) of this local government officer. I also acknowledge that this statement MARIA M GUZMAN_{cov} is the 12-month period described by Section 176.093(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Victor Rodriguez</u> day ____, to certify which, witness my hand and seal of office. Notary Public / Administrative Maria M. Guzmau Printed name of officer administering oath Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	c , , o
Victor Rodriguez for McAllen Police Department	y Secretary's Of checking
Office Held	Date was Indiana
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government 0	Code
McAllen Emergency Room	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Management Staff, 6700 N. 10 th St., McAllen	•
Wanagement Start, 0700 N. 10 St., Weatten	
List gifts accepted by the local government officer and any family member, if aggrega from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted 06/2021 Description of Gift (4) Tote Bags with Small First A Writing Pad), Stress ball	id Kit, Coozie, Notebook pad,
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(To be raffled off to Police Officers at Com (Attach additional forms as necessary.)	nmand Staff Roll Call Training.)
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined as the content of the	ned by Section 176.001(2), Local
MARIA M GUZMANcov rs the 12-month period described by Section 176.003(a Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm, Exp. 01-10-2024	
	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Victor Rodriguez	, this theday
of June , 20 21 , to certify which, witness my hand and seal of office.	
Maria M. Guzman Notary P	ublic / Administrative
Signature of officer administering oath Printed name of officer administering oath	Fitle of officer administering oath

FORM CIS

·	o the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	cal governmental entity that the following local facts that require the officer to file this statement overnment Code.	Date Received
Name of Local Government Officer	,	Pitu Scanstonus
Victor Rodriguez for McAllen Pol	lice Department	City Secretary's Received
2 Office Held		Date mondo de la como
Chief of Police		·
3 Name of vendor described by Section	ns 176.001(7) and 176.003(a), Local Government	Code
ULINE Shipping Supply Specialist	ts	
Description of the nature and extent o with vendor named in item 3.	f each employment or other business relationship	and each family relationship
Vendor Company, Chicago, Illino	ois	
	nment officer and any family member, if aggreg s \$100 during the 12-month period described by	
Date Gift Accepted 06/2021	Description of Gift (2) Weber BBQ Tool Sets, (1) Ch	• • • • • • • • • • • • • • • • • • • •
	<u>Grocery Getter Insulated Bag, (1</u> (4) Backpacks, (2) Mobil Desk O) Synergy Pro Laptop Backpack, rganizers, (1) Bollling Cooler.
	(1) Camping Chair, (1) Utility Wa	-
(Attach additional forms as necessary.)	(To be raffled off to Police Officers at Con	nmand Staff Roll Call Training.)
(Attach additional forms as necessary.)		
6 4		
6 AFFIDAVIT	I swear under penalty of perjury that the above statement	_
	that the disclosure applies to each family member (as de povernment Code) of this local government officer. I also	•
MARIA M GUZMAN Notary Public	overs the 12-month period described by Section 176 003(
STATE OF TEXAS		
Notary ID# 385152-1 My Comm. Exp. 01-10-2024		
***************************************	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the sa	victor Rodriguez	, this the day
of June , 20 21 , to cert	ify which, witness my hand and seal of office.	
Maria M. Burman	Maria M. Guzman Notary	Public / Administrative
Signature of officer administering oath	<u> </u>	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY	
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received	
Name of Local Government Officer		
Yvette Barrera	7-7-2021	
Office Held		
City Engineer		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code	
Carolina Cadengo		
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship	
SpawGlass		
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 6/28/2021 Description of Gift 4th of July gift basket- raffled to star	ff	
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
(attach additional forms as necessary)		
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Yvette Barrera	ned by Section 176.001(2), Local acknowledge that this statement	
of () (M, 2024, to certify which, witness my hand and seal of office. Weronica Sanchez	Notary Public	
	Title of officer administering oath	

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.

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

Yvette Barrera

Office Held

City Engineer

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

Jacinto Garza & L&G Engineering

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

Engineering Firm

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 _____ Texas Peaches Box- Distributed to staff

Date Gift Accepted ______ Description of Gift __

Date Gift Accepted ______ Description of Gift _____

(attach additional forms as necessary)

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.

VERONICA SANCHEZ **Notary Public** STATE OF TEXAS Notary ID# 781744-6 My Comm. Exp. 07-15-2021

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said

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

Signature of officer administering oath

Printed name of officer administering oath

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.	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	Keceived
Bilkis Olazaran	Received July 21, 200
Office Held	
Development Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Raymundo Platas Description of the nature and extent of each employment or other business relationshi	n and each family relationship
with vendor named in item 3.	p and odon family relationship
Developer	
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 7/26/21 Description of Gift Starbucks Drink	
Date Gift Accepted Description of Gift	
	\
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	and the second s
6 AFFIDAVIT	
I swear under penalty of perjury that the above statement	
that the disclosure applies to each family member (as def	acknowledge that this statement
GABRIELA CANTU c vers the 12-month period described by Section 176.003((a)(2)(B), Local Government Code.
STATE OF TEXAS Notary ID# 13133076-3	6
My Comm Fyp 10-26-2021	Government Officer
Oliginature of Eucas	Substitution Composition
AFFIX NOTARY STAMP / SEAL ABOVE	Olo
Sworn to and subscribed before me, by the said	, this the day
of 000, 20, 20, to certify which, witness my hand and seal of office.	las I Dalais
(MWHU MIDNUU LWHU FII)	NUMMUNIC
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

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.	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	ty Secretary's (
	Received
Yvette Barrera	1/20/21
Office Held	Date and superior de formales
	,
Development Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Raymundo Platas Description of the nature and extent of each employment or other business relationshi	n and each family relationship
with vendor named in item 3.	p and each family relationship
Developer	
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 7/26/21 Description of Gift Starbucks Drink	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date Gift Accepted Description of Gift	
Date Gitt 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 def	
GABRIELA CANTU covers the 12-month period described by Section 176,003(a)(2)(B), Local Government Code.
STATE OF TEXAS	-
Notary ID# 13133076-3	
	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	0.
Sworn to and subscribed before me, by the said Well bury	, this the day
o , 20, to certify which, witness my hand and seal of office.	^
acorder Campiola Cantra	John dihlic
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	City Secretary a Recivil 7-30-21
	Date
2 Office Held	
City Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Raymundo Platas (Developer) with The Investment Tour	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Starbucks Drink	
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 7/29/21 Description of Gift (1) Starbucks Drink	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.0036	fined by Section 176.001(2), Local o acknowledge that this statement
Sworn to and subscribed before me, by the said Signature of officer administering oath AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Signature of office me, by the said Signature of Signature of office me, by the said Signature of Signature of Signature of Signature of Signature of	this the 20 day Title of officer administering oath

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. 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 Yvette Barrera Office Held 30-21 City Engineer Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Raymundo Platas (Developer) with The Investment Tour Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Starbucks Drink 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 7/29/21 Description of Gift (1) Starbucks Drink Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift _____ (attach additional forms as necessary) **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 GABRIELA CANTU covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. **Notary Public** STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE and subscribed before me, by the said , to certify v gnature of officer administering oath Printed name of officer administering oath

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. **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 Bilkis Martinez Office Held Develop ment City Engineer Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Raymundo Platas (Developer) with The Investment Tour Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Developer List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from yendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted 8/9/21 Description of Gift (1) Starbucks drink Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted Description of Gift _____ (attach additional forms as necessary) **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 covernment Code) of this local government officer. I also acknowledge that this statement GABRIELA CANTU overs the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm, Exp. 10-26-2021 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE and subscribed before me, by the said nature of officer administering oath ited name of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received Searchary's Office
Name of Local Government Officer	Secretary's Officer Received Note 8/11/21
Bilkis Martinez	Date 8/11/2/
Office Held	
Development Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Raymundo Platas	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
Developer	
List gifts accepted by the local government officer and any family member, if aggree from vendor named in item 3 exceeds \$100 during the 12-month period described by	gate value of the gifts accepted // Section 176.003(a)(2)(B).
Date Gift Accepted 8/10/2021 Description of Gift Architectural Book	·
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
GABRIELA CANTU Notary Public STATE OF TEXAS Notary ID# 13133076-3 My Comm. Exp. 10-26-2021 I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I als covers the 12-month period described by Section 176.003	fined by Section 176.001(2), Local o acknowledge that this statement
Swoln to and substribed before me, by the said Stribed before	, this the day

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.	OFFICE USE ONLY
	al governmental entity that the following local facts that require the officer to file this statement vernment Code.	Date Received
Name of Local Government Officer	C_{ℓ}	hi Secretaria C
Natalie Manzanares		ty Secretary's C Received Dr. 8/11/2021
2 Office Held		D. 10 11 10001
CDBG-CV Program Coordina	ator	
Name of vendor described by Section	s 176.001(7) and 176.003(a), Local Government	Code
Anonymous	· · · · · · · · · · · · · · · · · · ·	
Description of the nature and extent of with vendor named in item 3.	feach employment or other business relationshi	ip and each family relationship
Anonymous Person left g	ift with City of McAllen Emplo	oyee (Sarah Reyes)
	nment officer and any family member, if aggreg s \$100 during the 12-month period described by	
Date Gift Accepted 08/06/21 De	escription of Gift <u>necklace</u> and earrin	ıg set
Date Gift Accepted De	escription of Gift	
Date Gift Accepted De	escription of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(fined by Section 176.001(2), Local o acknowledge that this statement
OFTEN SEAL ABOVE	Signature of Local	Government Officer
Sworn to and subscribed before me, by the sa		, this the day
or	ify which, witness my hand and seal of office.	Notaeu
Signature of officer administering oath	7 = 3 = 1 = 1 = 1	Title of officer administering oath

FORM CIS

(Instructions for completing and filing this fo	orm are provided on the next page.)	
This questionnaire reflects changes made to	the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	al governmental entity that the following local acts that require the officer to file this statement vernment Code.	Date Received
Name of Local Government Officer	Cit	Secretary & Of Received Oct 8-13-2021
	&	Keestved
Mario Cruz	100000000000000000000000000000000000000	Date 8-13-202/
2 Office Held	a de la companya de	
Drainage Engineer		
Name of vendor described by Section	s 176.001(7) and 176.003(a), Local Government	Code
Heffner Design Team		
Description of the nature and extent of with vendor named in item 3.	each employment or other business relationsh	ip and each family relationship
Landscape Architect		
	nment officer and any family member, if aggreg \$100 during the 12-month period described by	
•	cription of Gift25\$ Starbucks gift card	·
Date Gift Accepted De	scription of Gift	
Date Gift Accepted De	scription of Gift	
	(attach additional forms as necessary)	
	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as deflovernment Code) of this local government officer. I alsovers the 12-month period described by Section 176.003.	fined by Section 176.001(2), Local o acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE Sworth to and subscribed before me, by the said of the sa	fy which, witness my hand and seal of office. Printed name of officer administering oath	this the 13th day

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

September 2021

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICEUSEONLY
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	
Victor Rodriguez for McAllen Police Department	y Colores Chi
Office Held	2061902
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government (Code
Ms. Sylvia Sepulveda RSVP Project Director	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Ameri Corps County of Hidalgo, Community Service Agency	
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	
Date Gift Accepted 09/15/21 Description of Gift (1) Gift Basket with snacks	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
	ff to Police Officers)
(Attach additional forms as necessary.)	
6 AFFIDAVIT	
I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as def	
ernment Code) of this local government officer. I also	acknowledge that this statement
MARIA M GUZMAN _{cov} s the 12-month period described by Section 176.0030 Notary Public	(2)(B), Local Government Code.
STATE OF TEXAS Notary ID# 385152-1	
My Comm. Exp. 01-10-2024	·
Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Victor Rodriguez	, this thetay
of September , 20 21 , to certify which, witness my hand and seal of office.	
Maria M. Burna Maria M. Guzman Notary)	Public / Administrative <i>Assistan</i>
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	7m. Secretary a
Bilkis O. Martinez	Thy Secretary's
	9 22 21
Office Held	De the permitted of the second
Engineering	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Raymundo Plata	
Description of the nature and extent of each employment or other business relationship	p and each family relationship
with vendor named in item 3.	
Sweet bread	·
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	jate value of the gifts accepted section 176.003(a)(2)(B).
Sweet Bread	
Date Gift Accepted 09/20/2021 Description of Gift	<u> </u>
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 that the disclosure applies to each family member (as de	
GARRIELA CANTIL Government Code) of this local government officer. I als	o acknowledge that this statement
Notary Public covers the 12-month period described by Section 176.003	(a)(2)(B), Local Government Code.
Notary ID# 13133076-3	
My Comm. Exp. 10-26-2021	I Government Officer
C O - Orginalate of Education	, dovernment smoot
AFFIX NOTARY STAMP / SEAL ABOVE DIVISO MOLLINES	111
Sworn to and subscribed before me, by the said 1011 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, this the UU day
or 201, to certify which, witness my hand and seal of office.	lana alail
MOUNTE GUPTEU CUTTU	AMI CULL
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

(Histractions for completing and thing this form are provided on the next page.)	
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	y Colored
Yvette Barrera	y Sucretary's C
2 Office Held	H
City Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government C	ode
Raymundo Plata	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
Sweet Bread	1.
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 S	te value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift Sweet Bread	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Sworn to and subscribed before me, by the said AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define dovernment Code) of this local government officer. I also a divers the 12-month period described by Section 176.003(a) AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said of Subscribed before me, by the said of Subscribed before me, by the said of Subscribed before me, by the said Subscribed before me, by	ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
Signature of officer administering oath Printed name of officer administering oath Ti	tle of officer administering oath

FORM CIS

(Instructions for completing and filing this form are provided on the next page.) This guestionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. OFFICE USE ONLY This is the notice to the appropriate local governmental entity that the following local Date Received government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. Name of Local Government Officer ason Shelton IT Systems Manager Office Held Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 45E Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Vender 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 9 30 21 Description of Gift Break flut Taxos 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 Cindy Gonzalez covers the 12-month period described by Section 176,003(a)(2)(B), Local Government Code. Notary ID# 13086724-9 of Local G vernment Officer AFFIX NOTARY STAMP / SEAL ABOVE Jason Shelton Sworn to and subscribed before me, by the said ____ ember 20 Cl _, to certify which, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

November 2021

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.	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	
Cecilia Vallejo, Las Palmas Community Center Supervisor	City Secretary Received
2 Office Held	11/9/2
McAllen Parks & Recreation - Las Palmas Community Center	alas VIII-E azizientziajantzia arrapakinin piene
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Peter Piper Pizza	•
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
2021 Pumpkin Carving Event	
List gifts accepted by the local government officer and any family member, if aggregation wender 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 15 pizza vouchers, 100 ice	cream voucher (\$297 2 N
Date Gift Accepted Description of Gift	· .
Date Gift Accepted Description of Gift	·
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a Expires 04/17/2023	ned by Section 176.001(2), Local acknowledge that this statement
1.D.# 12429211-2 V	Daniel of Office
agnature of Local C	covernment Officer
Sworn to and subscribed before me, by the said	this the 29th day
Signature of officer administering cath Printed name of officer administering cath Tild ounting Supervisor tle of officer administering oath	

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, 64th 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 Cecilia Vallejo, Las Palmas Community Center Supervisor Office Held McAllen Parks & Recreation - Las Palmas Community Center Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code HEB . Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. 2021 Pumpkin Carving Event 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 Gift card (\$100.00) Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted Description of Gift (attach additional forms as necessary) **AFFIDAVIT** I swear under penelty 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 MARY ANN JUAREZ covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Cecilia Vallejo Sworn to and subscribed before me, by the said_ _____, to certify which, witness my hand and seal of office.

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	a growing a
Cecilia Vallejo, Las Palmas Community Center Supervisor	Secretary's C Received Date 11-9-24
2 Office Held	Date 11-9-24
McAllen Parks & Recreation - Las Palmas Community Center	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Raising Canes	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	o and each family relationship
2021 Pumpkin Carving Event	
List gifts accepted by the local government officer and any family member, if aggregative 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	<u> </u>
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 that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a) Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local G	ad by Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by the said of	_, this the <u>294</u> day
May Ann June A Signature of officer administering oath Tit	Counting Supervisorile of officer administering oath

FORM CIS

(Instructions for completing and filing	rthis form are provided on the next page.)	
This questionnaire reflects changes ma	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	e local governmental entity that the following local re of facts that require the officer to file this statement al Government Code.	Date Received
Name of Local Government Offic	er - Con	
Cecilia Vallejo, Las Palmas Co	ommunity Center Supervisor — — — — — — — — — — — — — — — — — — —	J Secretary's Of Received Date 11-9-21
Office Held		Date 11-9-21
McAllen Parks & Recreation - L	as Palmas Community Center	
Name of vendor described by Se	ctions 176.001(7) and 176.003(a), Local Government	Gode
Sweet & Tasty Bakery		
with vendor named in Item 3.	nt of each employment or other business relationshi	o and each family relationship
2021 Pumpkin Carving Ever	nt	
List gifts accepted by the local g- from vendor named in item 3 exc	overnment officer and any family member, if aggregated as \$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 150 jumbo cupcakes (\$450	.00) _{(y}
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	· · · · · · · · · · · · · · · · · · ·
	(attach additional forms as necessary)	
MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 1.D.# 12429211-2	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defir Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a	ned by Section 176.001(2), Local acknowledge that this statement ()(2)(B), Local Government Code.
mar and	Cecilia Vallejo	_ this the 29th _ day
Signature of officer administering sath	Printed name of officer administering oath ∏i	itle of officer administering oath

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.	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	c
Cecilia Vallejo, Las Palmas Community Center Supervisor <i>Lity</i>	Secretary's Offi Received
2 Office Held	11-9-21
McAllen Parks & Recreation - Las Palmas Community Center	NASAW egategosaya samangaparanan kang menangan
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Rocky Mountain Chocolate Factory	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	and each family relationship
2021 Pumpkin Carving Event	
5 List gifts accepted by the local government officer and any family member, if aggregation vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift 100 Candy apples and 3 gif	t basket (\$469.35)
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 that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a) Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local G	ned by Section 176.001(2), Local aoknowledge that this statement ()(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	.
Sworn to and subscribed before me, by the said	, this the $39+5$ day
May and Man Frantsucrez Am Signature of officer administering oath Tit	Lounting Supervisor tle of officer administering cath
_	

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

December 2021

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 local governmental entity th government officer has become aware of facts that require the office in accordance with Chapter 176, Local Government Code.	r to file this statement Date Received
Name of Local Government Officer	eReasized
Yvette M. Balderas	Lity Secretary's Office Received
2 Office Held	
Director of Grant Administration	
Name of vendor described by Sections 176.001(7) and 176.003	(a), Local Government Code
Missy Alvarez (Chamber of Commerce)	
Description of the nature and extent of each employment or othe with vendor named in item 3.	er business relationship and each family relationship
Subrecipient	
List gifts accepted by the local government officer and any far from vendor named in item 3 exceeds \$100 during the 12-months.	mily member, if aggregate value of the gifts accepted the period described by Section 176.003(a)(2)(B).
Date Gift Accepted 11/17/21 Description of Gift bundn	t cake minis
Date Gift Accepted Description of Gift	· · · · · · · · · · · · · · · · · · ·
Date Gift Accepted Description of Gift	
(attach additional forms as	s necessary)
that the disclosure applies to e Government Code) of this loca	y that the above statement is true and correct. I acknowledge ach family member (as defined by Section 176.001(2), Local I government officer. I also acknowledge that this statement scribed by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer
Sworn to and subscribed before me, by the said	
of December, 20 77, to certify which, witness my hand and Cudy Signature of officer administering oath Printed name of officer a	Conzalez Notary

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.	Secretary's Office Reserved 12/6/21
Name of Local Government Officer	Reseived
Yvette Barrera .	12/6/21
	12/0/2/
Office Held	
City Engineer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
The Rhodes Family	
Description of the nature and extent of each employment or other business relationship	p and each family relationship
with vendor named in item 3.	
(2) Coffee Cakes	_
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	
12-03-2021 (2) Coffee Cakes	
Date Gift Accepted Description of Gift (2) Coffee Cakes	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	<u>-</u> _
(attach additional forms as necessary)	, series
AFFIDAVIT swear under penalty of perjury that the above statement	is true and correct. Lacknowledge
that the disclosure applies to each family member (as def	ined by Section 176.001(2), Local
GABRIELA CANTU covers the 12-month period described by Section 176.003(
NOTARY PUBLIC STATE OF TEXAS	?
MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3	
Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	0
Sworn to and subscribed before me, by the said West Day Yell	, this the day
of 20 , to certify which, witness my hand and seal of office.	11 2 2 2 6
caracte Gabrila Cantu	Hamin Cler
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

TI	nis questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
g	his is the notice to the appropriate local governmental entity that the following local overnment officer has become aware of facts that require the officer to file this statement	Date Received
ìn	accordance with Chapter 176, Local Government Code.	Secretary's Of
Ц	Name of Local Government Officer	Secretary's Off
	YAZETTE DADDEDA	12/17/2021
. T	YVETTE BARRERA	Date 12/1/2021
	Office Held	
	CITY ENGINEER	
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
	JESSE SALINAS & TEDSI STAFF	
ī	Description of the nature and extent of each employment or other business relationshi	p and each family relationship
	with vendor named in item 3.	'
	DEVELOPER-TEDSI	
]	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 12/17/2021 Description of Gift GIFT BOX Charles and	Section 176.003(a)(2)(B).
<u></u>	from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
5	Pate Gift Accepted 12/17/2021 Description of Gift GIFT BOX ביים ביים ביים ביים ביים ביים ביים ביי	Section 176.003(a)(2)(B).
5]	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX Chases and	Section 176.003(a)(2)(B).
5]	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX Chases and Date Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT	Section 176.003(a)(2)(B).
• •	Date Gift Accepted Description of Gift Description Descript	Section 176.003(a)(2)(B). Meats tay s true and correct. I acknowledge
• • •	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX CHOSES AND Date Gift Accepted Description of Gift Description of Gift GIFT BOX CHOSES AND Date Gift Accepted Description of Gift GIFT BOX CHOSES AND DESCRIPTION OF GIFT DESCRIPTION OF GIFT GABRIELA CANTU Government Code) of this local government officer. I also GOVERNMENT GOVERNMENT CODE STATEMENT OF THE STATEMENT OF TH	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
司	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX Chasses and Date Gift Accepted Description of Gift Description of Gift Description of Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined as the control of the control	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
亘 ⑤	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX CHASES AND Date Gift Accepted Description of Gift Description of Gift Maccepted Description of Gift Maccepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined by Section 176.003(a) STATE OF TEXAS MY COMM. EXP. 10/26/25	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
司	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX CHOSES AND Date Gift Accepted Description of Gift Description of Gift GIFT BOX CHOSES AND Date Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined by Section 176.003(as STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
司	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX Description of Gift Description of Gift Description of Gift Description of Gift Maccepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined forms) GABRIELA CANTU (attach additional forms) (attach additional	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
司 (************************************	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX Chass and Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defit Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(as STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 AFFIX NOTARY STAMP / SEAL ABOVE AFFIX NOTARY STA	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
5 (Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX CHASES AND Date Gift Accepted Description of Gift Description of Gift Maccepted Description Occupant Description Occupant Description Occupant Description Oc	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
5 (Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX Chass and Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defit Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(as STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 AFFIX NOTARY STAMP / SEAL ABOVE AFFIX NOTARY STA	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
5 ~~~~~	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX CHASES AND Date Gift Accepted Description of Gift Description of Gift Maccepted Description Occupant Description Occupant Description Occupant Description Oc	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
5	Date Gift Accepted 12/17/2021 Description of Gift GIFT BOX OND Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined overs) NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Affix witness my hand and seal of office. The control of Gift Gift Date of Local Covers the 12-month period described by Section 176.003(at 12-month period described by Section	s true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.

(Instructions for completing and filin	ng this form are provided on the	e next page.)		
his questionnaire reflects changes n	nade to the law by H.B. 23, 84t	h Leg., Regular Session.	OFFICE USE	ONLY
his is the notice to the appropria government officer has become awan accordance with Chapter 176, Lo	are of facts that require the of		t Date Received	2
Name of Local Government Offi	cer	Cil	y Szeretan Rudu	y's Up
YVETTE BARRERA	·		Party 12/17/	2021
Office Held			Alleger Fisherier Calab Billionipe (1700 Millionipe)	
CITY ENGINEER				
Name of vendor described by S	ections 176.001(7) and 176.0	003(a), Local Governme	nt Code	
MEGAMORPHOSIS INC.				
Description of the nature and ex with vendor named in item 3.	tent of each employment or o	other business relations	ship and each family r	elationship
DEVELOPER-MEGAMORPHOS	IS INC			
5 272201 2.7 m207 m017. 1100				
List gifts accepted by the local from vendor named in item 3 ex Date Gift Accepted 12/16/2021	ceeds \$100 during the 12-m	onth period described	by Section 176.003(a)(2)(B).
from vendor named in item 3 ex	ceeds \$100 during the 12-m Description of Gift GIFT Description of Gift	BOX - (OCOA MIX	by Section 176.003(a	cans
from vendor named in item 3 ex Date Gift Accepted 12/16/2021 Date Gift Accepted	ceeds \$100 during the 12-m Description of Gift GIFT Description of Gift	BOX - (OCOA MIX	by Section 176.003(a	cans
from vendor named in item 3 ex Date Gift Accepted 12/16/2021 Date Gift Accepted	Description of Gift Description of Gift Description of Gift Description of Gift (attach additional forms I swear under penalty of pethat the disclosure applies Government Code) of this covers the 12-month period	BOX - (o(04 Mix) s as necessary) erjury that the above stateme to each family member (as of local government officer. 1 at described by Section 176.00	nt is true and correct. I ac defined by Section 176.00 also acknowledge that this	knowledge

(Instructions for completing and filing this	form are provided on the next page.)	
This questionnaire reflects changes made t	o the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	cal governmental entity that the following local facts that require the officer to file this statement overnment Code.	Date Received
Name of Local Government Officer	C9.	C
	City	Secretary's Upic
JUAN MARTINEZ		Secretary's Office
2 Office Held	Ÿ	. 12/17/2021
- :		d. Sall amendenderlinder in manufacture and
CONSTRUCTION MANAGER		
Name of vendor described by Section	ns 176.001(7) and 176.003(a), Local Government	Code
RENE OLIVAREZ, P.E		
Description of the nature and extent of with vendor named in item 3.	of each employment or other business relationshi	p and each family relationship
Developer- RO ENGINEERING		
Date Gift Accepted D	escription of Gift 4 GIFT BOXES WHAT WHERE	
Date Gift Accepted D	escription of Gift	
-1	(attach additional forms as necessary)	. :
GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS	I swear under penalty of perjury that the above statement in that the disclosure applies to each family member (as defined overnment Code) of this local government officer. I also	ned by Section 176.001(2), Local
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the sof, to ceresignature of officer administering oath	Signature of Local aid Which, witness my hand and seal of office.	Government Officer

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.	
Name of Local Government Officer	y Secretary's Of
Jason Shelton	Date 12/15/21
Office Held	1
Systems Manager	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Tex Air	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3.	ip and each family relationship
All Vendur	
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 12/14/21 Description of Gift Cov Kie Fray	
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 that the disclosure applies to each family member (as de Government Code) of this local government officer. I als covers the 12-month period described by Section 176.003 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said of December 20 71, to certify which, witness my hand and seal of office.	fined by Section 176.001(2), Local o acknowledge that this statement
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

<u> </u>		,	
		ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
governm		te local governmental entity that the following local are of facts that require the officer to file this statement all Government Code.	Date Received
1 Name	of Local Government Offic	er <i>Lity</i>	Secretary's Off
Nata	alie Manzanares		Secretary's Officered
2 Office	Held		Commence of the second
Proc	gram Coordinator		
3 Name	of vendor described by Se	ections 176.001(7) and 176.003(a), Local Government	Code
Rafa	el Malo		
4 Descri	ption of the nature and exte endor named in item 3.	ent of each employment or other business relationshi	p and each family relationship
Clie	nt		-
5 List gi from v	fts accepted by the local g endor named in item 3 exc	povernment officer and any family member, if aggreg seeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date (aift Accepted 12/16/21	_ Description of Gift _ foot cream	
Date (aift Accepted	Description of Gift	
Date (aift Accepted	Description of Gift	· .
		(attach additional forms as necessary)	·
	Cindy Gonzalez Notary ID# 13086724-9 My Comm. Exp. 10-18-2024 NOTARY STAMP SEAL ABOUT	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined as a second statement of that the disclosure applies to each family member (as defined as a second statement of the second	ined by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
_		the said Natalie Manzanares	, this the day
of	<u>lecember, 20 71</u> , to	o certify which, witness my hand and seal of office.	
		Cindy Gonzalez	Notary
Signa	ture of officer administering oath	n Printed name of officer administering oath 7	Title of officer administering oath

FORM CIS

, and the second	ms torm are provided	on the flext page.)	
This questionnaire reflects changes made			OFFICEUSEONLY
This is the notice to the appropriate government officer has become aware in accordance with Chapter 176, Local	of facts that require	entity that the following local the officer to file this statement	Date Received
Name of Local Government Officer		Lity	Secretary's Office
Victor Rodriguez for McAllen I	Police Department	. <i>9</i>	Secretary's Office Received
2 Office Held			DATE was in the second
Chief of Police			
Name of vendor described by Secti	ons 176.001(7) and	176.003(a), Local Government (ode
Mr. Danny Clark			
Description of the nature and extent with vendor named in item 3.	of each employmen	t or other business relationship	and each family relationship
Clark Chevrolet, McAllen			
	•		
List gifts accepted by the local gov from vendor named in item 3 excee	ernment officer and	any family member, if aggrega	te value of the gifts accepted
The state of the s	as wrote during the		
Date Gift Accepted 12/17/21	Description of Gift	(1) Bottle of Andalusia Texas S (1) Book - The Intuition Painting	<u>ingle Malt Whiskey</u> gs by Kirk Clark
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
(Attach additional forms as necessary.)	ı	(To be raffled to police employee	<u>9s.)</u>
al			
MADIAM GUZI Notary Public STATE OF TEX Notary ID# 3851:	that the disclosure ap Government Code) o MANVersithe 12-month p C AS 52-1	of perjury that the above statement is oplies to each family member (as defined this local government officer. I also period described by Section 176.003(a)	ned by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE		\	
Sworn to and subscribed before me, by the so	rtify which, witness my h	and and seal of office.	, this theday
mariam Burnar	Maria M. (shlio / Administration
Signature of officer administering oath			tblic / Administrative tle of officer administering oath

FORM CIS

(inter-control to completing and mining the control provided on the rick page.)	
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	Secretary's Office
Jason Shelton	Secretary's Office Received
2 Office Held	
Systems Hanager	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Free It lake Solutions	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
Vender / Integration	
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 D MIZI Description of Gift Gift Box - edib	les
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIX NOTARY STAMP / SEAL ABOVE	ned by Section 176.001(2), Local of acknowledge that this statement a)(2)(B), Local dovernment Code
Sworn to and subscribed before me, by the said <u>Jason She Hon</u> of <u>December</u> , 20 <u>7.1</u> , to certify which, witness my hand and seal of office.	, this the day
Signature of officer administering oath Printed name of officer administering oath	Fitle of officer administering oath

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Secretary's Office
Name of Local Government Officer	Keceloed
Cesar Noe Rodriquez	12/22/21
2 Office Held Assistant Director of Health flode Enforce-	
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 relationship with vendor named in item 3.	p and each family relationship
Project lungine Tomonow Costom	en i de la serie de la composition della composi
List gifts accepted by the local government officer and any family member, if aggregation wendor named in item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(s)(2)(B).
Date Gift Accepted 12/20/2021 Description of Gift Stav buchs Cops w	(000 NA)X-(11)
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 that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a) Notary ID# 13290640-8 My Comm. Exp. 02-02-2025	acknowledge that this statement (2)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said Clar Rodriguez of December, 20 21, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath	, this the day Admin's fruttle Colut the of officer administering oath
	,

LOCAL GOVERNMENT OFFICER CONFLICTS FORM CIS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next page.) This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. 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 Office Held Name of vendor described by Sections 176.001(7) and 175.003(a), Local Government Description of the nature and extent of each employment or other business relationship and each family 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 12/20/21 Description of Gift + Tana les. 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 torrect. I acknowledge that the disclosure applies to each family member (as defined by Section 176,001(2), Local Government Gode) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 179.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below: (1) Affidavit MELISSA Y MARTINEZ **Notary Public** STATE OF TEXA NOTARY STAMP/SEAL letery_ID# 12694725)9 this the 22nd day of December. My Comman. Exp. 07-02-2025 Sworn to and subscribed before the by to certify which, withess my hand and seal of office. 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) (zlp code) (country) Executed in _____ County, State of _____, on the ____ day of

(month)

FORM CIS

This questionnaire reflects changes made to	o the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	cal governmental entity that the following local facts that require the officer to file this statement overnment Code.	Date Received
Name of Local Government Officer	Lite	Secretary's Off
Victor Rodriguez for McAllen Po	lice Department	Secretary's Off Received Date 12/22/21
2 Office Held		DOME and the facilities of the Commence of the
Chief of Police		
Name of vendor described by Section	ns 176.001(7) and 176.003(a), Local Government	Code
Mr. Rudy Plascencia		·
Description of the nature and extent o with vendor named in item 3.	f each employment or other business relationship	and each family relationship
McAllen Crime Stoppers		
	rnment officer and any family member, if aggreg	
from vendor named in item 3 exceed	s \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted 12/18/21	Description of Gift (1) Starbucks Gift Card valued at	<u>\$176.61</u>
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift(To be raffled to police employed)	
(Attach additional forms as necessary.)	(To be raffled to police employs	30 s.)
6 AFFIDAVIT	I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as desperament Code) of this local government officer. I also	fined by Section 176.001(2), Local
MARIA M GUZMAN Notary Public STATE OF TEXAS	covers the 12-month period described by Section 176.003	
Notary ID# 385152-1 My Comm. Exp. 01-10-202	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the sa	aid_Victor Rodriguez	, this theday
of December , 20 21 , to cert	tify which, witness my hand and seal of office.	
mana m. Burnan	Maria M. Guzman Notary 1	Public / Administrative
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

FORM CIS

١	in Guidelier is, destricting and smilg the second of pro-	
	nis questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
go	nis is the notice to the appropriate local governmental entity that the following local overnment officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code.	Date Received
	Name of Local Government Officer	Secretary's Office
_		pte. 12/22/21
<u>!</u>	Office Held	
	De∨elopment Engineer	
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
	Daniela Perez-Marmoles Novellin Construction	·
	Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
	Developer	
	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)	
6 Common	GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def government code) of this local government officer. I also covers the 12-month period described by Section 176.003(fined by Section 176.001(2), Local o acknowledge that this statement
	Sworn to and subscribed before me, by the said BIKS MUHUL of Log 1, 20 1, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath	this the 104 day Adm. Cluk Title of officer administering oath

(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. 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.
Name of Local Government Officer Name of Local Government Officer Name of Local Government Officer
Florencio De La Cruz
Office Held
Designer/Subdivision Coordinator
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
Daniela Perez-Marmoles Novellin Construction
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
Developer
List gifts accepted by the local government officer and any family member, it 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 12/20/2021 Description of Gift Artic tumbler
Date Gift Accepted Description of Gift
Date Gift Accepted Description of Gift
(attach additional forms as necessary)
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
GABRIELA CANTU Covernment Code) of this local government officer. I also acknowledge that this statement
STATE OF TEXAS {
MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3
Signature of Local Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE
Sween to and subscribed before me, by the said TWK WU DE WWW., this the day
of, 20, to certify which, witness my hand and seal of office.
Signature of officer administering cath Printed name of officer administering cath Title of afficer administering cath
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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. 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 Victor Rodriguez for McAllen Police Department Office Held Chief of Police Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Mr. Joe Vera Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Assistant City Manager - McAllen 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 12/25/21 Description of Gift (1) Logan's Roadhouse Gift Card - \$25.00 Value Description of Gift Date Gift Accepted ____ Description of Gift __ Date Gift Accepted (To be raffled off to police officers.) (Attach additional forms as necessary.) **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 MARIA M GUZMAN covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said_ Victor Rodriguez __, to certify which, witness my hand and seal of office. ana M. 1 Maria M. Guzman Notary Public / Administrative Assistant Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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. 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 Victor Rodriguez for McAllen Police Department Office Held Chief of Police Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Daniela Martinez Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Police Supporter 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 12/21/21 Description of Gift (1) Be Strong & Courageous Tabletop Cross-Police Officer Date Gift Accepted Description of Gift Date Gift Accepted_ Description of Gift (To be raffled off to Police Officers) (Attach additional forms as necessary.) **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 sovernment Code) of this local government officer. I also acknowledge that this statement MARIA M GUZMAN divers the 12-month period described by Section 176,003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said_ Victor Rodriguez 22nd , this the day December , to certify which, witness my hand and seal of office. Maria M. Guzman Notary Public / Administrative Assistant Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

February 2022

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. 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 Cristina Monroy, Assistant Management Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Esteban Aguilar - Tournament Organizer Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffled to Employees 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 3 gift cards (\$25.00) each Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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 MARY ANN JUAREZ covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public, State of Texas Expires 04/17/2023 LD.# 12429211-2 AFFIX NOTARY STAMP / SEAL ABOVE Cristina Monroy Sworn to and subscribed before me, by the said_ nuang, 20 27, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

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. 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 ity Secretary's Offe Received 2/22 Denny Meline, Director Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Soccer Evolution Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Parks employee givaway 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 12/28/21 Description of Gift Purfums de Marly Layton (\$200) Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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. MARY ANN JUAREZ Votary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Denny Meline Sworn to and subscribed before me, by the said_

Signature of officer administering oath

Printed name of officer administering oath

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

Title of officer administering oath

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. 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 Grecia Martinez, Accounting Clerk Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Soccer Evolution Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Parks employee givaway 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 Yeti Cup 20oz. (\$29.99) Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted _____ Description of Gift (attach additional forms as necessary) **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. MARY ANN JUAREZ lotary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 AFFIX NOTARY STAMP / SEAL ABOVE Grecia Martinez Sworn to and subscribed before me, by the said_ 20 22 , 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

FORM CIS

	nade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	te local governmental entity that the following local are of facts that require the officer to file this statement cal Government Code.	Date Received
Name of Local Government Office	er	
Kristyna Mancias	City Se	retary's Office Recived 02/02/22
2 Office Held		12/10/22
McAllen Parks & Recreation	Dole	OLIVATA
Name of vendor described by Se	ections 176.001(7) and 176.003(a), Local Government (Code
Soccer Evolution		
with vendor named in item 3.	ent of each employment or other business relationship	and each family relationship
Gift to employee		
Date Gift Accepted	Description of Gift (attach additional forms as necessary)	
AFFIDAVIT	(winest personal personal state of the state	
MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a)(ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
	*Signature of Local Go	overnment Officer
AFFIX NOTARY STAMP / SEAL ABO	Kristyna Mancias	ext.
Sworn to and subscribed before me, by th	e said	_, this the day
~ 1	certify which, witness my hand and seal of office.	_, this the day

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Martin Farm & Ranch Supply Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 __ 2 Gift Certificate (\$100.00) each Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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 MARY ANN JUAREZ covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public, State of Texas Expires 04/17/2023 LD.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sarai Garcia Sworn to and subscribed before me, by the said_ to certify which, witness my hand and seal of office. Signature of officer administering oath

(Instructions for completing and filin	g this form are provided on the next page.)	
This questionnaire reflects changes m	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
		Date Received
Name of Local Government Office	er	- 100
Sarai Garcia, Deputy Directo	r of Operations City	Secretary's Offi Received to 02/02/22
Office Held		02/02/22
McAllen Parks & Recreation	$\mathfrak{D}_{\mathfrak{c}}$	tie
Name of vendor described by Se	L ctions 176.001(7) and 176.003(a), Local Government (Code
Tejas Equipment Rental		
Description of the nature and externity with vendor named in item 3.	ent of each employment or other business relationship	and each family relationship
Raffle - Employee Christma	s Party	
	overnment officer and any family member, if aggrega eeds \$100 during the 12-month period described by S Description of Gift 2 Walmart Gift Card (\$50.0	Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	×
MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a)(d by Section 176.001(2), Local cknowledge that this statement
	Signature of Local Go	overnment Officer
AFFIX NOTARY STAMP / SEAL ABO	Sarai Garcia	
Sworn to and subscribed before me, by the	e said gertify which, witness my hand and seal of office.	, this the day
Mary ann	Many Ann Jugar A.	acting Supervis
Signature of officer administering oath	Printed name of officer administering oath Title	of officer administering oath

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Parks Place Recreation Designs Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 4 Walmart Gift Card (\$50.00) each Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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 MARY ANN JUAREZ covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sarai Garcia Sworn to and subscribed before me, by the said , to certify which, witness my hand and seal of office. Signature of officer administering oath

(Instructions for completing and filing	ng this form are provided on the next page.)	
This questionnaire reflects changes n	nade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ate local governmental entity that the following local are of facts that require the officer to file this statement cal Government Code.	Date Received
1 Name of Local Government Offi	cer	0.0
Sarai Garcia, Deputy Directo	or of Operations	City Secretary Resetved 2/02/2
2 Office Held		0.02/02/2
McAllen Parks & Recreation		Date and
Name of vendor described by Se	ections 176.001(7) and 176.003(a), Local Government (Code
Artillery		4
Description of the nature and ext with vendor named in item 3.	ent of each employment or other business relationship	and each family relationship
Raffle - Employee Christma	as Party	
from vendor named in Item 3 exc Date Gift Accepted	government officer and any family member, if aggrega ceeds \$100 during the 12-month period described by \$ Description of Gift 4 Gift Card (\$25.00) each- Description of Gift wings, Chili's, Subway	Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	_
MARY ANN JUAREZ Notary Public, State of Texas	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a)	ed by Section 176.001(2), Local acknowledge that this statement
Expires 04/17/2023 1,D.# 12429211-2	May My	W Officer
	/ Signature of Local Go	Sveriment Omder
AFFIX NOTARY STAMP / SEAL ABO	Sarai Garcia	_, this the day
of	certify which, witness my hand and seal of office.	
Travey anny	Manythan Jumes H	ecting Supervisor
Signature of officer administering oath	Printed name of officer administering oath Title	e of officer administering oath

[] - 왕이라보아 교육, (7) 교육 사람이 []	d filing this form are provided on the next page.)	
This questionnaire reflects chang	ges made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	opriate local governmental entity that the following local eaware of facts that require the officer to file this statement 6, Local Government Code.	Date Received
1 Name of Local Government	Officer	ty Scretcry's (
Sarai Garcia, Deputy Dir	ector of Operations	02/02/22
2 Office Held		Charlet Control of the Control of th
McAllen Parks & Recreation	n	
Name of vendor described b	by Sections 176.001(7) and 176.003(a), Local Government	Code
Mission Western We	ear	
Description of the nature and with vendor named in item 3		and each family relationship
Date Gift Accepted		t (\$119.00)
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	-0-
MARY ANN JUAN Notary Public, State of Expires 04/17/202 I.D.# 12429211-	Texas 3	ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
	1.00	
AFFIX NOTARY STAMP / SEAL	Sarai Garcia	
Sworn to and subscribed before me	by the said	, this the day
Marin ann	Manston Juarez A	Lecting Supervisor
Signature of officer administering	oath Printed name of officer administering oath Titl	le of officer administering cath

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code McAllen Sports Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 22 caps (\$4.00) each Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted _____ Description of Gift (attach additional forms as necessary) **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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 1.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sarai Garcia Sworn to and subscribed before me, by the said , this the_ 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

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Beta Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 ___ 1 knife \$5.00 Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted _____ Description of Gift ____ (attach additional forms as necessary) **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 MARY ANN JUAREZ covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sarai Garcia Sworn to and subscribed before me, by the said , this the , 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

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.

1 Name of Local Government Officer

Sarai Garcia, Deputy Director of Operations

2 Office Held

McAllen Parks & Recreation

OFFICE USE ONLY

Date Received

Olly Secretary's

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

O'riely Auto Parts

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

Raffle - Employee Christmas Party

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 2 car wash bucket (\$15.00) each

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 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sarai Garcia

this	the				
	this	this the	this the	this the	this the

Sworn to and subscribed before me, by the said

, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering path

Printed name of officer administering oath

Title of officer administering oath

_ day

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Artillary Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 12/10/21 Description of Gift 1 Craftsman 268 pc tool set (\$129.00) Date Gift Accepted ______ Description of Gift 1 Craftsman 5 gallon wet dry vac (\$40.00) Date Gift Accepted 12/10/21 Description of Gift 1 Craftsman Drill Driver Kit (\$60.00) (attach additional forms as necessary) **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. MARY ANN JUAREZ Votary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sarai Garcia Sworn to and subscribed before me, by the said , this the , to certify which, witness my hand and seal of office. Signature of officer administering oath

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code 5 Star GC Construction LLC Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 4 Gift Card various (\$25.00) Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted Description of Gift (attach additional forms as necessary) **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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 LD.# 12429211-2 Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

•		
Sara	1/ -	VCIO
2414	1 170	111111111111111111111111111111111111111
2414		
	ALC: NO	

,	this	the	_ day

of ______, 20 _____, 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

This questionnaire reflects changes i	made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ate local governmental entity that the following local vare of facts that require the officer to file this statement local Government Code.	Date Received
1 Name of Local Government Offi	icer	
Sarai Garcia, Deputy Directo	or of Operations City &	Commission of the second of th
2 Office Held		22/20/2
McAllen Parks & Recreation	Date	04/04/14
Name of vendor described by S	L ections 176.001(7) and 176.003(a), Local Government (Code
Rio Grande Plumbing		
Description of the nature and ex with vendor named in item 3.	tent of each employment or other business relationship	and each family relationship
Raffle - Employee Christma	s Party	
from vendor named in Item 3 ex Date Gift Accepted 12/10/21		Section 176.003(a)(2)(B).
Date Gift Accepted		
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	li .
MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 1.D.# 12429211-2	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a)(ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
AFEIX NOTARY STAND / SEAL AR	Signature of Local Go	Wernment Officer
AFFIX NOTARY STAMP / SEAL ABO	Sarai Garcia	400.000
Sworn to and subscribed before me, by to	o certify which, witness my hand and seal of office.	_, this the day
Mary ana	Mary Ann Juger Al	othing Supervisor
Signature of officer administering/oath	Printed name of officer administering oath Title	e of officer administering cath

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Central Plumbing Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 12/10/21 Description of Gift Tool Belt and T shirts (\$15.00) Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sarai Garcia Sworn to and subscribed before me, by the said , 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

(Instructions for completing and fili	ing this form are provided on the next page.)	
This questionnaire reflects changes i	made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ate local governmental entity that the following local ware of facts that require the officer to file this statement ocal Government Code.	Date Received
1 Name of Local Government Offi		
Sarai Garcia, Deputy Directo	or of Operations . City	Secretary's Of Resident 122
2 Office Held		12/02/22
McAllen Parks & Recreation		Determination
Name of vendor described by S	Sections 176.001(7) and 176.003(a), Local Government (Code
Sherwin Williams		
Description of the nature and exwith vendor named in item 3. Raffle - Employee Christma	ctent of each employment or other business relationship as Party	and each family relationship
from vendor named in Item 3 exc Date Gift Accepted	government officer and any family member, if aggrega (ceeds \$100 during the 12-month period described by S Description of Gift 2 Chair (\$40.00) each Description of Gift 2 lunch boxes (\$15.00)	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
MARY ANN JUAREZ Notary Public, State of Text Expires 04/17/2023 LD.# 12429211-2	Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a)(ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
William Property	Signature of Local Go	overnment Officer
AFFIX NOTARY STAMP / SEAL ABO	Sarai Garcia	this the day
Sworn to and subscribed before me, by to	o certify which, witness my hand and seal of office.	, this the day
-Mary any	Mary Ann Juarez Acc	the Sypenison
Signature of officer administering oath	h Printed name of officer administering oath Title	le of officer administering oath

(Instructions for completing and	filing this form are provided on the next page.)	
This questionnaire reflects change	s made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	oriate local governmental entity that the following local aware of facts that require the officer to file this statement Local Government Code.	Date Received
Name of Local Government O Sarai Garcia, Deputy Dire	ctor of Operations City	Secretary's C
Office Held McAllen Parks & Recreation		Date 02/02/22
Name of vendor described by Avance Door	Sections 176.001(7) and 176.003(a), Local Government C	ode
with vendor named in item 3. Raffle - Employee Christm	nas Party	
Date Gift Accepted		ngs (\$25.00)
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
MARY ANN JUARE Notary Public, State of To Expires 04/17/2023 1.D.# 12429211-2	exas A A A	d by Section 176.001(2), Local cknowledge that this statement 2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL A Sworn to and subscribed before me, b	Sarai Garcia by the sald to certify which, witness my hand and seal of office.	, this the day
Signature of efficer administering on	alh Printed name of officer administering oath Title	of officer administering oath

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, 64th 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Reves Trap & Tent Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from yendor 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 _ 5 Gift cards VISA (\$25.00) each Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sarai Garcia Sworn to and subscribed before me, by the said , this the_ 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

(Instructions for completing and filir	ng this form are provided on th	e next page.)		
This questionnaire reflects changes n	nade to the law by H.B. 23, 84	th Leg., Regular Session.	OFFICE US	E ONLY
This is the notice to the appropria government officer has become awain accordance with Chapter 176, Lo	are of facts that require the o		Date Received	
1 Name of Local Government Office	cer		1	ce
Sarai Garcia, Deputy Directo	or of Operations	City Secre	story's U Recipid	fficz
2 Office Held		0.	02/02/22	-
McAllen Parks & Recreation		Date		
Name of vendor described by Se	ections 176.001(7) and 176.0	003(a), Local Government	Code	
Description of the nature and ext with vendor named in item 3. Raffle - Employee Christma		other business relationsh	ip and each family r	relationship
List gifts accepted by the local g from vendor named in item 3 exc Date Gift Accepted Date Gift Accepted	ceeds \$100 during the 12-mo	onth period described by	Section 176.003(a))(2)(B).
Date Gift Accepted	Description of Gift			
. Date Gill Accepted	_ Description of Gift			
	(attach additional forms	as necessary)		
MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2	that the disclosure applies to Government Code) of this lo	rjury that the above statement is o each family member (as defined as defined as a statement of the statemen	ned by Section 176,001 acknowledge that this a)(2)(B), Local Governm	(2), Local statement
Manual Land		Signature of Local (Sovernment Officer	
AFFIX NOTARY STAMP / SEAL ABO	Sarai Garcia			
Sworn to and subscribed before me, by the contract of the cont	certify which, witness my hand ar	N. S. Janes Press	, this the	day
I WILL AMIN b				1 1 4 1 1 1 mm 10 1

(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.	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	Second 1
Sarai Garcia, Deputy Director of Operations	Secretary's Office 02/02/22
2 Office Held Date	02/02/22
McAllen Parks & Recreation	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Contemporational Bolts and Screw	Code
Description of the nature and extent of each employment or other business relationship with vendor named in item 3. Raffle - Employee Christmas Party	and each family relationship
from vendor named in Item 3 exceeds \$100 during the 12-month period described by S Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	* 1
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a)(in the content of the code) of this local government of the covers the 12-month period described by Section 176.003(a)(in the code) of this local government of the code of the code of this local government of the code of t	d by Section 176.001(2), Local cknowledge that this statement 2)(B), Local Government Code.
Sworn to and subscribed before me, by the said of	_, this the day
1	1

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code OG Barber Shop Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 _ 3 gift cards (\$25.00) each Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) 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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 LD.# 12429211-2 Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said_

Sarai Garcia

, this the

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

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 Sarai Garcia, Deputy Director of Operations Office Held	Date Received CREEDILY & Office Received 02/02/22
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 Sarai Garcia, Deputy Director of Operations	
Date	Received 02/02/22
Date	02/02/22
2 Office Held	
McAllen Parks & Recreation	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government of Fastenal	Code
Description of the nature and extent of each employment or other business relationship with vendor named in item 3. Raffle - Employee Christmas Party	and each family relationship
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 5 Date Gift Accepted Description of Gift Irwa-Visc Grip set Date Gift Accepted Description of Gift	Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	46
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) Signature of Local Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) Signature of Local Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) Signature of Local Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) Signature of Local Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a) Signature of Local Government Code) of this local government local government Code (a) Signature Code (b) Signature Code (c) Signatu	ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code.
Sworn to and subscribed before me, by the said of Many Ann Juarez Accommon Sarai Garcia	this the day
Signature of officer administering gath Printed name of officer administering oath Title	e of officer administering oath

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. 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 City So Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Musco Lighting Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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 _ 5 Gift cards (\$50.00) each Date Gift Accepted _____ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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. MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sarai Garcia Sworn to and subscribed before me, by the said_ , 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

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. 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 Sarai Garcia, Deputy Director of Operations Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Valley Tire Sales Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Raffle - Employee Christmas Party 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_ 3 Gift cards Dairy Queen (\$10.00) each Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift _____ (attach additional forms as necessary) **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 MARY ANN JUAREZ covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sarai Garcia

Sworn to and subscribed before me, by the said

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

Signature of officer administering oath Printed name of officer administering oath

FORM CIS

OFFICE USE ONLY

Date Received

(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, 64th 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

Sarai Garcia, Deputy Director of Operations

Office Held

McAllen Parks & Recreation

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

OG Barber Shop

Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in Item 3.

Raffle - Employee Christmas Party

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 _ 3 gift cards (\$25.00) each

Date Gift Accepted ______ Description of Gift _____

Date Gift Accepted ______ Description of Gift _

(attach additional forms as necessary)

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Sarai Garcia

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

, this the

Signature of officer administering oath

Printed name of officer administering oath

Title of officer-administering oath

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

Date Received

in accordance with Chapter 176, Local Government Code.

Name of Local Government Officer

Yvette M. Balderas

Secretary's Office

OFFICE USE ONLY

2 Office Held

Director of Grant Administration

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

Affordable Homes of South Texas

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

Subrecipient

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).

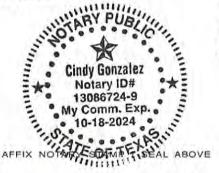
Date Gift Accepted 12/14/21 Description of Gift Krispy Creme Donuts

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 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

Sworn to and subscribed before me, by the said_

Vette Bolderas

__, this the ____ da

of February, 20 77, 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

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. 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 Victor Rodriguez for McAllen Police Department Office Held Chief of Police Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Ms. Elena Villarreal Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Galaxy Press 7051 Hollywood Blvd., Hollywood, CA 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_ 2/9/22 Description of Gift (7) Fiction Books and (12) Audiobooks by L. Ron Hubbard Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (Donated to the McAllen Public Library.) (Attach additional forms as necessary.) **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 overnment Code) of this local government officer. I also acknowledge that this statement MARIA M GUZMAN bvers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Victor Rodriguez 9th Sworn to and subscribed before me, by the said_ February 2022, to certify which, witness my hand and seal of office. Maria M. Guzman Notary Public / Administrative Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath

McAllen Police Department List of Books and Audiobooks Donation to McAllen Public Library

Title of Books/ Audiobooks	Author	Publisher	Qty. Books	Qty. Audiobooks - Sets of 2 CDs
Battlefield Earth	L. Ron Hubbard	Galaxy Press	1	
Beyond All Weapons	L. Ron Hubbard	Galaxy Press	1	
Devil's Manhunt	L. Ron Hubbard	Galaxy Press	1	
Fear	L. Ron Hubbard	Galaxy Press	1	
Final Blackout	L. Ron Hubbard	Galaxy Press	1	
One Was Stubborn	L. Ron Hubbard	Galaxy Press	1	
Typewriting in the Sky	L. Ron Hubbard	Galaxy Press	1	
Destiny's Drum	L. Ron Hubbard	Galaxy Press		1
Hurricane	L. Ron Hubbard	Galaxy Press		
Hurtling Wings	L. Ron Hubbard	Galaxy Press		
f I Were You	L. Ron Hubbard	Galaxy Press		
Red Death Over China	L. Ron Hubbard	Galaxy Press		
he Crossroads	L. Ron Hubbard	Galaxy Press		1
he Dive Bomber	L. Ron Hubbard	Galaxy Press		
he Magic Quirt	L. Ron Hubbard	Galaxy Press	== 1	Grand Company
ne Red Dragon	L. Ron Hubbard	Galaxy Press		
ne Sky-Crasher	L. Ron Hubbard	Galaxy Press	7-2	
ick Soldier	L. Ron Hubbard	Galaxy Press		1
venty Fathoms Down	L. Ron Hubbard	Galaxy Press		
			7	12

FORM CIS

All hard and a second a second and a second	Tig 0					
This questionnaire refle	cts changes made to the	e law by H.B. 23, 84th I	.eg., Regular Ses	ssion.	OFFICE	USEONLY
This is the notice to t	he appropriate local of	governmental entity th	at the following	g local	Date Received	0.07507.033423
government officer has in accordance with Cha	s become aware of fact	ts that require the office	er to file this stat	ement	Date Neceived	
Name of Local Gove		innerit Gode.		-id	1 JEAN	story 16
		0 -		- 7		Etary's (
Office Held	even Kotin	204			. 0	eselved
//_	1	1	1		2/	11/22
- Heat	The toole	enforcen	nt		ate VILL COMMENT	
Loge	- Cal		a), Local Gover	nment		
7	The Cook She	wch.				
			or bunkers and			
with vendor named	ature and extent of each	on employment or oth	er business rela	ationship	and each fan	my relationship
		Food & A	ablish "	next		
List gifts accepted	by the local governme	ent officer and any far	mily member, if	aggregat	e value of th	e gifts accepted
from vendor named	in item 3 exceeds \$10	ou during the 12-mon	th period descr	ibed by S	ection 176.0	03(a)(2)(B).
Date Gift Accepted	2.16.27 Desc	ription of Gift Ola i	chus sta	000	-5 1.	0. 11.
						x w awra
Date Gift Accepted	Desc	ription of Gift				
Date Gift Accepted _	Descri	ption of Gift				
	(att	ach additional forms as	necessarv)		004	
SIGNATURE Is	wear under penalty of perju	ry that the above statemen	nt is true and corre	ct. I acknow	ledge that the	disclosure applies
STAT Notary I	tary Public E OF TEXAS D# 13290640-8	ase complete eith	Signature	of Local Go	vernment Office	
) Affidavit						
HOTADA OPINA						
NOTARY STAMP/SEAL	CI			11	u	
worn to and subscribed be	efore me by Heve	nkotsatos	this	the /6		chuary.
A CONTRACTOR OF THE PARTY OF TH	hich, witness my hand and s					0
0 110	and a	Loop	Muslo			
gnature of officer administerin	g oath Prin	ted name of officer administe	ring oath		Title of officer	administering oath
1	Filli		ing oath		ride of officer	administering oath
Wiles Water Control		OR	44-1-4			
Unsworn Declaration						
name is				11. V		
/ name is			and my date of bird	th is		
address is	indu.k		Land.	-		
4.4.4	(street)		(city)	(state)	(zip code)	(country)
ecuted in	County, State of	, on the	day of	onth)	, 20	
					(year)	
and the second second			Signature of Loca	al Governme	ent Officer (Dec	clarant)

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. 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. 23-2002 Name of Local Government Officer Victor Rodriguez for McAllen Police Department Office Held Chief of Police Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Ms. Dixie Rainey and Mr. Neo Canales 4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Citizens of McAllen 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 2/18/22 Description of Gift (12) Cases of Assorted Girl Scout Cookies Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (Distributed to personnel.) (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 office. I also acknowledge that this statement MARIA M GUZMAN overs the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Victor Rodriguez 21st Sworn to and subscribed before me, by the said_ , this the day February , to certify which, witness my hand and seal of office. Maria M. Guzman Notary Public / Administrative Assistant Signature of officer admirristering oath Printed name of officer administering oath Title of officer administering oath

FORM CIS

This questionnaire reflects	changes made to the law by	H.B. 23, 84th Leg	g., Regular Sess	ion.	OFFICE	USEONLY
government officer has be	appropriate local governm come aware of facts that re er 176, Local Government (equire the officer			ate Received	, ,
1 Name of Local Govern	ment Officer Jase 6	Ingel Truille	& III	City	y SEC	Received
2 Office Held City 5	ecretary Dept.	- Senior Ad	min Clerk (F	bater)	Date 2	124/22
3 Name of vendor describ Code TereSa	ed by Sections 176.001(7 Casfillo) and 176.003(a)	, Local Govern	ment		
4 Description of the natu with vendor named in	re and extent of each emplitem 3. Cifizen of	loyment or other McAlen	business rela	tionship a	nd each fam	ily relationship
from vendor named in Date Gift Accepted 2	Description		period descri	cackies	ction 176.00	
	(attach add	ditional forms as	necessary)			
Clindy Gonz Clindy Gonz Notary I 1308672 My Comm 10-18-20 NOTARY STAMP/SEAL	D# # 4-9 Please co	covers the 12-month	Signature of	ent Code) of by Section of Local Gov	f this local gov 176.003(a)(2)(ernment officer. I B), Local
Sworn to and subscribed before	e me by Jose Angel	Trujillo I	this	the ZY	day of	elowary.
20 22 , to certify which	n, witness my hand and seal of off		,		Nober	4
Signature of officer administering of	NAME OF THE PARTY	of officer administeri			Title of officer	administering oath
		OR				
(2) Unsworn Declaration						
My name is		200	d my date of birt	h ie		1
My address is		al di	id tilly date of bill	. 13		
(4(2)23/28/20	(street)	,	(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	onth)	, 20	3
		-	Signature of Loca	I Governme	nt Officer (Dec	clarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

March 2022

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 Health and Code	All Samehari
Maria Luisa Briere & Enforcement Dept.	City Secretary
2 Office Held	C. Jecanous
Health & Code Enforcement	253/1/23
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
Mamil G. Tueme. Description of the nature and extent of each employment or other business relationship	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Short Term Rental permit holder.	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 2/28/22 Description of Gift Baklava dessert	\$50
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 Section Government Code. Signature of Local	11~12
CYNTHIA ANN REYNA Notary Public STATE OF TEXAS Notary ID# 13290046-8 My Comm. Exp. 01-29-2025 NOTARY STAMP/SEAL	
Λ	No. of
Sworn to and subscribed before me by Cyntha Illips this the 1	_ day of March_,
20 22 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
ÓR .	
2) Unsworn Declaration	
My name is and my date of birth is	
My address is,,	
(street) (city) (state) (zip code) (country)
Executed in County, State of, on the day of	, 20
(month)	(year)
Signature of Local Govern	ment Officer (Declarant)

FORM CIS

This questionnaire re	flects changes made	to the law by H.B. 23	, 84th Leg., Regular Se	ession.	OFFICE	USEONLY
government officer	o the appropriate Io nas become aware o Chapter 176, Local G	f facts that require th	ntity that the following officer to file this sta	7/1.1.	Date Received SECTEL	
[2]	overnment Officer Ferrell J	r.		V	3/L	elored 1/22
2 Office Held					ate	1
Deputy 1	Fire Chief					
3 Name of vendor d Code			6.003(a), Local Gove	ernment		
	e nature and extent ed in item 3.	and the state of t	or other business re	lationship	and each fan	nily relationship
from vendor nam	ed in item 3 exceed	s \$100 during the 1	any family member, 2-month period desc Decorative	cribed by S	ection 176.0	03(a)(2)(B).
Date Gift Accepte	ed	Description of Gift		200		
Date Gift Accepte	dD	escription of Gift				
		(attach additional f	orms as necessary)			
(1) Affidavit	MARY ANN VELA Notary ID #194830 My Commission Exp March 8, 2022	7	Signature te either option b		vehunent Offic	er
NOTARY STAMP/SE Sworn to and subscriber 20 22, to certif		COLLAR STATE OF THE PARTY OF TH	A.Vela thi	s the 4	day of M	larch.
MAR	2	MARIA VO)	6 -		a lata	
Signature of officer administ	tering oath	Printed name of officer	administering oath		Title of office	r administering oath
		OI				
(2) Unsworn Declarat	tion					
My name is			, and my date of b	oirth is		
My address is						
Executed in	(street)County, Stat		(city) on the day of	(state)	(zip code) , 20 (year)	(country)
				700000	ent Officer (De	olarant\

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. 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. Pety Secretary's Office Name of Local Government Officer Victor Rodriguez for McAllen Police Department Office Held Chief of Police Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Ms. Giseth Moya Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Del Angel Funeral Home, 4607 N. Sugar Rd., Pharr, TX 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 03/9/22 Description of Gift (1) Large Basket of Snacks Description of Gift Date Gift Accepted_ Date Gift Accepted Description of Gift (Gave Basket to employees). (Attach additional forms as necessary.) **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 remment Code) of this local government officer. I also acknowledge that this statement MARIA M GUZMAN_{cov} s the 12-month period described by Section 776.003(a)(2)(B), Local Government Code. Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Victor Rodriguez . this the day March _, to certify which, witness my hand and seal of office. Maria M. Guzman Notary Public / Administrative Assistant Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

This questionnaire ret			
	flects changes made to the	law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer h		that require the officer to file this statement ment Code.	Date Received U CECRETARY'S (
Name of Local Go	Canizales, Comm	numity Center Manager	Received Date 4/6/22
Las Palmas (Community Cente	w	Y-V-TI-
Name of vendor de Code Delia 7		.001(7) and 176.003(a), Local Government	
Description of the with vendor name	nature and extent of each	h employment or other business relationsh a Pleramic molds	nip and each family relationship
from vendor nam	ed in item 3 exceeds \$100	nt officer and any family member, if aggre	y Section 176.003(a)(2)(B).
		iption of Gift 20 Ceramic Molds	
		iption of Gift	
Date Gift Accepted	d Descrip	tion of Gift	
	(atta	ch additional forms as necessary)	
BRENDA Notary F Exp	Government Code GONZALEZ MARTINEZ Public, State of Texas irres 04/30/2023 .# 131994314 Plea	Signature of Localise complete either option below:	I Government Officer
0000000000			
NOTARY STAMP/SEA	d before me by <u>Sava</u>	n Canizales this the 3	30 day of March.
NOTARY STAMP/SEA worn to and subscribed 0 22 to certife	y which, witness my hand and se	eal of office. Enda Gonzalez Martinez	Secretary
NOTARY STAMP/SEA worn to and subscribed 0 22 to certife	y which, witness my hand and se	eal of office. Enda Gonzalez - Martinez ed name of officer administering oath	30 day of March. Secretary Title of officer admirbstering oats
NOTARY STAMP/SEA worn to and subscribed O 22 to certife Bunda Gonda) gnature of officer administ	y which, witness my hand and se which witness my hand and se which witness my hand and se which with the second se	eal of office. Enda Gonzalez Martinez	Secretary
NOTARY STAMP/SEA NOTARY STAMP/SEA NOTARY STAMP/SEA NOTARY STAMP/SEA NOTARY STAMP/SEA TO CERTIFICATE ADMINISTRATION OF THE PROPERTY OF THE	y which, witness my hand and se	eal of office. Enda Gonzalez Martinez ed name of officer administering oath OR	Secretary Title of officer administering oat
NOTARY STAMP/SEA Worm to and subscribed O 22, to certify Granture of officer administration Unsworn Declarate y name is	y which, witness my hand and se	eal of office. Enda Gonzalez - Martinez ed name of officer administering oath	Secretary Title of officer administering oat
NOTARY STAMP/SEA Worm to and subscribed O 22 to certification to certification to the certification of officer administration of the certification of the	y which, witness my hand and se	eal of office. Enda Gonzalez Martinez ed name of officer administering oath OR , and my date of birth is	Secretary Title of officer administering oat
NOTARY STAMP/SEA Worm to and subscribed O 22, to certify Granture of officer administration Unsworn Declarate y name is	y which, witness my hand and se	eal of office. Enda Gonzalez Martinez ed name of officer administering oath OR	Secretary Title of officer administering oat

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	
Florencio De la Cruz	ly Secretary's C Rosind Data 4-29-22
2 Office Held	C (Commes
Designer	Date 4-29-22
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Jose C. Diaz South Texas Christian Academy	
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	o and each family relationship
Giftcards - \$25 and \$15	
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).
Date Gift Accepted Description of Gift Gift card \$25	
Date Gift Accepted 4/26/2022 Description of Gift Gift Card \$15	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies and the disclosure applies as the disclosure applies appli	ed by Section 176.001(2), Local
GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3)(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	Government Officer
Sworing to and subscribed before me, by the said Holencio De la CN12	, this the OTT day
of TVDVI , 20 LL, to certify which, witness my hand and seal of office.	N
Orcher Gabrica Cantu f	amin Llux
Signature of officer administering oath Printed name of officer administering oath Tit	tle of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

May 2022

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. 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 - 1/2 Office Florencio De La Cruz Office Held Designer/Subdivision Coordinator Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Maria Ester Rivera Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. McAllen Resident - Distributed to Employees 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 Cabello Brothers Mango Box Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift _ (attach additional forms as necessary) **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 GABRIELA CANTU covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE to and subscribed before me, by the said gnature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM CIS

This questionnaire	reflects changes made to the law by H	.B. 23, 84th Leg., Regular Session	OFFICE USE ONLY
government office	e to the appropriate local governmen er has become aware of facts that requ th Chapter 176, Local Government Co	uire the officer to file this stateme	Date Received Secretary's O
Name of Local	I Government Officer		Readord
Jose 4	iumberto De La (navica	6/2/22
2 Office Held			Date 0/ 0/22
Develo	prient Coordinati	20	
Name of vendo Code	man Investments.	ind 176.003(a), Local Governme	
with vendor n	f the nature and extent of each employ amed in item 3.		
5 List gifts acce from vendor r	epted by the local government office named in item 3 exceeds \$100 during epted	the 12-month period described	d by Section 176.003(a)(2)(B).
	epted Description of	Gift	
Date Gift Acce	epted Description of G	Sift	
		ional forms as necessary)	
NOTARY STAVP	DIANA M SILVA Lotary Public, State of Texas ID# 12845221-7 MFADoministion Expires 11-22-2022 Cribed before me by OSC Tumberto	mplete either option below	ocal Government Officer
Drain n	certify which, witness my hand and seal of office	14 6 1.15	Molary
Signature of officer ad	ministering oath Printed name o	f officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Dec	laration		
My name is		, and my date of birth i	s
My address is		0000 000 000 00000	
IVIY address is	(street)	(city)	(state) (zip code) (country)
Executed in	1 a 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	on the day of	(year)
		(mon	
		Signature of Local C	Sovernment Officer (Declarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

June 2022

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. 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 Danyel Ayala, LCC Recreation Supervisor Office Held McAllen Parks & Recreation Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Domino's Plzza Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Lark Summer Day Camp Session 1 Fun Friday Meal 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 6/17/22 Description of Gift 12 large pepperoni pizza \$97.30 Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift ___ (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement is true and correct. I acknowledge

Swo



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 Gevernment Officer

AFFIX NOTARY STAMP / SEAL ABOVE

rn to	and	subscribed	before me,	by the	said	
				The second second		

Danyel Ayala

2, 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

FORM CIS

This questionnaire refle	cts changes made to the la	w by H.B. 23, 84th Le	g., Regular Sessi	on.	OFFICE	USEONLY
government officer ha	the appropriate local gove s become aware of facts th apter 176, Local Governme	at require the officer		nent Dai	Received	tary's O
1 Name of Local Gov	ernment Officer	350000	,	-111	-	1.4
Jose Angel	Trujillo III, Seni	or Admin. Cle	rk		OVE	geloed
2 Office Held	Secretary			2	ne 6/2	2/22
3 Name of vendor des Code PGV	cribed by Sections 176.00 K - Pop Shop	01(7) and 176.003(a)	, Local Governn	nent		
4 Description of the r with vendor named	nature and extent of each elin item 3.	Event appli		onship an	d each fan	nily relationship
5 List gifts accepted from vendor named Date Gift Accepted	by the local government d in item 3 exceeds \$100 c 6/21/22 Descript	officer and any fam Juring the 12-month ion of Gift BOX	period describ	ed by Sec	tion 176.0	e gifts accepted 03(a)(2)(B).
Date Gift Accepted	Descript	ion of Gift				
Date Gift Accepted	Descriptio	n of Gift				
	(attach	additional forms as	necessary)			
Cindy Gonza Notary ID 13086724 (1) Anidavit My Comm. I 10-18-202 NOTARY STAMP ASEA OF T	# ★ Please	e complete either	Signature of er option below	Local Gove		er
6185	C,	ndy Conzal	59		JOYSI	4
Signature of officer administeri	ng oath Printed	name of officer administer			Title of office	r administering oath
(2) Unsworn Declaratio	n	OR				
My name is		, ai	nd my date of birth	is		
My address is			1,417			
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of(moi	nth)	_, 20 (year)	
			Signature of Local	Governmen	t Officer (De	clarant)

(Instructions for completing and fili	ng this form are provided on the next page.)	
This questionnaire reflects changes	made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ate local governmental entity that the following local vare of facts that require the officer to file this statement ocal Government Code.	Date Received
Name of Local Government Off	icer City	Secretary's O
Florencio De La Cruz		Date 6/22/22
Office Held		
Subdivision Coordinator		
Name of vendor described by S	Sections 176.001(7) and 176.003(a), Local Government C	Code
Raymundo Platas-Developer		
Description of the nature and ex with vendor named in item 3.	ctent of each employment or other business relationship	and each family relationship
Developer		
from vendor named in item 3 ex Date Gift Accepted 6/17/2022	Description of Gift 1) doughnut box-distributed to s	taff
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define	ed by Section 176.001(2), Local
GABRIELA CANTL NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26 NOTARY ID 13133076	6/25	(2)(B), Local Government Code.
AFFIX NOTARY STAMP / SEAL A	Ameria De la Cuis	m
Sworn to and subscribed before me, by	to certify-which, witness my hand and seal of office.	_, this the day
Mandell	GARBURIA CAMPULLI	Jan 1 Dillie

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. 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 EDUARDO MENDOZA Office Held CITY ENGINEER Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code RAYMUNDO PLATAS - DEVELOPER Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. DEVELOPER 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 6/23/2022 Description of Gift 1) BOOK - (it will go to our library) Date Gift Accepted ______ Description of Gift _____ Date Gift Accepted ______ Description of Gift ___ (attach additional forms as necessary) **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 GABRIELA CANTU covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Swown to and subscribed before me, by the said 100000 Memozo 20 722, to certify which, witness my hand and seal of office. nature of officer administering oath Printed name of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

July 2022

FORM CIS

form are provided on the next page.)	
o the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
cal governmental entity that the following local facts that require the officer to file this statement overnment Code.	Date Received
Cit	y Secretary's Of
lice Department	7/1/22
ns 176.001(7) and 176.003(a), Local Government	Code
ts	
f each employment or other business relationshi	ip and each family relationship
is	
mment officer and any family member, if aggreg s \$100 during the 12-month period described by 2) ULINE Camo Rolling Cooler	y Section 176.003(a)(2)(B).
Description of Gifts (1) <u>ULINE Precision Grill Tongs</u> (3) <u>ULINE Camp Chairs</u> (1) <u>ULINE Utility Wagon</u> (3) <u>ULINE Backpacks</u> (2) <u>ULINE Year Wall Calenda</u>	of of a start flan
(To be Raffled off to Police Officers at Comm	nand Staff Roll Call Training.)
I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de	efined by Section 176.001(2), Local
covernment Code) of this local government officer. I also bovers the 12-month period described by Section 176.003	
Signature of Loca	I Government Officer
V	
d Victor Rodriguez	, this theday
fy which, witness my hand and seal of office.	
() William Con III Hallo alla seal el sillos.	
	the law by H.B. 23, 84th Leg., Regular Session. Cal governmental entity that the following local facts that require the officer to file this statement overnment Code. Lice Department It is 176.001(7) and 176.003(a), Local Government is feach employment or other business relationships is nament officer and any family member, if aggress \$100 during the 12-month period described by 2) ULINE Camo Rolling Cooler (1) ULINE Precision Grill Tongs (3) ULINE Camp Chairs (1) ULINE Utility Wagon (3) ULINE Backpacks (2) ULINE Year Wall Calends (To be Raffled off to Police Officers at Community of the Cooler

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	FFICE USE ONLY
government officer has become aware of facts that require the officer to file this statement Date R	APALES
Tracedicance with chapter 176, Escal Government code.	Received
Name of Local Government Officer Victor Rodriguez for McAllen Police Department	ecretary's Of
Office Held	1/1/22
Chief of Police	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code OFFICE DEPOT	
Description of the nature and extent of each employment or other business relationship and each with vendor named in item 3.	ch family relationship
Vender Company, McAllen, Texas	
List gifts accepted by the local government officer and any family member, if aggregate value from vendor named in item 3 exceeds \$100 during the 12-month period described by Section	
Date Gift Accepted 6/30/22 Description of Gift (1) padded Black Briefcase	-
Date Gift AcceptedDescription of Gift	
Date Gift AcceptedDescription of Gift	
(Attach additional forms as necessary.) (To be Raffled off to Police Officers at Command	Staff Roll Call Training.
AFFIDAVIT I swear under penalty of perjury that the above statement is true and that the disclosure applies to each family member (as defined by Source penalty of this local approximant office. Lake acknowledged)	ection 176.001(2), Local
MARIA M GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-1	a
My Comm. Exp. 01-10-2024 Signature of Local Government	ent Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said Victor Rodriguez , this	the 1st day
of July , 20 22 to certify which, witness my hand and seal of office.	
of, 20 22, to certify which, witness my hand and seal of office.	

FORM CIS

This questionnaire reflects changes made to	the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	governmental entity that the following local acts that require the officer to file this statement ernment Code.	Date Received
Name of Local Government Officer		7-7-22
EDUARDO MENDOZA		
2 Office Held		
CITY ENGINEER		
Name of vendor described by Sections ERICK KENNEDY-SPAWGLASS	176.001(7) and 176.003(a), Local Government (Code
Description of the nature and extent of ewith vendor named in item 3. PRESIDENT OF COMPANY	each employment or other business relationship	and each family relationship
from vendor named in item 3 exceeds \$ Date Gift Accepted 6/30/22 Desc	ment officer and any family member, if aggrega 3100 during the 12-month period described by S 4TH OF JULY GIFT BASKE cription of Gift 1) DEPT	Section 176.003(a)(2)(B). T THAT WAS RAFFLED TO
Date Gift Accepted Desc	cription of Gift	
(;	attach additional forms as necessary)	
th	swear under penalty of perjury that the above statement is at the disclosure applies to each family member (as definitive overnment Code) of this local government officer. I also servers the 12-month period described by Section 176.003(a)	ed by Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by the said or LONG. 20 22, to certify Signature of officer administering oath	Eduardo Mendoza which, witness my hand and seal of office. Jubriela Canty	_, this the 30th day

	eflects changes m	ade to the law by H.B. 23, 84th Leg.,	, Regular Session.	OFFICE USE ONLY
government officer	has become awa	e local governmental entity that the control of the	the following local of file this statement	Date Received Secretary's C
Name of Local G	overnment Offic	er	3	Reselved
FLORENCIO DE I	.A CRUZ		12	Secretary's C Received
Office Held				
DESIGNER				
Name of vendor		ctions 176.001(7) and 176.003(a),	Local Government Co	ode
Description of the with vendor name		ent of each employment or other b	ousiness relationship a	and each family relationship
STARBUCK	3 (2)			
Date Gift Accepte	7/21/2022 ed	_ Description of GiftSTARBU		
Date Gift Accepte	ed	Description of Gift		
		(attach additional forms as ne	ecessary)	
NOTA STATE MY COMM	ELA CANTU RY PUBLIC OF TEXAS M. EXP. 10/26/25 ID 13133076-3	I swear under penalty of perjury that the disclosure applies to each Government Code) of this local government that the disclosure applies to each Government Code) of this local government that the disclosure applies to each Government Code) of this local government Code (Code) of the disclosure applies to each Government Code (Code) of the disclosure applies to each Government Code (Code) of the disclosure applies to each Government Code (Code) of this local government Code (Code) of the Code (Code	family member (as defined vernment officer. I also ac	by Section 176.001(2), Local knowledge that this statement (a)(B), Local Government Code.
······		WE 2		
	nn	HOLEMAIN DA	La Cruz	this the day

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

August 2022

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

This questionnaire reflects ch	anges made to the law	by H.B. 23, 84th Le	eg., Regular Session.	OFFICE USE ONLY
This is the notice to the ap government officer has been in accordance with Chapter	me aware of facts tha	at require the office		Date Received
1 Name of Local Governme	nt Officer			200 55
Carina Jimenez				8-1-22
2 Office Held				8-1-22 Received
Deputy Director	of Programs			
3 Name of vendor described Code	l by Sections 176.00	1(7) and 176.003(a), Local Government	
HEB				A LA SECTION AND ADDRESS OF THE PARTY OF THE
Description of the nature with vendor named in ite event sponsor		mployment or othe	r business relationshi	ip and each family relationship
5 List gifts accepted by the	em 3 exceeds \$100 d	uring the 12-mont		gate value of the gifts accepted section 176.003(a)(2)(B). a = \$5,000
Date Gift Accepted				
Date Gift Accepted			Sourit of	
SIGNATURE I swear u		additional forms as		nowledge that the disclosure applies
also ackr			th period described by Sec	e) of this local government officer. I stion 176.003(a)(2)(B), Local Government Officer
			Signature of Local	Government Officer
(1) Affidavit	MARY ANN JUANEZ Notary Public, State of Tex Expires 04/17/2023 I.D.# 12429211-2		er option below:	
Sworn to and subscribed before r	пе by <u>Carina Jim</u>	enez	this the	4th day of July
	itness my hand and seal o			TOTAL PROPERTY AND A SECOND
Maren and I		Ann Juarez		Accounting Supervisor
Signature of officer administering oath-		ame of officer administe	ing oath	Title of officer administering oath
		OR		
(2) Unsworn Declaration				
My name is		, a	nd my date of birth is	
My address is				
The same of the sa	(street)		(city) (state	(zip code) (country)
Executed in	_ County, State of	, on the	day of (month)	, 20
		-	Signature of Local Govern	nment Officer (Declarant)

(Instructions for completing an	d filing this form are provided on the next page.)	
This questionnaire reflects chang	es made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	opriate local governmental entity that the following local a ware of facts that require the officer to file this statement 6, Local Government Code.	Date Received
1 Name of Local Government	Ca	ly Secretary's O Reciped Date 8-5-22
2 Office Held Public E	Lamora Sucction Officer	Date, 8-5-22
Name of vendor described by	by Sections 176.001(7) and 176.003(a), Local Government of Skvin Monks - Vice President	
Description of the nature an with vendor named in item 3	d extent of each employment or other business relationship	and eack/family relationship
from vendor named in item Date Gift Accepted 8/3/	cal government officed and any family member, if aggregated acceeds \$100 during the 12-month period described by the second acceptance of Gift	
Date Gift Accepted	TALL MACCALANT	
	(attach additional forms as necessary)	
MARINA RODRIGUE: Natary 10 #1336197 My Commission Expl. March 1, 2026		ned by Section 176.001(2), Local acknowledge that this statement ()(2)(B), Local Government Code.
Sworn to and subscribed before m	James Schuller Fine Chief	, this the day
Many Lower administering	Marina Ridiguez N	Johany tle of officer administering oath
and a supply of the supply of	2 7-11. I miles halle of cities administering carr	as at shicer administering cath

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

This questionnaire refle	ects changes made to	the law by H.B. 2	23, 84th Leg.	, Regular Ses	ssion.	OFFICE	USE ONLY
This is the notice to government officer ha in accordance with Ch	is become aware of	facts that require	entity that the officer to	the following file this stat		SECTE:	
Name of Local Gov	ernment Officer					0(20	eloed
Sarah Caniz	zales				0	8/	25/22
Office Held					-	sate	
Manager La	as Palmas CC						
Name of vendor des Code		176.001(7) and 1	176.003(a), I	ocal Gover	nment		
Jose Rami	rez						
Description of the with vendor name of Donation	nature and extent of d in item 3.	feach employme	nt or other b	ousiness rela	ationship	and each far	nily relationship
Date Gift Accepted	8/4/22	\$100 during the escription of Gift	12-month p	eriod descr ole Tennis	ibed by S with wh	ection 176.0 eels (\$60	03(a)(2)(B).
Date Gift Accepted	D	escription of Gift					
Date Gift Accepted	De	scription of Gift _					
		(attach additional	forms as ne	ecessary)			
	MARY AN Notary Public, Expires 0	Please comple N JUAREZ State of Texas 1/17/2023		Signature	of Local Go	vernment Office	
NOTARY STAMP/SEAL	1.D.# 12	129211-2					
worn to and subscribed	hefore me by Sara	h Canizales		thic	the 12th	1 day of A	Manet
	which, witness my hand a					day di	, agust
Mary an	which, whiless my hand a	Mary Ann Jua	erez .		Δ	ccounting	Supervisor
gnature of officer administer	ing oath	Printed name of office	CLOWNERS MOUNT	oath			r administering oath
	7)	DOM NO DAM MANAGEMENT	3.878 ASSES 23.12	Cath	_	Thie or office	administering oath
) Unsworn Declaratio	n		OR			- 2	
y name is			, and	my date of bir	th is		
y address is			_				
	(street)			(city)	(state)	(zip code)	(country)
recuted in	County, State	of	, on the		nonth)	, 20(year)	
			Si	gnature of Loc	al Governm	ent Officer (De	clarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

September 2022

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.

Date Received

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

Victor Rodriguez for McAllen Police Department

Lity Secretary's Office Received

OFFICE USE ONLY

Office Held

Chief of Police

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

Mr. Robert Barbosa

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

Sharyland High School

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 09/16/22 Description of Gift (1) Gift basket with food snacks

Date Gift Accepted___

Description of Gift

Date Gift Accepted____

Description of Gift

(Attach additional forms as necessary.)

(Given to Police employees.)

AFFIDAVIT



MARIA M GUZMAN Notary Public STATE OF TEXAS Notary ID# 385152-1 My Comm. Exp. 01-10-2024 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 Sovernment Code) of this local government officer. I also acknowledge that this statement overs the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said <u>Victor Rodriguez</u>

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

Maria M. Guzman

Notary Public / Administrative Assistant

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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.

OFFICE USE ONLY

Date Received

Name of Local Government Officer

GERARDO DE LA ROSA

2 Office Held

PERMIT TECHNICIAN

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

Melden & Hunt Inc.

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

Consultant - Distributed to Employees

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).

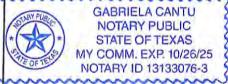
Date Gift Accepted ______ Description of Gift BOX OF 6 SHIPLEYS DONUTS

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 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALMWOOD DE CONTRACTOR

to confirm block with construction of the confirmation

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

Signature of officer administering oath

Printed name of officer administering oath

Title of all an administration of

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

This questionnaire reflects ch	anges made to the law b	y H.B. 23, 84th Le	g., Regular Sessi	on. O	FFICE USE ONLY
This is the notice to the ap government officer has become in accordance with Chapter	ome aware of facts that	require the officer		Mont Dale Hed	cretary's Of
Name of Local Government Alejandrin	ent Officer Morales			9	-30-22
2 Office Held FIRE	Inspector		8	Dats.	
Name of vendor described				0/2000	
Description of the nature with vendor named in ite Asite meeting was List gifts accepted by the	m 3	All and the same			실명하다 경영 하지 않는데 영화를 [
from vendor named in its	em 3 exceeds \$100 dur	ing the 12-month	period describ	ed by Section	176.003(a)(2)(B).
Date Gift Accepted	Description	of Gift		27	
Date Gift Accepted	Description of	of Gift			
	(attach ac	dditional forms as	necessary)		
also ackr	amily member (as defined be nowledge that this statemen ent Code.				
120043A4-			Signature of	Local Governme	nt Officer
(1) Affidavit (My Common Marcon Marc	# #133619707 nission Expires th 1, 2026	omplete eithe			0
Sworn to and subscribed before r	ne by James S	Schultz:	FireChief in	e 1911 day	of September
to certify which, w	itness my hand and seal of o	ffice.		ı	
Marina Roll		ina Kodniqu	7.2.1	NO.	tary
Signature of officer administering oath	O Printed nam	e of officer administeri	ng oath	Title	of officer administering oath
u, monther de la company		OR			
2) Unsworn Declaration					
My name is		, ar	d my date of birth	is	
My address is					
	(street)		(city)	(state) (zip co	ode) (country)
xecuted in	_ County, State of	, on the	day of(mor	ith) 20	(year)
		-	Signature of Local	Government Offic	cer (Declarant)

	(Instructions for completing and filing this form are provided on the next page.)	
Т	his questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
g	his is the notice to the appropriate local governmental entity that the following local overnment officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code.	Date Received
1	Name of Local Government Officer	200, 50
	EDUARDO MENDOZA	Deta 9-36-20
2	Office Held	Date 9-30-22
	CITY ENGINEER	
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government NICK PARDO	Code
4	Description of the nature and extent of each employment or other business relationship with vendor named in item 3. SHIPLEY DONUTS	and each family relationship
5	List gifts accepted by the local government officer and any family member, if aggregation wendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted Description of Gift SHIPLEY DONUTS Date Gift Accepted Description of Gift	Section 176.003(a)(2)(B).
	Date Gift Accepted Description of Gift (attach additional forms as necessary)	
6	AFFIDAVIT I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define that the disclosure ap	ed by Section 176.001(2), Local acknowledge that this statement (2)(B), Local Government Code
		tle of officer administering oath

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

October 2022

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

November 2022

FORM CIS

OFFICE USE ONLY

Date Received

(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

MARIO CRUZ

Office Held

DEPUTY CITY ENGINEER

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

YVETTE BARRERA

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

HIDALGO COUNTY DISTRICT

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).

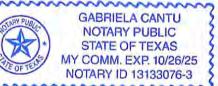
Date Gift Accepted 11/9/2022 Description of Gift SHIPLEY DONUT BOX

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted ______ Description of Gift _____

(attach additional forms as necessary)

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

AFFIX NOTARY STAMP / SEAL ABOVE

scribed before me, by the said

1, 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

FORM CIS

OFFICE USE ONLY

Date Received

(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

MARIO CRUZ

Office Held

DEPUTY CITY ENGINEER

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

MDM

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

CONTRACTOR

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 11/17/2022 Description of Gift KRISPY KREME DONUTS

Date Gift Accepted ______ Description of Gift _____

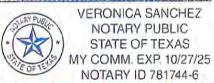
Date Gift Accepted ______ Description of Gift

(attach additional forms as necessary)

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Nem la . 20 22, to certify which, witness my hand and seal of office.

Signature of officer administering oath

This questionnaire reflects changes may	this form are provided on the next page.) de to the law by H.B. 23, 84th Leg., Regular Session.	000000000000000000000000000000000000000
	(요) 이 이 사람들은 이 사람들이 가장 있다면 그렇게 되었습니다.	OFFICE USE ONLY
	local governmental entity that the following local e of facts that require the officer to file this statement Government Code.	Date Received
Name of Local Government Office	City	Secretary's Of
MARIO CRUZ		1/12/22
Office Held		
DEPUTY CITY ENGINE	EER	
Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
RIO DELTA ENGINEER	ING	
	ING nt of each employment or other business relationshi	
with vendor named in item 3.	it of each employment of other business relations in	p and each family relationship
3 TURKEYS / SIDES		
from vendor named in Item 3 exce	eds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
from vendor named in item 3 excerpted 11/17/2022	eds \$100 during the 12-month period described by Description of Gift 3 TURKEYS / SIDES	Section 176.003(a)(2)(B). / Raffled
from vendor named in Item 3 exce	Description of Gift 3 TURKEYS / SIDES	Section 176.003(a)(2)(B). Raffled
from vendor named in Item 3 exce Date Gift Accepted 11/17/2022 Date Gift Accepted	Description of Gift 3 TURKEYS / SIDES / Description of Gift	Section 176.003(a)(2)(B). Raffled
from vendor named in item 3 exce Date Gift Accepted 11/17/2022 Date Gift Accepted Date Gift Accepted	Description of Gift Description of Gift Description of Gift Description of Gift	Section 176.003(a)(2)(B). Raffled
from vendor named in Item 3 exce Date Gift Accepted Date Gift Accepted	Description of Gift Description of Gift Description of Gift Description of Gift	is true and correct. I acknowledge ined by Section 176.001(2), Local or acknowledge that this statement
from vendor named in Item 3 exce Date Gift Accepted 11/17/2022 Date Gift Accepted Date Gift Accepted	Description of Gift TURKEYS / SIDES Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as def Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(is true and correct. I acknowledge ined by Section 176.001(2), Local or acknowledge that this statement
Date Gift Accepted 11/17/2022 Date Gift Accepted Date Gift Accepted Date Gift Accepted VERONICA SANCH NOTARY PUBLIC	Description of Gift 3 TURKEYS / SIDES / Description of Gift	is true and correct. I acknowledge ined by Section 176.001(2), Local or acknowledge that this statement
Date Gift Accepted 11/17/2022 Date Gift Accepted Date Gift Accepted Date Gift Accepted VERONICA SANCH NOTARY PUBLIC STATE OF TEXA MY COMM. EXP. 10/2 NOTARY ID 78174	Description of Gift 3 TURKEYS / SIDES / Description of Gift	is true and correct. I acknowledge ined by Section 176.001(2), Local acknowledge that this statement (a)(2)(B), Local Government Code.
Date Gift Accepted 11/17/2022 Date Gift Accepted Date Gift Accepted Date Gift Accepted VERONICA SANCHNOTARY PUBLIC STATE OF TEXA MY COMM. EXP. 10/2 NOTARY ID 78174 AFFIX NOTARY STAMP? SEAL ABO Sworn to and subscribed before me, by the	Description of Gift 3 TURKEYS / SIDES / Description of Gift	is true and correct. I acknowledge lined by Section 176.001(2), Local of acknowledge that this statement (a)(2)(B), Local Government Code. Government Officer
Date Gift Accepted 11/17/2022 Date Gift Accepted Date Gift Accepted Date Gift Accepted AFFIDAVIT VERONICA SANCHNOTARY PUBLIC STATE OF TEXA MY COMM. EXP. 10/2 NOTARY ID 78174 AFFIX NOTARY STAMP SEAL ABO Sworn to and subscribed before me, by the	Description of Gift	is true and correct. I acknowledge lined by Section 176.001(2), Local of acknowledge that this statement (a)(2)(B), Local Government Code. Government Officer

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.

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

EDUARDO MENDOZA

Office Held

CITY ENGINEER

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

RIO DELTA ENGINEERING

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

4 TURKEYS / SIDES

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 11/17/2022 Description of Gift 4 TURKEYS / SIDES / Raffled

Date Gift Accepted _____ Description of Gift

Date Gift Accepted Description of Gift

(attach additional forms as necessary)

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.



GABRIELA CANTU **NOTARY PUBLIC** STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

and subscribed before me, by the said

Signature of officer administering oath

Printed name of officer administering oath

AND TO BE SEED OF THE PROPERTY OF THE PARTY	iges made to the law by H.B. 23, 84th Leg., Regular Session. OFFICE USE ON	ILY
	ropriate local governmental entity that the following local ne aware of facts that require the officer to file this statement Date Received 26, Local Government Code.	ال
Name of Local Governmen	t Officer Resclosed	,
JUAN MARTINEZ	t Officer The aware of facts that require the officer to file this statement with the content of the content o	2
Office Held		
CONSTRUCTION MAI	IAGER	
Name of vendor described	by Sections 176.001(7) and 176.003(a), Local Government Code	
RIO UNITED BUILI	DERS	
Description of the nature a with vendor named in item	nd extent of each employment or other business relationship and each family relati $oldsymbol{3}.$	onship
1 CAKE		
· 그렇게 되는 어떤 물건이는 기술이다. 그런 이렇게 하는 사람들이 모으셨다.	ocal government officer and any family member, if aggregate value of the gifts a	
Date Gift Accepted 11/2	3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(1) /22 Description of Gift1) CAKE	В).
Date Gift Accepted11/2		в).
Date Gift Accepted	/22 Description of Gift 1) CAKE	в).
Date Gift Accepted	Description of Gift Description of Gift	в).
Date Gift Accepted	Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001(2),	edge
Date Gift Accepted Date Gift Accepted Date Gift Accepted AFFIDAVIT GABRI NOTA STATE MY COMM	Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001(2), Government Code) of this local government officer. I also acknowledge that this state RY PUBLIC Covers the 12-month period described by Section 176.003(a)(2)(B), Local Government COF TEXAS EXP. 10/26/25 D 13133076-3	edge Local
Date Gift Accepted Date Gift Accepted Date Gift Accepted AFFIDAVIT GABRI NOTA STATE MY COMM	Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001(2), Government Code) of this local government officer. I also acknowledge that this state BY PUBLIC covers the 12-month period described by Section 176.003(a)(2)(B), Local Government OF TEXAS EXP. 10/26/25 D 13133076-3 Signature of Local Government Officer	edge Local
Date Gift Accepted Date Gift Accepted Date Gift Accepted AFFIDAVIT GABRINOTA STATE MY COMM NOTARY	Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001(2), Government Code) of this local government officer. I also acknowledge that this state BY PUBLIC COVERS TO TEXAS EXP. 10/26/25 D 13133076-3 Signature of Local Government Officer AL ABOVE	edge Local

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. 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. Secretary's C Received 1/-30-22 Name of Local Government Officer EDUARDO MENDOZA Office Held CITY ENGINEER Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code RABA KISTNER Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. DEVELOPERS 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 11/29/2022 Description of Gift BISCUITS COOKies Shated with Staff. 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 176.003(a)(2)(B), Local Government Code. VERONICA SANCHEZ **NOTARY PUBLIC** STATE OF TEXAS Signature of Local Government Officer MY COMM. EXP. 10/27/25 NOTARY ID 781744-6 APPIX NOTARY STAMP / SEAL ABOVE Sworp to and subscribed before me, by the said Eduardo Mendoza , 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

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

December 2022

FORM CIS

OFFICE USE ONLY

Date Received

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

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

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

1 Name of Local Government Officer

Olazaran BILKIS OLARAZAN

2 Office Held

DEVELOPMENT ENGINEER

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

ANTUM DOMIT

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

DEVELOPER

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 2 Description of Gift CANDLES (GAVE ONE TO Eduardo)

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

O. Martinez

this the

day

of WWW.20 22

, 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

FORM CIS

CE

This questionnaire ref					600	OFFICE	USE ONLY
This is the notice to government officer has in accordance with C	as become aware	of facts that require th			1111	ate Received	
1 Name of Local Go		West The Manager Province		-1	ty	Secret	aru's OH
Jak	in Shelton				J	Reas	ary's Uff B-22
2 Office Held						17 -	8-22
Sys	items Manag	il			.00	ste_12	0
3 Name of vendor de Code		ns 176.001(7) and 17	76.003(a), Lo	ocal Governme	ent		
	nature and extent	of each employmen	t or other bu	isiness relation	nship a	nd each fam	nily relationship
	ed in item 3 exceed	ernment officer and ds \$100 during the 1 Description of Gift	12-month pe	eriod described	d by Se		
Date Gift Accepted		Description of Gift					
Date Gill Accepted	d C	escription of Gift (attach additional t	forms as nec	cessary)			
ILAR	also acknowledge that Government Code. 187 # 1-9 EXP	er (as defined by Section this statement covers the Please comple	ne 12-month pe	Signature of	Section ocal Gov	176.003(a)(2)((B), Local
Sworn to and subscribed	before me by	Sason Sk	iel tor	this the	R	day of	Decembe
22	which, witness my han	nd and seal of office.				1 2.1	
Signature of officer administe	ering path	Printed name of officer	SON EST			Title of officer	r administering oath
aighterer of street astronomer	Amg Saut		THE WAY CONTRACTOR	am		Title di omissi	administering path
(2) Unsworn Declarati	on	O	К				
My name is			, and m	ny date of birth is			
My address is							
	(street	t)		(city) (s	state)	(zip code)	(country)
Executed in	County, Sta	ite of,	on the	day of (month	h)	, 20 (year)	
			Sign	nature of Local G	overnme	ent Officer (Dec	clarant)

FORM CIS

This questionnaire refi	ects changes made to the law b	y H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer ha	as become aware of facts that r	mental entity that the following local require the officer to file this statement	Date Received
	hapter 176, Local Government	Code. City	Secretary's Off Received Date 12-8-22
1 Name of Local Go			Received
Ja	fon Shelton		12-0 72
2 Office Held	Systems Manager		Date 12 8 - 22
	scribed by Sections 176.001(7	7) and 176.003(a), Local Government	
	Free IT Date So	lutions	
with vendor name	d in item 3	bloyment or other business relationsh http://www. icer and any family member, if aggres	
from vendor name	ed in item 3 exceeds \$100 duri	icer and any family member, it aggrees ing the 12-month period described by of Gift _ Holy Barket	pate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted			
Date Gift Accepted	d Description	of Gift	
Date Gift Accepted	Description o	f Gift	
	(attach ad	ditional forms as necessary)	
Cindy Gonza	lez # # Please c	Signature of Local omplete either option below:	Government Officer
	before me by 5200 S	Shellon this the	I'm day of Detember.
20 <u>77</u> , to certify	which, witness my hand and seal of of	2	r f .
- Co Any	(Tir	01	_ Alberry
Signature of officer administer	nng oath Printed name	e of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	on	OR	
My name is		, and my date of birth is	
My address is			
AN CASANDAN	(street)	(city) (state	(country)
Executed in	County, State of	, on theday of(month)	, 20 (year)
		Signature of Local Govern	nment Officer (Declarant)

This questionnaire reflects chang	es made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	opriate local governmental entity that the following local aware of facts that require the officer to file this statement by Local Government Code.	Date Received
Name of Local Government	Officer	
duardo Mendoza	City	Scorchory's Off Reciped 4-12-9-12
Office Held	-	Alecelosis
ity Engineer	Σ	12-9-72
Name of vendor described b	y Sections 176.001(7) and 176.003(a), Local Government (Code
ntun Domit - Developer		
Description of the nature and with vendor named in item 3.	extent of each employment or other business relationship	and each family relationship
oodie Basket - Distributed to		
odie Basket - Bistributed to	o Employees	
List gifts accepted by the loc from vendor named in item 3	cal government officer and any family member, if aggregates exceeds \$100 during the 12-month period described by S	te value of the gifts accepte
Date Gift Accepted	022 Description of Gift Basket with Christmas goodies.	section 176.003(a)(2)(B).
Date Gift Accepted	exceeds \$100 during the 12-month period described by S	section 176.003(a)(2)(B).
Date Gift Accepted	022 Description of Gift Basket with Christmas goodies.	section 176.003(a)(2)(B).
Date Gift Accepted	022 Description of Gift Basket with Christmas goodies. Description of Gift	section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift Description of Gift Description of Gift Description of Gift (attach additional forms as necessary)	section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also accovers the 12-month period described by Section 176.003(a)(3) (6/25) 6/25	rue and correct. I acknowledge d by Section 176.001(2), Local cknowledge that this statement 2)(B), Local Government Code.
Date Gift Accepted Date Gift Accepted Date Gift Accepted Date Gift Accepted AFFIDAVIT GABRIELA CANTUNOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/20 NOTARY ID 13133070	Description of Gift Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also accovers the 12-month period described by Section 176.003(a)(3) Signature of Local Go	rue and correct. I acknowledge d by Section 176.001(2), Local cknowledge that this statement
Date Gift Accepted AFFIDAVIT GABRIELA CANTUNOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/20 NOTARY ID 13133070 AFFIX NOTARY STAMP / SEAL	Description of Gift Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also accovers the 12-month period described by Section 176.003(a)(3) Signature of Local Go ABOVE	rue and correct. I acknowledge d by Section 176.001(2), Local cknowledge that this statement 2)(B), Local Government Code.
Date Gift Accepted AFFIDAVIT GABRIELA CANTUNOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/20 NOTARY ID 13133070	Description of Gift Description of Gift Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also accovers the 12-month period described by Section 176.003(a)(3) Signature of Local Go ABOVE	rue and correct. I acknowledge d by Section 176.001(2), Local cknowledge that this statement 2)(B), Local Government Code.

FORM CIS

(Instr	uctions for completing and	filing this form are p	provided on the next p	age.)
This questionnaire reflects	changes made to the law by	y H.B. 23, 84th Leg.	, Regular Session.	OFFICE USE ONLY
This is the notice to the government officer has be in accordance with Chapter	come aware of facts that r	equire the officer to		Date Received
Name of Local Government o	ment Officer Coll	Custome	Petations	Date 12/9/23
Custome		5		Date 12/9/
3 Name of vendor describ	ed by Sections 176,001(7	7) and 176.003(a),	Local Government	
4 Description of the natu with vendor named in i		oloyment or other l	ousiness relationshi	p and each family relationship
	item 3 exceeds \$100 duri	ing the 12-month		ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted	The state of the s		ग्लूट न ग्लूनन्	
	Description o			7
Date diff Accepted		ditional forms as n	ecessary)	
Cindy Gonzalez Notary ID# 13086724-9 (1) Affida My Comm. Exp. 10-18-2024 NOTARY STENDERS FALL Sworn to and subscribed before	Co .	omplete either	VICE NO.	day of <u>December</u>
Curde Spra	e Cin	LY Contale	PE .	Notary
Signature of officer administering of	nth Printed nam	e of officer administering	g oath	Title of officer administering oath
(2) Unsworn Declaration		OR		
My name is		, and	my date of birth is	
My address is				
	(street)	T 104 5	(city) (state	
Executed in	County, State of	, on the	day of (month)	, 20 (year)
		S	ignature of Local Govern	nment Officer (Declarant)

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

FORM CIS

CE

This questionnaire reflects	changes made to the law by	H.B. 23, 84th Leg	j., Regular Session.	OFFICE	E USE ONLY
government officer has b	appropriate local governme ecome aware of facts that red ter 176, Local Government C	quire the officer		nt Date Received	
1 Name of Local Govern	Intent Officer)	Cit	ty Secret	tary's Off
2 Office Held	nor Rela	Lions			5/22
3 Name of vendor descri	bed by Sections 176.001(7)	and 176.003(a);	Rocal Governmen	ıt	
4 Description of the nate with vendor named in	ure and extent of each emplo item 3.	yment or other	businėss relations	ship and each fa	mily relationship
5 List gifts accepted by from vendor named in Date Gift Accepted		er and any fami g the 12-month of Gift	period described	regate value of the by Section 176.0	he gifts accepted 003(a)(2)(B).
Date Gift Accepted					
Date diff Accepted		tional forms as	necessary)		
Cindy Gonzal Cindy Gonzal Notary ID# 13086724-5 My Comm. E: 10-18-2024 NOTARY STAND SEAL Sworn to and subscribed before	ASTRICT	Section 176 001(2) sovers the 12-month mplete eithe	n period-described by	Section 176.003(a)(2) Cal Government Office	overnment officer. I (NB), Local
Cla		antalet.		Lub	14
Signature of officer administering of	11 A 2 A 3 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4	of officer administering	ng oath	Title of offic	er administering oath
		OR			
(2) Unsworn Declaration					
My name is		, an	d my date of birth is		
My address is					
	(street)		(city) (st	tate) (zip code)	(country)
Executed in	County, State of	, on the	day of(month)	, 20, (year)	-7
Y. Commission		-	(monin) Signature of Local Gov		eclarant)

	made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	wate of facts that require the officer to life this statement	Date Received
Name of Local Government O	fficer	Decretary's C Received 12/16/22
EDUARDO MENDOZA		ste 12/16/22
Office Held		
CITY ENGINEER		
	Sections 176.001(7) and 176.003(a), Local Government Co	de
Description of the nature and with vendor named in item 3. COOKIE PLATTER	extent of each employment or other business relationship a	nd each family relationshi
	Il government officer and any family member, if aggregate	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift Description of Gift	
Date Gift Accepted	Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is truthat the disclosure applies to each family member (as defined Government Code) of this local government officer. I also accovers the 12-month period described by Section 176.003(a)(2)	ue and correct. I acknowledge by Section 176.001(2), Local knowledge that this statement
Date Gift Accepted Date Gift Accepted AFFIDAVIT GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/2	Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined Government Code) of this local government officer. I also accovers the 12-month period described by Section 176.003(a)(2)	ue and correct. I acknowledge by Section 176.001(2), Local knowledge that this statement
Date Gift Accepted Date Gift Accepted AFFIDAVIT GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/2 NOTARY ID 13133076-3	Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is truthat the disclosure applies to each family member (as defined Government Code) of this local government officer. I also accovers the 12-month period described by Section 176.003(a)(2) Signature of Local Government of Government Code)	ue and correct. I acknowledge by Section 176.001(2), Local knowledge that this statement)(B), Local Government Code. vernment Officer
Date Gift Accepted Date Gift Accepted AFFIDAVIT GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/2 NOTARY ID 13133076-3	Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is truthat the disclosure applies to each family member (as defined Government Code) of this local government officer. I also accovers the 12-month period described by Section 176.003(a)(2) Signature of Local Government of Government Code)	ue and correct. I acknowledge by Section 176.001(2), Local knowledge that this statement)(B), Local Government Code.

This questionnaire reflects change	es made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appro- government officer has become in accordance with Chapter 176	priate local governmental entity that the following local aware of facts that require the officer to file this statement Local Government Code.	al Date Received
Name of Local Government	Officer	Secretary's O Received Date 12/16/22
Office Held		
CITY ENGINEER		
Name of vendor described b	y Sections 176.001(7) and 176.003(a), Local Governme	ent Code
SWG ENGINEERING, L	LC	
Description of the nature and with vendor named in item 3	extent of each employment or other business relation	ship and each family relationship
with vehicle hamed in item 5		
1. BUNTD CAKE-ENGINE	ERING	
Date Gift Accepted		ared with Staff
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3		defined by Section 176.001(2), Local also acknowledge that this statement
		al Government Officer
AFFIX NOTARY STAMP / SEAL		100
Sworn to and subscribed before me		, this the 3-th day
	by the same of the	, this the 13th day

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 loc government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	
	tu Secretary's Of
EDUARDO MENDOZA	is Secretary's Of
2 Office Held	12/20/2002
CITY ENGINEER	ty Secretary's Off Reserved Date 12/20/2022
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
B2Z ENGINEERING	- Park a State of the Commence
Description of the nature and extent of each employment or other business relation with vendor named in item 3. COOKIE TRAY	ship and each family relationship
5 List gifts accepted by the local government officer and any family member, if agg from vendor named in item 3 exceeds \$100 during the 12-month period described Date Gift Accepted	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 a	
also acknowledge that this statement covers the 12-month period described by a Government Code: GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 (1) Affidavit	cal Government Officer
NOTARY STAMP/SEAL Sworm to and subscribed before me by TOWN OF MENDOZO this the	20 day of DCC.
Signature of officer administering oath Printed name of officer administering oath	Sen. Adm. CLUIP Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,,	
(street) (city) (street) (street) (city) (street) (city) (street) (month)	tate) (zip code) (country) , 20 (year)
Signature of Local Go	vernment 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. 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 EDUARDO MENDOZA Office Held CITY ENGINEER Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code MEGAMORPHOSIS Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. CHOCOLATE BOX 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). 1 BOX Description of Gift CHOCOLATE BOX (SHARED IT WITH THE OFFICE) Date Gift Accepted Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) **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 GABRIELA CANTU covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 Signature of Local Government Officer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said-, 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

te local governmental entity t		OFFICE USE ONLY
are or facts that require the offic cal Government Code.	hat the following lo er to file this stateme	Date Received
Gonzalez.	_li	y Secretary's C
		Date 12/2/12/
Funeral Home		
tent of each employment or oth	er business relation	nship and each family relationshi
government officer and any fa ceeds \$100 during the 12-mon	th period described	by Section 176.003(a)(2)(B).
Description of Gift		
(attach additional forms a	s necessary)	
Please complete eith	er option below	
A 1 A 1 A 1 Compt. (c. 10) 1 - C. 1 A	this the	21 day of <u>December</u>
~		1 Water
Printed name of officer administe	ring oath	Title of officer administering oath
OR		
	and my date of birth is	
	and my date of birth is	
reet)		ate) (zip code) (country)
	ctions 176.001(7) and 176.003(17) and 176.003(ctions 176.001(7) and 176.003(a), Local Government of the pusiness relation and feach employment or other business relation and the composition of

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

This questionnaire reflects changes ma	ade to the law by H.B. 23, 84th	Leg., Regular Session.	OFFICE HOF ONLY
This is the notice to the appropriate	H		OFFICE USE ONLY
government officer has become awa in accordance with Chapter 176, Loca	re of facts that require the offi		Date Received
Name of Local Government Office		-iiy	Secretary's U
Denny Meline		0	Secretary's Up
2 Office Held			12/28/22
Parks Director			Jake
Name of vendor described by Sec	tions 176.001(7) and 176.003	(a), Local Government	
Code Musco			
4 Description of the nature and exte	ant of each ampleyment or a	har husinges relationship	and each family valationable
with vendor named in item 3.	oliday Christmas Party	ner business relationship	and each family relationshi
List gifts accepted by the local g			
from vendor named in item 3 exc		and the contract the first	section 176.003(a)(2)(B).
Date Gift Accepted12/20/2	2 Description of Gift 6 \$	50 Visa gift cards (\$300)	
Date Gift Accepted			
Date Gift Accepted			
	(attach additional forms	The advantage of the second	
Government Code.		Mf. Mulin Signature of Local G	Overnment Officer
	-22-60-00-00-0		Overmient Once
W. Marillery	Please complete ei	ther option below:	
(1) Affidavit	Notary Public, State of Texas		
NOTARY STAMP/SEAL	Expires 04/17/2023 I.D.# 12429211-2		
Krocooe	Denny Meline	this the 20	day of December
Swom to and subscribed before me by	1970 - 2015 - 7	this the	day of
20 22, to certify which, witness my l	hand and seal of office. Maryann Juarez		Accounting Superviso
Signature of officer administering oath	Printed name of officer admini	stering oath	Title of officer administering oat
	ÖR		
2) Unsworn Declaration			
My name is		, and my date of birth is	
My address is		A A A A A A A A A A A A A A A A A A A	
	reet)	(city) (state)	(zip code) (country)
Executed in County,	State of, on the	day of (month)	20
	Mr. 1	(Monday	(year)
		Signature of Local Governr	nent Officer (Declarant)

FORM CIS

relationshi
relationshi
relationshi
ifts accepte
ifts accepte
ifts accepte
ifts accepte i)(2)(B).
ecember
Supevisor
ninistering oatl
country)
ountry)
i

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

NOTARY STAMP / SEAL Expires 04/17/2023 I.D.# 12429211-2 om to and subscribed before me by Sarai Garcia this the 16 day of December 22 to certify which, witness my hand and seal of office. Mary Ann Juarez Accounting Supeviso nature of officer administering oath OR Unsworn Declaration name is and my date of birth is (street) (city) (state) (zip code) (country)				5 15 M. C. C. C.	A DATE OF THE	113111	34-7	
Description of Gift						100	OFFICE	USE ONLY
Name of Local Government Officer Sarai Carcia Office Held Parks Deputy Director Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Simmons Description of the nature and extent of each employment or other business relationship and each family relationshiwith vendor named in item 3. Employee Christmas Party 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 12/16/22 Description of Gift 2 \$300 lHop gift cards (\$60) Date Gift Accepted Description of Gift Description Descripti	government officer	has become awar	e of facts that require t	he officer to	file this state	ment	Date Received	
Office Held Parks Deputy Director Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Simmons Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Employee Christmas Party 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 12/16/22 Description of Gift 2 \$30 lHop gift cards (\$60) Date Gift Accepted Description of Gift (altach 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. 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. 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 176.003(a)(2)(B), Local Government Code) of this local government officer. Please complete either option below: MARY ARN JUAREZ Affidavit MARY ARN JUAREZ Mary Ann Juarez Mary Ann Juarez Accounting Supeviso Title of officer administering oath Title of officer administering oath Title of officer administering oath ORU Unsworn Declaration name is and my date of birth is address is (street) (city) (state) (city) (city)					7	9:4.	Scare	tamis (
Parks Deputy Director Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Simmons Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. Employee Christmas Party 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 List Gift Accepted Description of Gift Date Gift Accepted Description of Gift SIGNATURE Is wear under penalty of perjury that the above statement is true and correct. Lacknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. Affidavit MARY ANN JUAREZ MOTARY STAMP/SEAL MARY ANN JUAREZ NOTARY STAMP/SEAL MARY ANN JUAREZ Lib.# 12429211-2 om to and subscribed before me by Sarai Garcia this the 16 day of December Printed name of officer administering oath Title of officer administering oath Title of officer administering oath OR Unsworn Declaration name is and mry date of birth is address is and mry date of birth is address is and mry date of birth is County, State of on the day of						-uy	Re	peloed
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Simmons Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Employee Christmas Party 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 2\$ \$30 lHop gift cards (\$60) Date Gift Accepted Description of Gift 2\$ \$30 lHop gift cards (\$60) Description of Gift	Office Held						17/	8/22
Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. Employee Christmas Party 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	Parks Deput	y Director				5	Date 12/2	111
Employee Christmas Party 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	Code		ons 176,001(7) and 1	76.003(a), L	ocal Govern	ment		
Date Gift Accepted	with vendor nam	ed in item 3.		t or other bu	isiness relat	ionship	and each far	nily relationship
Date Gift Accepted	List gifts accept	ed by the local go	vernment officer and	any family	member, if a	ggregat	e value of ti	ne gifts accepte
Date Gift Accepted Description of Gift	from vendor nan	ned in item 3 exce	eds \$100 during the	2-month pe	riod describ	ed by S	ection 176.0	03(a)(2)(B).
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 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. Please complete either option below: MARY ANN JUAREZ Notary Public, State of Texas Explices 04/17/2023 I.D.# 12429211-2 om to and subscribed before me by Sarai Garcia this the 16 day of December 22	Date Gift Accept	ed 12/16/22	Description of Gift	2 \$30 IHo	p gift cards (\$60)		9 10 1
(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 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. Please complete either option below: Affidavit NOTARY STAMP/SEAU MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 124/29211-2 orn to and subscribed before me by Sarai Garcia this the 16 day of December 22	Date Gift Accepte	ed						
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. Please complete either option below: Affidavit MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2 om to and subscribed before me by Sarai Garcia this the 16 day of December 22 to certify which, witness my hand and seal of office. Mary Ann Juarez Accounting Supeviso Nature of oblicer administering oath Printed name of officer administering oath Title of officer administering oath OR Unsworn Declaration name is and my date of birth is (city) (state) (zip code) (country) cuted in County, State of, on the day of, 20 (month) (year)	Date Gift Accepte	ed	Description of Gift					
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. Please complete either option below: Affidavit MARY ANN JUAREZ Motary Public, State of Texas Expires 04/17/2023 I.D.# 124/39211-2 Dom to and subscribed before me by Sarai Garcia this the 16 day of December 22 to certify which, witness my hand and seal of office. Mary Ann Juarez Accounting Supeviso Title of officer administering oat OR Unsworn Declaration name is and my date of birth is address is (street) (city) (state) (zpc.code) (country) State of, on the			(attach additional	orms as nec	essarv)			
Affidavit NOTARY STAMP/SEAL Sarai Garcia Sarai Garcia This the 16 day of December this the 22 day of Mary Ann Juarez Accounting Supeviso Mary Ann Juarez Mary Ann Juarez Accounting Supeviso Title of officer administering oath OR Unsworn Declaration name is, and my date of birth is address is		27. 1216-14000001		Mana	Signature of	Local Go	vernment Offic	er
Affidavit NOTARY STAMP/SEAL Sarai Garcia Sarai Garcia This the 16 day of December this the 22 day of Mary Ann Juarez Accounting Supeviso Mary Ann Juarez Mary Ann Juarez Accounting Supeviso Title of officer administering oath OR Unsworn Declaration name is, and my date of birth is address is			Dioses comple	to aither a	ntion hal			
om to and subscribed before me by	Affidavit	Notal	ARY ANN JUAREZ ry Public, State of Texas expires 04/17/2023	te either t	puon bei	ow;		
Mary Ann Juarez Mary Ann Juarez Accounting Supeviso Printed name of officer administering oath OR Unsworn Declaration name is		hoococcocc	Sarai Garcia		this ti	ne16	day of	December
Printed name of officer administering oath OR Unsworn Declaration name is, and my date of birth is address is	22 to certif	y which, witness my ha		ırez			Accou	nting Supevisor
Unsworn Declaration name is, and my date of birth is address is	nature of officer administ	tenng outh	Printed name of officer	administering o	ath	_		TOTAL STATE OF STATE
name is, and my date of birth is	HELL AND THE THE PARTY OF THE P	0		Death of the control	711		This of office	Janimatering dath
(street) (city) (state) (zip code) (country)	Unsworn Declarat	tion					200	
(street) (city) (state) (zip code) (country) cuted in County, State of, on the day of, 20 (month) (year)	name is			, and m	ny date of birth	is		
cuted in County, State of, on the day of, 20 (month) (year)	address is			-,				
(month) (year)		(stre	et)		(city)	(state)	(zip code)	(country)
	cuted in	County, S	tate of	on the		20.0		
Signature of Local Government Officer (Declarant)					(mo	nth)	(year)	
				Sign	nature of Local	Governm	ent Officer (De	clarant)

FORM CIS

	s changes made to the law by H.B.		OFFICE USE ONLY
government officer has b	e appropriate local governmenta become aware of facts that require ster 176, Local Government Code	e the officer to file this statement	Date Received
Name of Local Govern Sarai G	nment Officer	City	Secretary's O
Office Held Parks D	eputy Director		Date 12/28/22
Code	ibed by Sections 176.001(7) and ern Landscapes	176,003(a), Local Government	
with vendor named in		ent or other business relationshi	p and each family relationship
	n item 3 exceeds \$100 during th	nd any family member, if aggreg te 12-month period described by ift6 \$50 gift cards (\$300)	
Date Gift Accepted		ift	
Date Gill Accepted	Description of Gift	al forms as necessary)	
	Please comp	Signature of Local	Government Officer
1) Affidavit NOTARY STAMP/SEAL	MARY ANN JUAREZ Notary Public, State of Texa Expires 04/17/2023 I.D.# 12429211-2		
Swom to and subscribed before	Sarai Garcia	this the	6 December day of
	ch, witness my hand and seal of office.	177.77	
100		Juarez	Accounting Clerk
Mary any	Mary Ann	Juarez	Accounting Clerk Title of officer administering oath
Mary any	Mary Ann	The state of the s	
May and Ogicer administering	Mary Ann	icer administering oath	
May Amy Digital interest of officer administering 2) Unsworn Declaration Ny name is	Mary Ann Printed name of offi	icer administering oath	
100	Mary Ann Printed name of offi	or o	Title of officer administering oath
May Any Ossignature of officer administering 2) Unsworn Declaration My name is	Mary Ann Printed name of offi	icer administering oath OR	Title of officer administering oath

FORM CIS

CE

		Semble of the feet from		11.10		o the page	, ,	
Th	is questionnaire refle	cts changes made t	o the law by H.I	3. 23, 84th Leg	., Regular Ses	sion.	OFFICE	USEONLY
go	is is the notice to t vernment officer has accordance with Cha	s become aware of	facts that requ	ire the officer t			Date Received	
_	Name of Local Gove		overnment Coo	е.		Lity	Joanst	00016 (1)4
	Sarai Garcia	2,1111210 211120				-ug a	ما الما الما الما الما الما الما الما ا	ary's Uf
2	Office Held						h h	2/02
	Parks Deputy	Director				7	ate 14/20	111
	lame of vendor descode Fastenal	cribed by Sections	s 176.001(7) an	d 176.003(a),	Local Gover	nment		
4	Description of the n	ature and extent o	f each employ	nent or other	business rela	ationship	and each fan	nily relationship
	with vendor named	in item 3.				2012/12/2016	21.10.42000	
5	List gifts accepted		oloyee Christma	and the first state of the second state of	5.35=17.57			
	to als	De wear under penalty of each family member (so acknowledge that the overnment Code.	(as defined by Senis statement coverable) Please com	nal forms as nove statement in the street of the statement in the street of the street	s true and corre Local Governm period describe Signature	ect. I acknownent Code) of by Section of Local Go	vledge that the	disclosure applies vernment officer. I (B), Local
		Expires 04/17/202 I.D.# 12429211-						
	OTARY STAMP/SEAL	200000000000000000000000000000000000000				12		Section 1
Swoi	m to and subscribed b	efore me by Sara	Garcia		this	the	day of _D	ecember
20 2		hich, witness my hand						
4	narullner	- In	Mary Ann	luarez			Accountin	g Supervisor
igna	ture of office administering	ng oath	Printed name of o	fficer administerin	g oath		Title of office	r administering oath
				OR	1000		-	
2) L	Insworn Declaration	n						
/ly n	ame is			, and	my date of bir	th is		
/ly a	ddress is							
		(street)			(city)	(state)	(zip code)	(country)
xec	uted in	County, State	of	, on the	day of	5 6 7	, 20	2
	0				(n	nonth)	(year)	
				S	ignature of Loc	al Governm	ent Officer (De	clarant)

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

This questionnaire reflects c	hanges made to the law by	/ H.B. 23, 84th Leç	J., Regular Sess	sion.	OFFICE	USE ONLY
This is the notice to the a government officer has been in accordance with Chapter	come aware of facts that re	equire the officer			Date Received	, , , ,
Name of Local Governm				citi	Decret	ary's C
Sarai Garcia				~	Real	stored,
2 Office Held					12/2	8/12
Parks Deputy Direct	ctor				Data	
Name of vendor describe Code	ed by Sections 176.001(7) and 176.003(a),	Local Govern	ment		
O'Reilly		Arra de la companya d				
Description of the nature with vendor named in it	e and extent of each emp em 3. Employee Chris		business rela	tionship	and each fami	ly relationship
List gifts accepted by the from vendor named in it	ne local government offic tem 3 exceeds \$100 duri	cer and any fami ng the 12-month	ly member, if period descri	aggrega bed by S	te value of the section 176.00	gifts accepte 3(a)(2)(B).
Date Gift Accepted12	2/09/22 Description	of Gift\$50	Wal Mart gift of	card (\$50))	
Date Gift Accepted	Description	of Gift				
Date Gift Accepted	Description of	Gift				
		ditional forms as r				
1) Affidavit	Please co MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2	omplete eithe			overnment Officer	
Sworn to and subscribed before			this	the 12	day of _De	cember
00	witness my hand and seal of off	ice.		1	,	
Maria Amar Ca		nn Juarez			Accounting	Supervisor
ignature of officer administering oath	Printed name	of officer administerin	ig oath		Title of officer	administering oath
		OR				
2) Unsworn Declaration						
ly name is		, and	d my date of birt	h is		
fly address is			U Variable Carrie			
	(street)		(city)	(state)	(zip code)	(country)
xecuted in	County, State of	, on the	day of	onth)	, 20	
			700			
		S	Signature of Loca	I Governm	ent Officer (Decl	arant)

FORM CIS

This questionnaire reflect	s changes made to the law b	y H.B. 23, 84th Leg., Re	gular Session.	OFFICE USE ONLY
government officer has b	e appropriate local governr become aware of facts that r oter 176, Local Government	equire the officer to file	e this statement	Date Received
Name of Local Gover Sarai Garcia	nment Officer		City	Secretary's Off
2 Office Held				Received
Parks Deputy Di	rector		7	12/28/22
3 Name of vendor descr Code	ibed by Sections 176,001(7	7) and 176.003(a), Loc	al Government	
Valley Tires				
4 Description of the nat with vendor named in	ture and extent of each emp i item 3. Employee Chri		iness relationship	and each family relationship
5 List gifts accepted by from vendor named in	y the local government offi n item 3 exceeds \$100 duri	cer and any family m ng the 12-month peri	ember, if aggrega od described by S	te value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted _		or diff	Mart gift card (\$50	
Date Gift Accepted _	Description	of Gift		
Date Gift Accepted	Description o	f Gift		
		ditional forms as neces		
(1) Affidavit	MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023	omplete either op	Signature of Local Go	overnment Officer
NOTARY STAMP/SEAL	I.D.# 12429211-2			
Sworn to and subscribed before	ore me by Sarai Garcia		this the 12	day ofDecember
20 22 to certify which	ch, witness my hand and seal of of Marv A	fice. .nn Juarez		Accounting Supervisor
Signature of officer administering	7	e of officer administering oatl	h	Title of officer administering oath
	- Trimes maine	OR		Title of officer administering cath
(2) Unsworn Declaration		ON.		
My name is		, and my	date of birth is	
My address is			27.71.34.0	
	(street)	(ci	ity) (state)	(zip code) (country)
Executed in	County, State of	, on the	day of	, 20 (year)
		Signar		nent Officer (Declarant)

FORM CIS

This questionnaire reflects					TO ALCOHOLD	OFFICE	USE ONLY
This is the notice to the government officer has be in accordance with Chapt	ecome aware of fact	s that require th				Date Received	
Name of Local Govern					_ity	Jennet	ary's Uf
Sarai Garcia					-ug	-Ren	dry's Of
2 Office Held						12/2	Alm
Parks Deputy Dir	ector				92	Sale IFIA	1111
Name of vendor descril Code	ped by Sections 17	6.001(7) and 17	6.003(a), L	ocal Gove	ernment		
Uline							
4 Description of the natu with vendor named in	item 3.	en employment ee Christmas Pa		usiness re	elationship	and each fan	nily relationship
5 List gifts accepted by from vendor named in	item 3 exceeds \$10	ent officer and a 00 during the 12	2-month p	eriod desc	cribed by S	Section 176.0	ne gifts accepte 03(a)(2)(B).
Date Gift Accepted	12/09/22 Desc	ription of Gift _	раскр	ack, lunch	bag (\$20)		
Date Gift Accepted	12/09/22 Desc	ription of Gift _	chair (S	\$30)			
Date Gift Accepted	Descri	ption of Gift					
		ach additional fo	rms as ne	cessary)			
				Signature	e of Local G	overnment Office	er
Veccoo	Ple	ase complete	e either	option b	elow:		
(1) Affidavit NOTARY STAMP / SEAL	MARY ANN JU. Notary Public, State Expires 04/17/2	AREZ of Texas 023		n area			
Sworn to and subscribed befor	Caroi Ca			4hi	s the12	day of D	ecember
	witness my hand and s	and of office		00	s the	day or	
1 Marcia arm	A company of the same of the same of	Mary Ann Juare	z			Accountin	g Supervisor
Signature of officer administering of	19	ted name of officer a	D DAVING	path			r administering oath
and the second s		OR		270		7,100	. Gailling Sall
2) Unsworn Declaration							
My name is			, and r	my date of b	oirth is		
My address is							
	(street)			(city)	(state)	(zip code)	(country)
Executed in	County, State of		n the	day of	(month)	. 20	
			12		(month)	(year)	
			Sig	nature of Lo	cal Governm	ent Officer (De	clarant)

FORM CIS

This questionnaire	reflects changes made	to the law by H.B. 23,	84th Leg., Regular	Session.	OFFICE USE ONLY
government office		ocal governmental er of facts that require the Government Code.			Date Received
1 Name of Local	Government Officer			Lity	Secretary's Off
Sarai Garcia	a			J	Regelved,
2 Office Held	20702				12/18/12
Parks Dep	outy Director			4	ate It I FOITE
Code		ns 176.001(7) and 170	6.003(a), Local Go	vernment	
	Auto Body	of analy ample week			
with vendor na	med in item 3.	nployee Christmas Pa		relationship	and each family relationship
5 List gifts accep	ted by the local gov	ernment officer and	any family membe	r, if aggrega	te value of the gifts accepted
from vendor na	med in item 3 excee	ds \$100 during the 12	2-month period de	escribed by S	Section 176.003(a)(2)(B).
Date Gift Accep	oted12/09/22	Description of Gift _	3 \$50 HEB gif	t cards (\$150	0)
	oted	Description of Gift _			
Date Gilt Accep	ted	Description of Gift			
SIGNATURE		(attach additional fo			wledge that the disclosure applies
(1) Affidavit	Notary P	Please complete Y ANN JUAREZ ublic, State of Texas res 04/17/2023	100		overnment Officer
NOTARY STAMP/S	EAL LD.	# 12429211-2			
Sworn to and subscrib	ed before me bySar	rai Garcia		this the12	day of
20 22 to cer	tify which, witness my han	nd and seal of office.			
Mana De	MAR C	Mary Ann Juare	z		Accounting Supervisor
ignature of officer admin	istering outh	Printed name of officer a	dministering oath		Title of officer administering oath
		OR	100112101111111111111111111111111111111		
2) Unsworn Declar	ation				
My name is			, and my date of	of birth is	
My address is			v, =_0 100_1 V 10		
A STATE OF THE STA	(stree	t)	(city)	(state)	(zip code) (country)
executed in	C. Z., 197 97		on the day of		, 20 .
100				(month)	(year)
			Signature of	Local Governm	nent Officer (Declarant)

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

This questionnaire reflect	s changes made t	o the law by H.B. 23	, 84th Leg., Reg	ular Session.	OFFICE USE ONLY
This is the notice to the government officer has in accordance with Chap	become aware of	facts that require th	ntity that the f	ollowing local this statement	Date Received
1 Name of Local Gover	nment Officer			ety	Secretary's Offi
Sarai Garcia					checelord
2 Office Held				2	12/28/22
Parks Deputy D	irector				
3 Name of vendor descr Code	ibed by Sections	s 176.001(7) and 17	6.003(a), Loca	I Government	
Alamo Iron	2.5.2.2.2.2				
4 Description of the na with vendor named in	n item 3.	f each employment loyee Christmas P		ess relationship	and each family relationship
5 List gifts accepted b from vendor named i	n item 3 exceeds	\$100 during the 1	2-month perio	d described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted _	12/09/22	Description of Gift _	5 Stanley	12 in 1 tool set ((\$27x5) (\$135)
Date Gift Accepted _		Description of Gift _			
Date Gift Accepted	De	scription of Gift			
Section 2011 Sections		(attach additional fo	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	147 / .	
dov	ernment Code.	A. A	4	Signature of Local G	Government Officer
(1) Affidavit	MARY / Notary Pub Expires	Please complet ANN JUAREZ lic, State of Texas s 04/17/2023 12429211-2	e either opt	ion below:	
Sworn to and subscribed bef	ore me by Sarai	i Garcia		this the12	day of December .
	ch, witness my hand a	and soal of office		0/10 0/10	day or
Mary and	The state of the s	Mary Ann Juare	ez.		Accounting Supervisor
Signature of officer administering	10	Printed name of officer	administering oath		Title of officer administering oath
		OF			
(2) Unsworn Declaration					
My name is			, and my da	ate of birth is	
My address is				/	
	(street)		(city) (state)	(zip code) (country)
Executed in	County, State	of,	on the d	ay of	, 20 (year)
			Signatur	e of Local Governr	ment Officer (Declarant)

FORM CIS

This questionnaire refle	cts changes made to the law by H.B.	23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has	the appropriate local governmental s become aware of facts that require apter 176, Local Government Code.	the officer to file this statement	Date Received
Name of Local Gov		Lity	Secretary's Of
Sarai Garcia		0	Received
2 Office Held			12/28/22
Parks Deputy	Director	S	Datz 12/
Name of vendor des Code Ewing	cribed by Sections 176,001(7) and	176.003(a), Local Government	
	ature and extent of each employme	ent or other business relationsh	ip and each family relationship
with vendor named	in item 3.		
List sifts assented	Employee Christmas by the local government officer an		anto violes of the either annual
	in item 3 exceeds \$100 during the		
Date Gift Accepted	12/09/22 Description of Giff	socket set (\$18)	
Date Gift Accepted	Description of Giff	t	
Date Gift Accepted	Description of Gift _		
The second second		I forms as necessary)	
			Government Officer
-		lete either option below:	
1) Affidavit NOTARY STAMP/SEAL	MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 1.D.# 12429211-2		
Sworn to and subscribed b	nefore me by Sarai Garcia	this the	2day_of_December
2000년 전 100 Marie 100 Mar	hich, witness my hand and seal of office.	1/10 010	
Marin an	Mary Ann Jua	arez	Accounting Supervisor
ignature of officer administerio	TP2	per administering oath	Title of officer administering oath
	0		Darata of Strain, January Marie 1116
2) Unsworn Declaration		OR	
		ALA COLONIA DE AVANCA	
My name is		, and my date of birth is	
My address is	/au-au	Later Control	A fele and a feet feet feet
Evacuted in	(street)	(city) (state	
xecuted in	County, State of	, on the day of (month)	, 20 (year)
		Signature of Local Gover	nment Officer (Declarant)

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

This questionnaire reflects	changes made to the law by H	1.B. 23, 84th Leg., Regu	ular Session.	OFFICE USE ONLY
government officer has b	appropriate local governme ecome aware of facts that req ter 176, Local Government Co	uire the officer to file t	his statement	Date Received
1 Name of Local Govern	ment Officer		City	Secretary's Of Resolved Date 11/18/12
Sarai Garcia			J	Received
2 Office Held	/3/			11/19/22
Parks Deputy Dir	ector			Date 17 LOTT
Code	bed by Sections 176.001(7) a	ınd 176.003(a), Local	Government	
Art's Trucking Description of the nature with vendor named in	ure and extent of each employ		ess relationshi	p and each family relationship
5 List gifts accepted by	the local government office	r and any family men	nber, if aggreg	ate value of the gifts accepted
from vendor named in	item 3 exceeds \$100 during	the 12-month period	I described by	Section 176.003(a)(2)(B).
Date Gift Accepted	12/09/22 Description of	Gift \$250 check	k made out to t	the City of McAllen (\$250)
Date Gift Accepted		Gift		
Date Gift Accepted		iift		
A Marian Maria		onal forms as necessa		
MAN A SSI Januara	MARY ANN JUAR	nplete either opti		Government Officer
1) Affidavit NOTARY STAMP/SEAL	Notary Public, State of Expires 04/17/202 I.D.# 12429211-	3		
Sworn to and subscribed befo	re me by Sarai Garcia		this the12	day ofDecember
20 22, to certify which	n, witness my hand and seal of office	a.		
Maris ani	Mary Ann	Juarez		Accounting Supervisor
signature of office administering of	ath Printed name of	officer administering oath		Title of officer administering oath
The state of the s		OR		
2) Unsworn Declaration				
As a lamb to		and the second second	Assistant of	
My name is My address is		, and my da	ate of birth is	
ny address is	(street)	(city)	(state)	(zip code) (country)
xecuted in	County, State of		ay of(state)	, 20 (year)
		Signature	e of Local Govern	ment Officer (Declarant)

FORM CIS

This questionnaire	reflects changes ma	de to the law by H.B. 2	3, 84th Leg.,	Regular Sess	sion.	OFFICE	USE ONLY
government office	er has become awar	e local governmental re of facts that require t al Government Code.				Date Received	tary's Of
1 Name of Local	Government Office	er			-116	<u>_0.</u>	ewig a O
Sarai Garci	а				- 1	12	2000
2 Office Held	Telepoore				(Note 12/1	18/12
Parks De	puty Director						
3 Name of vendor Code	described by Sect	tions 176.001(7) and 1	76.003(a), Lo	ocal Govern	nment		
	al Fence						
4 Description of with vendor na	med in item 3.	nt of each employmer Employee Christmas I		usiness rela	tionship	and each fan	nily relationship
5 List gifts accept from vendor no	oted by the local go amed in item 3 exce	overnment officer and eeds \$100 during the	12-month pe	eriod descri	bed by S	ection 176.0	ne gifts accepted 03(a)(2)(B).
Date Gift Acce	pted 12/09/22	_ Description of Gift	2 \$100	Academy (gift cards	(\$200)	
Date Gift Acce	pted	_ Description of Gift					
Date Gift Accep	oted	Description of Gift					
		(attach additional	forms as nec	cessary)	3		
	Government Code,		JM.	Signature of	of Local Go	vernment Office	er
(1) Affidavit	Nota	Please comple IARY ANN JUAREZ try Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2	te either o	option be	low:		
Sworn to and subscri	bed before me by	Sarai Garcia		this	the12	day of D	ecember
20 22 , to ce	rtify which, witness my h	and and seal of office.				7,1177	17-7-6
Marin a	~	Mary Ann Jua	rez			Accountin	g Supervisor
Signature of officer-admir		Printed name of office	r administering o	ath		Title of office	r administering oath
			OR			-	
(2) Unsworn Decla	ration						
My name is			, and m	ny date of birt	h is		
My address is				1-0-06			
	(str	eet)		(city)	(state)	(zip code)	(country)
Executed in	County, \$	State of	, on the		onth)	, 20(year)	
			1	- 1	2,000		
			Sign	nature of Loca	I Governm	ent Officer (De	clarant)

FORM CIS

This questionnaire i	eflects changes mad	le to the law by H.B. 23	3, 84th Leg., Regular	r Session.	OFFICE USE ONLY
government officer	has become aware	local governmental e of facts that require to Government Code.		statement	Date Received
Name of Local C	Sovernment Office			Lity	Secretary's Off
Sarai Garcia	Anna Carrena de La Carrena de Car			2	Received
2 Office Held					17/18/12
Parks Dep	uty Director				Date 1777
3 Name of vendor Code	described by Secti	ons 176.001(7) and 1	76.003(a), Local G	overnment	
Tellus					ALCOHOLD TO
4 Description of the with vendor name	ned in item 3.	nt of each employmen mployee Christmas F		s relationship	and each family relationship
from vendor na	ted by the local go med in item 3 exce ted 12/09/22	eds \$100 during the	12-month period d	escribed by S	te value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accep	ted	Description of Gift			
Date Gift Accept	ed	Description of Gift			
		(attach additional	forms as necessary	')	
(1) Affidavit NOTARY STAMP/SI	* Notary	Please comple RY ANN JUAREZ Public, State of Texas pires 04/17/2023 0.# 12429211-2			overnment Officer
Swom to and subscribe	C	arai Garcia		this the 12	day of December,
20 <u>22</u> , to cert	ify which, witness my ha	and and seal of office. Mary Ann Juar	ez		Accounting Supervisor
Signature of officer admini	stering oath	Printed name of officer	administering oath		Title of officer administering oath
		0	R		
2) Unsworn Declara	ition		- 0.40		
My name is			, and my date	of birth is	
My address is					
xecuted in	(stre	et) tate of,	(city)	(state)	(zip code) (country)
			Signature o		nent Officer (Declarant)

	reflects changes mad					OFFICE	USE ONLY
government office	to the appropriate or has become award or Chapter 176, Loca	e of facts that req	uire the c			Date Received	14/2
	Government Office		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		iti	SECTE	tary's O
Sarai Garcia					J	Re	celored
2 Office Held						11	20/2
Parks Dep	outy Director					Date 17/	-0/11
3 Name of vendor Code Tellus	described by Secti	ions 176.001(7) a	and 176.0	03(a), Local (Government		
	the nature and exter med in item 3.	nt of each emplo Employee Christr			ss relationshi	p and each fai	mily relationship
from vendor na	ited by the local go med in item 3 exce	eeds \$100 during	the 12-n		described by		
	oted	Description ofDescription of	1100	wall clock (\$2	11/		
				TAME IN A LINE	lopper (\$50)		
Date Gift Accep	ted		Control upon	s as necessar			
(1) Affidavit NOTARY STAMP/S	Notar E	Please con ARY ANN JUAREZ ry Public, State of Texa Expires 04/17/2023 D.# 12429211-2		Sign Sign		Government Office	cer
Sworn to and subscrib	C	arai Garcia			this the12	2 day of E	December
	tify which, witness my h	and and seal of office	2				
1) and	As as Charles	Mary Ann				Accountin	ng Supervisor
Signature of officer admin	istering oath	Printed name of		Inistering oath		Title of office	er administering oath
			OR				
2) Unsworn Declar	ation						
My name is				, and my date	of birth is		
My address is						,	
	(stre	eet)		(city)	(state) (zip code)	(country)
Executed in	County, S	State of	, on t	he day	of(month)	, 20(year)	-
				Signature	of Local Govern	nment Officer (De	eclarant)

FORM CIS

는 프로그램 보다 있다면 보다 보다 있다면 보다 있다면 보다 되었다. 그 보다 모든 사람들은 사람들은 보다 되었다면 보다 되었다.	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. I am I Canada and	Date Received
in accordance with Chapter 176, Local Government Code. Name of Local Government Officer	u Secretary's C
Sarai Garcia	y Secretary's C
2 Office Held	12/20/22
Parks Deputy Director	Date 14/10/11
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Rodz Lawn Care	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. Employee Christmas Party	p and each family relationship
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 Accepted12/09/22	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Government Code. Signature-of Local of	Government Officer
Please complete either option below:	
(1) Affidavit MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2	
Sworn to and subscribed before me by Sarai Garcia this the 12	day of December
20 22, to certify which, witness my hand and seal of office.	
Mary Ann Juarez	Accounting Supervisor
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	444, 741, 721, 741, 744
2) Unsworn Declaration	
My name is, and my date of birth is	
My address is	
.,,	
(street) (city) (state)	(zip code) (country)
	(country) (zip code) (country) (year)

This questionnair	e reflects changes ma	de to the law by H.B. 23,	84th Leg., Regular	Session.	OFFICE USE ONLY
government offic	ce to the appropriate cer has become awar ith Chapter 176, Loca	e local governmental en e of facts that require the Il Government Code.	ntity that the follow e officer to file this s	ring local tatement	Date Received
1 Name of Loca	I Government Office	r		City	Secretary's C
Sarai Gard	cia				Received
2 Office Held	Marian Andrew State				0. 12/28/22
Parks De	eputy Director				I Dans
Code		ions 176.001(7) and 17	6.003(a), Local Gov	ernment	
	s Rentals	at of each ampleat			
with vendor n	amed in item 3.	ent of each employment Employee Christmas Pa		elationship	and each family relationship
5 List gifts acce from vendor r	epted by the local go named in item 3 exce	vernment officer and a eds \$100 during the 12	any family member 2-month period des	, if aggrega scribed by S	te value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Acce	epted12/09/22	Description of Gift _	2 \$75 Visa gift	cards (\$150))
Date Gift Acce	epted	Description of Gift _			
Date Gift Acce	pted	Description of Gift			
		(attach additional fo			
	Government Code.		Signatu	ire of Local G	overnment Officer
(1) Affidavit NOTARY STAMP		Please complete MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023 I.D.# 12429211-2	e either option	below:	
Sworn to and subsci	ribed before me by S	arai Garcia	Ot.	his the 12	day of
	ertify which, witness my h				
Marin	May Da.	Mary Ann Juare	z		Accounting Supervisor
Signature of officer adm	ninistering oath	Printed name of officer a	dministering oath		Title of officer administering oath
		OR			COLUMN TO SERVICE AND ADDRESS OF THE PARTY O
(2) Unsworn Decla	aration				
My name is			, and my date of	birth is	
My address is					
	(stre		(city)	(state)	(zip code) (country)
Executed in	County, S	tate of, o	on the day of	(month)	, 20 (year)
			Signature of I	ocal Governm	nent Officer (Declarant)

FORM CIS

This questionnaire ref	lects changes mad	le to the law by H.B. 23,	84th Leg., Regular	Session.	OFFICE USE ONLY
	as become aware	local governmental er e of facts that require the Government Code.			Date Received
Name of Local Go	vernment Officer	**		_itu	Secretaria
Sarai Garcia				4	Secretary's O
Office Held					12/20/20
Parks Deput	y Director			1	Date 1-128/11
Code		ons 176.001(7) and 176	5.003(a), Local Go	vernment	
Reyes T					
with vendor name	d in item 3.	mployee Christmas Pa		relationship	and each family relationship
List gifts accepted	d by the local go	vernment officer and a	iny family membe	r, if aggrega	te value of the gifts accepted
from vendor name	ed in item 3 exce	eds \$100 during the 12	!-month period de	scribed by S	Section 176.003(a)(2)(B).
Date Gift Accepte	d12/09/22	Description of Gift _	5 \$25 Visa gift	cards (\$125	5)
Date Gift Accepted	d	Description of Gift _			
Date Gift Accepted		Description of Gift			
		(attach additional fo	rms as necessary)		
1) Affidavit	Notar	Please complete ARY ANN JUAREZ y Public, State of Texas			overnment Officer
NOTARY STAMP/SEA	A total contract of	xpires 04/17/2023 D.# 12429211-2			
Sworn to and subscribed	before me bySa	arai Garcia		this the 12	day ofDecember,
121	which, witness my ha	and and seal of office. Mary Ann Juare	7		Accounting Supervisor
Signature of officer administer		Printed name of officer a			Title of officer administering oath
ignorate of officer garminate	mig daily	Compared to the second	0 1771		Title of officer administering dath
0.11	12	OR			للتبد الجالات
2) Unsworn Declarati	on				
My name is			, and my date o	of birth is	
Ny address is					
A CALL ST COLOR	(stre	et)	(city)	(state)	(zip code) (country)
xecuted in	County, St		on the day of	24-01	, 20
William M.				(month)	(year)
			Signature of	Local Governm	nent Officer (Declarant)
			W	A STATE OF THE PARTY OF THE PAR	THE RESIDENCE OF THE PARTY OF T

FORM CIS

This questionnaire reflects change	s made to the law by H.B	. 23, 84th Leg.,	Regular Session.	OFFIC	E USE ONLY
This is the notice to the appropropropropropropropropropropropropro	aware of facts that requir	re the officer to			1
Name of Local Government Co.		3.		thy Secr	stary's (
Sarai Garcia				d	etary's C
2 Office Held				- 12	10/22
Parks Deputy Director				Date	FOIFF
3 Name of vendor described by Code	Sections 176.001(7) and	d 176.003(a), L	ocal Governme	ent	
Park Place					
4 Description of the nature and with vendor named in item 3.			isiness relation	iship and each fa	mily relationship
5 List gifts accepted by the loc from vendor named in item 3	al government officer a exceeds \$100 during th	and any family ne 12-month pe	member, if agg eriod described	regate value of t by Section 176.	he gifts accepte 003(a)(2)(B).
Date Gift Accepted12/09/2	22 Description of G	ift5 \$50	Bass Pro Shop	gift cards (\$250)	
Date Gift Accepted	Description of G	lift			
Date Gift Accepted	Description of Gift				
		nal forms as neo	- I - n - n may		
(1) Affidavit	Please comp MARY ANN JUAREZ Notary Public, State of Texa Expires 04/17/2023	8		ocal Government Offi	cer
NOTARY STAMP/SEAL Sworn to and subscribed before me b	2-10-1		this the	12	December
	s my hand and seal of office.		this the	day or	
Man a Amus Oc	Mary Ann J	uarez		Accounti	ng Supervisor
Signature of officer administering oath	Printed name of off	ficer administering of	ath	Title of offic	er administering oath
		OR			
(2) Unsworn Declaration					
My name is		, and r	ny date of birth is		
My address is			A STATE OF THE		
	(street)		(city) (s	state) (zip code)	(country)
Executed in Con	unty, State of	, on the	day of(month)	, 20, (year)	-
		Sig	nature of Local Go	overnment Officer (De	eclarant)

This questionnaire ref	lects changes made to the law	w by H.B. 23, 84	th Leg., Regular Se	ssion.	OFFICE	USEONLY
government officer h	the appropriate local gove as become aware of facts the chapter 176, Local Governme	at require the o	that the followin that the thick that the file this sta	g local tement	Date Received	
	vernment Officer			17.1	C	1-1.10
Sarai Garcia				City	SECTE	tary's C
2 Office Held					de	eactived
Parks Deput	y Director				0.12/	28/22
3 Name of vendor de Code	escribed by Sections 176.00	01(7) and 176.0	03(a), Local Gove	nment	Traine.	
Delta Sig				1 1		Arrive March
1 Description of the with vendor name		employment or Christmas Party		ationship	and each far	nily relationship
List gifts accepte	d by the local government	officer and any	family member, i	f aggrega	te value of th	ne gifts accepte
from vendor name	ed in item 3 exceeds \$100 d	luring the 12-m	onth period desc	ribed by S	Section 176.0	03(a)(2)(B).
Date Gift Accepte	d12/09/22 Descript	ion of Gift	\$15 Starbucks gi	ft card (\$1	5)	
Date Gift Accepte	d Descripti	ion of Gift	\$25 Cracker Barro	el gift card	l (\$25)	
Date Gift Accepted	d Descriptio	n of Gift				
			s as necessary)			
NY arazan ya	Please MARY ANN J		Signature sither option be		overnment Office	er
(1) Affidavit NOTARY STAMP/SEA	Notary Public, Stat Expires 04/17,	te of Texas /2023				
Swom to and subscribed	before me by Sarai Garcia		this	the12	day of	ecember
20 22 to certify	which, witness my hand and seal of	of office.				17,000
Marin an	Man	y Ann Juarez			Accountin	g Supervisor
ignature of officer administe	ering oath Printed r	name of officer admi	nistering oath		Title of office	r administering oath
		OR	1000	_/**=*		
2) Unsworn Declarati	on					
My name is			_, and my date of bi	rth is		
My address is			The state of the s			
	(street)		(city)	(state)	(zip code)	(country)
xecuted in	County, State of	, on the	ne day of		, 20	
			(1	nonth)	(year)	
		-	Signature of Loc	al Governm	ent Officer (De	clarant)

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 governmenta as become aware of facts that require hapter 176, Local Government Code.	the officer to file this statement	Date Received
	vernment Officer	Cit	Secretary's C Received Dote 12/28/22
Sarai Garcia		4	Received
Office Held			12/20/20
Parks Deput	y Director		Date 12/20/26
Name of vendor de	scribed by Sections 176.001(7) and		
Delta Sig	ns		
Description of the with vendor name	nature and extent of each employment in item 3. Employee Christmas		p and each family relationship
List gifts accepte	d by the local government officer ar	nd any family member, if aggreg	ate value of the gifts accepte
from vendor name	ed in item 3 exceeds \$100 during the	e 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepte	d 12/09/22 Description of Git	5 \$15 Whataburger gift ca	ards(\$75)
Date Gift Accepte	Boodilphon or an	2 \$25 Texas Road House	gift cards (\$50)
Date Gift Accepted		\$25 Denny's gift card (\$2	
Date Gill Accepted		I forms as necessary)	
SIGNATURE	swear under penalty of perjury that the abo	12/M Oct MAZZOS WIP MY STORM	
1) Affidavit	MARY ANN JUAREZ Notary Public, State of Texas	Signature of Local lete either option below:	Government Officer
NOTARY STAMP/SEA	Expires 04/17/2023 I.D.# 12429211-2		
Sworn to and subscribed	Sarai Caraia	this the	2 day of December
20 <u>22</u> , to certify	which, witness my hand and seal of office.		
Marca an	Mary Ann Ju	arez	Accounting Supervisor
ignature of officer administe	ring oath Printed name of office	per administering oath	Title of officer administering oath
	MARKET TO SERVICE TO S	OR	
2) Unsworn Declarati	on		
ly name is		, and my date of birth is	
ly address is			(A) — (A)
Acces and a	(street)	(city) (state) (zip code) (country)
xecuted in		_ , on the day of	
xecuted III	County, State of		, 20
xecuted iii	ounty, state of	(month)	, 20 (year)

his is the notice to the appropriate local governmental entity that the overnment officer has become aware of facts that require the officer to file accordance with Chapter 176, Local Government Code. Name of Local Government Officer Sarai Garcia Office Held Parks Deputy Director Name of vendor described by Sections 176.001(7) and 176.003(a), Local Code Beta Description of the nature and extent of each employment or other business.	e this statement	Date Received Secretary's C Received Date 12/28/22
Name of Local Government Officer Sarai Garcia Office Held Parks Deputy Director Name of vendor described by Sections 176.001(7) and 176.003(a), Locade Beta	2000	Secretary's C Received Date 12/28/22
Office Held Parks Deputy Director Name of vendor described by Sections 176.001(7) and 176.003(a), Loc Code Beta	2000	Date 12/28/22
Parks Deputy Director Name of vendor described by Sections 176.001(7) and 176.003(a), Loc Code Beta	2000	Date 12/28/22
Name of vendor described by Sections 176.001(7) and 176.003(a), Loc Code Beta	al Government	Data 12/28/22
Code Beta	al Government	Date 12/14
with vendor named in item 3. Employee Christmas Party	iness relationship	and each family relationship
List gifts accepted by the local government officer and any family m from vendor named in item 3 exceeds \$100 during the 12-month peri	ember, if aggrega iod described by \$	te value of the gifts accepte Section 176.003(a)(2)(B).
Date Gift Accepted 12/09/22 Description of Gift 8 in one to	tire gauge(\$25)	The Control of the Co
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
(attach additional forms as neces	AV VV.1	
Affidavit Please complete either op MARY ANN JUAREZ Notary Public, State of Texas Expires 04/17/2023	Signature of Local Gotton below:	overnment Officer
NOTARY STAMP/SEAL I.D.# 12429211-2 Sarai Garcia	this the12	day_ofDecember
22 , to certify which, witness my hand and seal of office.	- CONTRACTOR	
Mary Ann Juarez		Accounting Supervisor
ature of officer administering oath Printed name of officer administering oath	h	Title of officer administering oath
OR		
Unsworn Declaration		
name is, and my	date of birth is	
name is, and my	date of birth is	
address is	date of birth is	(zip code) (country)
address is	ity) (state)	(zip code) (country), 20

FORM CIS

This questionnaire re	flects changes made t	o the law by H.B. 23,	84th Leg., Regula	ar Session.	OFFICE	USE ONLY
government officer l	o the appropriate loo has become aware of Chapter 176, Local G	facts that require the			Date Received	
	overnment Officer			Citi		1 10
Sarai Garcia				-III	CECTE	tarys C
2 Office Held					die	relord
Parks Depu	ty Director				note ///	28/22
Code	escribed by Section	s 176.001(7) and 176	5.003(a), Local G	overnment		
	e Chemicals e nature and extent o	f each employment	or other busines	s relationshi	n and each fan	nily relationshin
with vendor nam	ed in item 3.	oloyee Christmas Pa		o relations in	p and caon lai	my relationship
from vendor nam	ed by the local gover ned in item 3 exceeds	s \$100 during the 12	-month period	described by	Section 176.0	
Date Gift Accepte		Description of Gift _			2130000	
Date Gift Accepte	ed De	Description of Gift _				
Date Gift Accepte	d De		A . A fortuna turkey	T. Comments		
SIGNATURE		(attach additional fo	rms as necessar	у)		
(1) Affidavit NOTARY STAMP/SE/	Nota	Please complete ARY ANN JUAREZ ry Public, State of Texas Expires 04/17/2023	COLD LLIK SEE		Government Office	er
	Coro	i Garcia		12		ecember
Sworn to and subscribed	d before the by	Salah Statt Charles		_ this the	day of	,
20 22 , to certif	y which, witness my hand	and seal of office. Mary Ann Juare	z		Accountin	g Supervisor
Signature of officer administ	tering oath	Printed name of officer a	dministering oath		Title of office	r administering oath
		OR			M (4.0) (14)	
2) Unsworn Declarat	tion					
My name is			, and my date	of birth is		
My address is				A mount of		
1	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State	of, o	n the day		, 20(year)	12546.20
			# A/ / Oliv			And the
			Signature	or Local Govern	ment Officer (De	ciarant)

This questionnaire re	eflects changes made	to the law by H.B. 23,	84th Leg., Regula	r Session.	OFFICE	USEONLY
government officer		ocal governmental er of facts that require the Bovernment Code.			Date Received	
	overnment Officer			71.	C	, , , ,
Sarai Garcia				-itu	Secre	tary's O
Office Held	- 100			6	Re	selved
Parks Depu	ity Director				17/	28/22
Code		ns 176.001(7) and 176	5.003(a), Local G	overnment	Dote III	
Site On						
with vendor nam	ed in item 3.	of each employment uployee Christmas Pa		s relationship	and each fan	nily relationship
List gifts accepte	ed by the local gove	ernment officer and a	nny family memb	er, if aggrega	te value of th	e gifts accepted
from vendor nam	ned in item 3 exceed	ds \$100 during the 12	-month period d	lescribed by S	Section 176.0	03(a)(2)(B).
Date Gift Accepte	ed 12/09/22	Description of Gift _	\$50 gift card ((\$50)		
Date Gift Accepte	ed	Description of Gift _				
Date Gift Accepte	ed D	escription of Gift				
Section 1	Y =====	(attach additional fo	Australia and Automorphisms			
(1) Affidavit	Nota	Please complet ARY ANN JUAREZ ry Public, State of Texas Expires 04/17/2023		ature of Local G	overnment Offic	er
NOTARY STAMP/SE	O Settleman Hills	.D.# 12429211-2				
Swom to and subscribe	d before me by Sar	ai Garcia		this the12	day of _D	ecember,
00	fy which, witness my han	d and seal of office.				
	nn	Mary Ann Juare				g Supervisor
signature of officer adminis	tering oath	Printed name of officer a	dministering oath		Title of office	r administering oath
		OR			-	
2) Unsworn Declarat	tion					
My name is			and my data	of high is		
My address is			, and my date	of birth is		
ny address is	(street)	(city)	(state)	(zip code)	(country)
executed in			n the day		(2ip code)	(country)
	ounty, dia	, ,	uay ((month)	(year)	
			Cianatura	of Local Governm	ant Officer (C-	oloront\
			alumanue c	OF A CALLEST A SERVICE OF THE	DESCRIPTION OF THE PROPERTY OF	

FORM CIS

This questionnaire reflects changes made to the law b	W H.R. 23 84th Leg. Regular Session	The and waste partially distributed
	2.11[40] [1.14] 우리 그림 나는 하는 이 그 2 등을 했다.	OFFICE USE ONLY
This is the notice to the appropriate local government officer has become aware of facts that r in accordance with Chapter 176, Local Government	require the officer to file this statement	
Name of Local Government Officer	_1	ty Sanctanie (
Sarai Garcia	_6.	ty Secretary's C
2 Office Held		12/01/20
Parks Deputy Director		Dole 12/18/14
3 Name of vendor described by Sections 176.001(7 Code Camco	7) and 176.003(a), Local Government	
Description of the nature and extent of each emp with vendor named in item 3. Employee Chri		hip and each family relationship
5 List gifts accepted by the local government offi	AND TRACTOR PERSONS AND ADDRESS OF THE PROPERTY OF THE PROPERT	egate value of the gifts accente
from vendor named in item 3 exceeds \$100 duri		
12/00/22	of Gift Ice Chest (\$140.00)	
Date Gift Accepted12/09/22 Description	or ant	
Date Gift Accepted Description	of Gift	
Date Gift Accepted Description o	of Gift	
(attach ad	Iditional forms as necessary)	
(1) Affidavit Please c MARY ANN Notary Public, S	omplete either option below:	a Government Officer
NOTARY STAMP/SEAL Expires 04/ LD.# 1242	17/2023 29211-2	
Swom to and subscribed before me by Sarai Garcia	this the	12 day of December ,
20 22, to certify which, witness my hand and seal of of		
	Ann Juarez	Accounting Supervisor
1 was proved the	e of officer administering oath	Title of officer administering oath
	Z wam w he highway can	This or officer daminatering out
(2) Unsworn Declaration	OR	
My name is	, and my date of birth is	
My address is	and the state of t	
(street)	(city) (sta	te) (zip code) (country)
Executed in County, State of	, on the day of	, 20
	(month)	(year)
	Signature of Local Gove	ernment Officer (Declarant)

		by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the government officer has b in accordance with Chapi	ecome aware of facts the	rnmental entity that the following local at require the officer to file this statement ent Code.	Date Received
Name of Local Govern		- $ -$	cecretary's C
Nallely Cald	levas		Resetved
Office Held	, - , - , -		1/27/22
stule ! St	withics R	eceptionist Clark	Date 1217 122
Name of vendor descri Code	bed by Sections 176.00	1(7) and 176.003(a), Local Government	
Description of the nati	arer shop	nployment or other business relationsh	
FUNDAGINA T	Del Angel I	Pulm Willen	
List gifts accepted by	the lòcal government d	fficer and any family member, if aggreg	ate value of the gifts accepte
nom vendor named in	nem 3 exceeds \$100 d	iring the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted 12	-27-22 Description	on of GIR Christmas basket	goodies, mus
Date Gift Accepted	Description	on of Gift Cookies Shaces.	3
	Description		
		additional forms as necessary)	
Cindy Gonzalez Notary ID# 13086724-9 My Comm. Exp. Afridavit 10-18-2024 NOTARY STAMPOSEA	Please	Signature of Local of Complete either option below:	Government Officer
orn to and subscribed before	e me by Nallal	Calderas this the 2	7 day of Down h
20	, witness my hand and seal of		and of The tarte
Cd 88		dy Contalez	Notoria
ature of officer administering ca		me of officer administering oath	Title of officer administering oath
		OR	
Unsworn Declaration			
reference from side increases and action of a			
name is		, and my date of birth is	
iddress is			
	(street)	(city) (state)	(zip code) (country)
cuted in	County, State of	, on the day of(month)	, 20 (year)
		(monity)	(year)
		Signature of Local Government	ment Officer (Declarant)

This questionnaire reflects	changes made to the law i	by H.B. 23, 84th Le	a. Regular See	sion	- Land	
	appropriate local govern				OFFICE	USEONLY
	ecome aware of facts that	require the officer			Date Received	
1 Name of Local Govern				1/2/1	0	00
FLORENCIO DE LA	CRUZ			Ch	Scare	hany's Uff
2 Office Held				4	de.	ssload ""
DESIGNER					12-	28-22
Name of vendor described Code ABASTO CORPORA	bed by Sections 176.001(ATION	(7) and 176.003(a)	, Local Gover	nment	Dalis	mode.
with vendor named in	ire and extent of each em item 3. D TINY BUND CAKE		r business rela	tionship a	and each fan	nily relationship
List gifts accepted by from vendor named in Date Gift Accepted 12	the local government off item 3 exceeds \$100 dur 2/21/2022 Description	ring the 12-month	period descri	bed by Se	ection 176.0	03(a)(2)(B).
Date Gift Accepted		of Gift				- mourice
Date Gift Accepted		of Gift	reaction in all brillians			
SIGNATURE swea	ar under penalty of perjury that	dditional forms as				
GOVER GABRIELA C NOTARY PU STATE OF T MY COMM. EXP NOTARY ID 13:	DANTU { JBLIC { EXAS { P. 10/26/25 { Please of the property of	complete eithe	Signature	of Local Gov	vernment Offic	0:H00/0"
NOTARY STAMP/SEAL Sworn to and subscribed before	re me by HOKPNU	io De la	1 Cruzzis	the 2	_ day of	<u>ecember</u>
to certify which	n, witness my hand and seal of o	ella Ca	nacy	8	enio	v Adm.
signature of officer administering of	ath Printed nam	ne of officer administeri	ng oath		Title of office	r administering oath
		OR				1
2) Unsworn Declaration						
A-C145.10						
My name is		, ar	d my date of birt	h is		
My address is	(street)		(oit-)	(ntate)	(rin code)	(maximizer)
xecuted in	(street) County, State of	, on the	(city) day of (m	(state)	(zip code) , 20 (year)	(country)
			Signature of Loca	I Governme	nt Officer (De	clarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

January 2023

This questionnaire r	reflects changes ma	de to the law by	y H.B. 23, 84th Le	g., Regular Sess	ilon.	OFFICE	USE ONLY
government officer	to the appropriate has become awar Chapter 176, Loca	e of facts that r	equire the officer		ment	ate Received	
	Government Office	r			ity =	Secreta	ry's Of
Yvette M. Balder	ras				0	Recel	red 11
Office Held	and or well and				7	1/2/	73
Director of Grant	Administration				Date	11012	20
Code	described by Sect	ions 176.001(7) and 176.003(a)	, Local Govern	ment		
Boys and Girls C	T\$0.000 00000000000000000000000000000000						
Description of the with vendor nan Subrecipient	ne nature and exte ned in item 3.	nt of each emp	loyment or othe	business rela	tionship a	ind each fam	ily relationship
from vendor na	ted by the local go med in item 3 exce	eds \$100 duri	ng the 12-month	period descri			
Date Gift Accept	ted 12/21/22		of Gift _Cookie				
Date Gift Accept	ted	Description	of Gift		_		
Date Gift Accept	ed	Description o	f Gift				
		(attach ad	ditional forms as	necessary)			
13086	onzalez ry ID# *** 5724-9 nm. Exp.	Please c	omplete eithe			vernment Office	er .
om to and subscribe	ed before me by	vette 7	Seaster	this	the 3	_ day of _ 2	January.
23 to cert	ify which, witness my h	and and seal of of	fice.		1 - 2		
C1 88	LA VICA CO	Cindy	Contab	7		Not	2/4
nature of officer admini	stering oath	Printed name	e of officer administer	ng oath		Title of officer	administering oat
	35.		OR			1.50	50 J. J. H.
Unsworn Declara	ition						
nama la				id mit data at 1994	h le		
name is			, a	nd my date of birt	ii is		
address is	(ctr.	eet)		(city)	(state)	(zip code)	(country)
ecuted in	County, S		, on the	day of	(-,0,0)	. 20	(//
20172 113.		(J-15, 51)			onth)	(year)	
			-	Signature of Loca	I Governme	ent Officer (De	elarant)

This questionnaire reflects cha	anges made to the law by H.	B. 23, 84th Leg	g., Regular Session	OFFICE USE ONLY
This is the notice to the ap government officer has beco in accordance with Chapter 1	me aware of facts that requ	ire the officer		
Name of Local Governme	nt Officer		Ci	tu Secretary's (
Natalie Manzanares				ty Secretary's C
Office Held	1(a) 7.7			1/2/2
Director of Grant Administr	ation			Date 1/0/25
Name of vendor described Code The Salvation Army	by Sections 176.001(7) a	nd 176.003(a)	, Local Governme	ent
		ment or other	business relation	nship and each family relationship
	m 3 exceeds \$100 during	the 12-month	period described	gregate value of the gifts accepte d by Section 176.003(a)(2)(B).
Date Gift Accepted				· · · · · · · · · · · · · · · · · · ·
Date Gift Accepted				
Security Control of the Control		onal forms as	Concentration and the second	
Cindy Gonzalez Notary ID# 13086724-9 My Comm. Exp. 10-18-2024 NOTARY STAMP GEAT	Please com	plete eithe	r option belov	
to 23 , to certify which, wi	tness my hand and seal of office.			
C	Custy	Conza	bE	Notary
gnature of officer administering oath	Printed name of	officer administerir	ng oath	Title of office administering oath
		OR		
) Unsworn Declaration				
y name is		, an	d my date of birth is	
y address is			Same man an east of	
* and 555 (5)	(street)		(city) (s	state) (zip code) (country)
xecuted in	County, State of	, on the		, 20
			Signature of Local G	overnment Officer (Declarant)

	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 Yvette M. Balderas	ty Secretary's C
2 Office Held Director of Grant Administration	1/3/23
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code The Salvation Army	7.5012
Description of the nature and extent of each employment or other business relationsl with vendor named in item 3. Subrecipient	L hip and each family relationship
List gifts accepted by the local government officer and any family member, if aggre from vendor named in item 3 exceeds \$100 during the 12-month period described b	
Date Gift Accepted 12/20/22 Description of Gift Bottle of cheese sauce	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Cindy Gonzalez Notary ID# 13086724-9 (1) Affidavit My Comm. Exp. 10-18-2024 NOTAR SAME GEAT Sworn to and subscribed before me by	Il Government Officer 3 day of January
20 23 to certify which, witness my hand and seal of office.	1 2/- 1
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	te) (zip code) (country)
Executed in County, State of, on the day of	, 20 (year)
Signature of Local Gove	ernment Officer (Declarant)

		the law by H.B. 23, 84th		OFFICE USE ONLY
	as become aware of f	al governmental entity to acts that require the offic vernment Code.	er to file this statement	Date Received
Name of Local Go Yvette M. Balderas			Cit	Secretary's C
- 10 2012 PW W 201010 20				Received
Office Held Director of Grant A	dministration			Date 1/3/23
Name of vendor de Code Affordable Homes		176.001(7) and 176.003(a), Local Government	13012
and the state of t	nature and extent of	each employment or oth	er business relationsh	ip and each family relationship
	ed in item 3 exceeds		th period described by	gate value of the gifts accepte y Section 176.003(a)(2)(B).
Date Gift Accepted		escription of Gift		
Date Gift Accepted		cription of Gift		
Date ant riccopied		attach additional forms a		
Cindy Gon Notary 1308672 Affidavit My Comm 10-18-20 NOTARY SAME (SEA)	1D# * F 14-9 * Exp. • 124	lease complete eitl	V	Government Officer 3 day of Sanuary,
2 2	which, witness my hand a		F	
C) &	The state of the s	Cindy Contale		Notary
gnature of officer administe	ring oath	Printed name of officer administ	ering oath	Title of officer administering oath
		OR		
) Unsworn Declaration	on			
name is			and my date of birth is	
address is		- 46		
19.10.540	(street)		(city) (state	e) (zip code) (country)
recuted in	County, State of	of, on the	day of(month)	, 20
			Signature of Local Gover	nment Officer (Declarant)

This questionnaire ret	llects changes made	e to the law by H.B. 23, 84th Leg.,	Regular Session.	OFFICE USE ONLY
	as become aware	ocal governmental entity that the offacts that require the officer to Government Code.		Date Received
1 Name of Local Go	vernment Officer		-111	Secretary's Up
DAVIT	ASRAC) C			Received
2 Office Held				0.4 1/3/23
Director	-OF WW Su	stoms		Dott
3 Name of vendor de Code	escribed by Section	ons 176.001(7) and 176.003(a), Lo	ocal Government	
Southern To	A THE STATE OF THE			
4 Description of the with vendor name Vendo	ed in item 3.	t of each employment or other bu	ısiness relationshi	p and each family relationship
from vendor nam	ed in item 3 excee	rernment officer and any family ods \$100 during the 12-month per Description of Gift	eriod described by	Section 176.003(a)(2)(B).
Date Gift Accepte	d	Description of Gift	C	
Date Gift Accepted	d	Description of Gift		
(C) (12) (20) (10) (20) (2) (A)		(attach additional forms as neo	cessarv)	
	March 1987 St. Martin & Science (1984) Sept. (1987) Alberta	er (as defined by Section 176.001(2), Let this statement covers the 12-month pe	eriod described by Sec	2. Not the control of
		Please complete either of	option below:	
(1) Affidavit		and the state of t	Caron pays as	
NOTARY STAMP/SEA	NL.			
Sworn to and subscribed	hefore me hv		this the	day of
	which, witness my ha	nd and seal of office.	this the	
Signature of officer administr	ering oath	Printed name of officer administering o	ath	Title of officer administering oath
		OR		
2) Unsworn Declarati	on			
My name is	10 GARZA	, and n	ny date of birth is	02-03-1965
My address is 812 E	TARRANT A	ive PH	HOLL TX	78577 Harris 14
executed in <u>Hulal</u>	(stree	ate of TPXMS, on the	(month)	, 20 <u>23</u> . (year)
		Sign	nature of Local Govern	rment Officer (Declarant)

(Instructions for completing and fili	ng this form are provided on the next page.)	
This questionnaire reflects changes i	made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	ate local governmental entity that the following local vare of facts that require the officer to file this statement ocal Government Code.	
Name of Local Government Offi	icer	Received
Eduardo Mendoza		Date 1/4/23
Office Held		
City Engineer		
Name of vendor described by S	ections 176.001(7) and 176.003(a), Local Government	t Code
Anthony Capul - Andale Constru	uction	
Description of the nature and ext with vendor named in item 3.	tent of each employment or other business relationsh	ip and each family relationship
with vehicle named in item 3.		
Construction Company		
List gifts accepted by the local of	government officer and any family member, if aggreg	gate value of the gifts accepted
i miet girte desepted by the recur		장시장이 한 사람이 있으면 하게 되었다면 내가 가게 되었다면 걸 먹었다.
The state of the s	ceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
from vendor named in item 3 ex	ceeds \$100 during the 12-month period described by	
The state of the s	ceeds \$100 during the 12-month period described by	
from vendor named in item 3 exc Date Gift Accepted 01-04-2023	Description of Gift Box of Carne Seca & Beans - I	Raffled to employees.
from vendor named in item 3 excepted 01-04-2023 Date Gift Accepted	Description of Gift	Raffled to employees.
from vendor named in item 3 exc Date Gift Accepted 01-04-2023	Description of Gift	Raffled to employees.
from vendor named in item 3 excepted 01-04-2023 Date Gift Accepted	Description of Gift	Raffled to employees.
from vendor named in item 3 excepted 01-04-2023 Date Gift Accepted	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary)	Raffled to employees.
from vendor named in item 3 excepted	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined)	Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local
Date Gift Accepted	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also	Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
from vendor named in item 3 excepted	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined)	Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
Date Gift Accepted Date Gift Accepted Date Gift Accepted Date Gift Accepted AFFIDAVIT GABRIELA CANTUNOTARY PUBLIC	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also	Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
Date Gift Accepted AFFIDAVIT GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)	Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement
Date Gift Accepted	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)	Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Date Gift Accepted AFFIDAVIT GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 AFFIX NOTARY STAMP / SEAL ABO	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a) Signature of Local Code Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.	
Date Gift Accepted	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(at Signature of Local Code) Signature of Local Code (as a code).	Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Date Gift Accepted	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a) Signature of Local Code Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code. Government Officer	
Date Gift Accepted	Description of Gift Box of Carne Seca & Beans - I Description of Gift Description of Gift (attach additional forms as necessary) I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(at Signature of Local Code) Signature of Local Code (as a code).	Raffled to employees. Is true and correct. I acknowledge ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code. Government Officer

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. 1 Name of Local Government Officer Mario Cruz 2 Office Held Deputy City Engineer 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Raba Kistner Description of the nature and extent of each employment or other business relationship and each family with vendor named in item 3. Vendor 1 List gifts accepted by the local government officer and any family member, if aggregate value of the gift from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a). Date Gift Accepted Description of Gift BOX OF KRISPY KREME DONUTS Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Secretar Resetar. Vendor 2 List gifts accepted by the local government officer and any family member, if aggregate value of the gift from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a) and the disclosure applies to each family member (as defined by Section 176.00 Government Code) of this local government officer. I also acknowledge that is covern the 12-month period described by Section 176.003(a)(2)(B), Local Government Code) of this local government officer. I also acknowledge that is covern the 12-month period described by Section 176.003(a)(2)(B), Local Government Code) of this local government officer. I also acknowledge that is covern the 12-month period described by Section 176.003(a)(2)(B), Local Government Code) of this local government officer. State of TEXAS MY COMM. EXP. 10/28(25) NOTARY DISIAIS/3076-3 AFFIX NOTARY STAMP / SEAL ABOVE Sworn, to and subgrafiled before me, by the said	보다 100 100 100 100 100 100 100 100 100 10	made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
Mario Cruz Office Held Date 1/5/2	ernment officer has become av	ware of facts that require the officer to file this statement	Date Received
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Raba Kistner Description of the nature and extent of each employment or other business relationship and each family with vendor named in item 3. Vendor List gifts accepted by the local government officer and any family member, if aggregate value of the gift from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a) Date Gift Accepted		City of the control o	Secretary's (
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Raba Kistner Description of the nature and extent of each employment or other business relationship and each family with vendor named in item 3. Vendor List gifts accepted by the local government officer and any family member, if aggregate value of the gift from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a) Date Gift Accepted	Office Held	2	Sobe 1/5/23
Raba Kistner Description of the nature and extent of each employment or other business relationship and each family with vendor named in item 3. Vendor List gifts accepted by the local government officer and any family member, if aggregate value of the gift from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a) Date Gift Accepted	uty City Engineer		
Description of the nature and extent of each employment or other business relationship and each family with vendor named in item 3. Vendor List gifts accepted by the local government officer and any family member, if aggregate value of the gift from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(at Date Gift Accepted Description of Gift BOX OF KRISPY KREME DONUTS Date Gift Accepted Description of Gift (attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement is true and correct. I act that the disclosure applies to each family member (as defined by Section 176.00 Government Code) of this local government officer. I also acknowledge that this covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY STAMP / SEAL ABOVE AFFIX NOTARY STAMP / SEAL ABOVE	ame of vendor described by S	Sections 176.001(7) and 176.003(a), Local Government Co	ode
With vendor named in item 3. Vendor List gifts accepted by the local government officer and any family member, if aggregate value of the gift from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a) Date Gift Accepted	ı Kistner		
List gifts accepted by the local government officer and any family member, if aggregate value of the giftom vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a) Date Gift Accepted Description of Gift	ith vendor named in item 3.	ktent of each employment or other business relationship a	and each family relations
Date Gift Accepted	st gifts accepted by the local	government officer and any family member, if aggregate	e value of the gifts accer
Date Gift Accepted			A STATE OF A STATE OF
(attach additional forms as necessary) AFFIDAVIT I swear under penalty of perjury that the above statement is true and correct. I act that the disclosure applies to each family member (as defined by Section 176.00 Government Code) of this local government officer. I also acknowledge that this covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 AFFIX NOTARY STAMP / SEAL ABOVE	ate Gift Accepted	Description of Gift	
I swear under penalty of perjury that the above statement is true and correct. I act that the disclosure applies to each family member (as defined by Section 176.00 Government Code) of this local government officer. I also acknowledge that this covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 AFFIX NOTARY STAMP / SEAL ABOVE	ate Gift Accepted	Description of Gift	
I swear under penalty of perjury that the above statement is true and correct. I act that the disclosure applies to each family member (as defined by Section 176.00 Government Code) of this local government officer. I also acknowledge that this covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 AFFIX NOTARY STAMP / SEAL ABOVE		(attach additional forms as necessary)	
NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 AFFIX NOTARY STAMP / SEAL ABOVE	FFIDAVIT .	that the disclosure applies to each family member (as defined Government Code) of this local government officer. I also acl	f by Section 176.001(2), Local knowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE		} V-1	
MANIA CUIZ	NOTARY PUBLIC STATE OF TEXAS		
Sworth to and subscribed before merby the said 1 1011 10	NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25	Signature of Local Gov	renment Officer
of	NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 FFIX NOTARY STAMP / SEAL AB	IOVE LACKITO CULT	vernment Officer
Oxcourse Gabriela Cantu Senior	NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 FIX NOTARY STAMP / SEAL AB	the said Mario Chuz	Eth

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. 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 Zeferino Mendoza Office Held Construction Manager Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Quantum Mechanical Contractors Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Contractor 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 01-05-2023 Description of Gift Basket with cookies & pastries. 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 GABRIELA CANTU covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25

NOTARY ID 13133076-3

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

ribed before me, by the said_

2, 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

This questionnanc i	ellects changes made to th	e law by H.B. 23, 84th Leg., I	regular Session.	OFFICE	USE ONLY
government officer	has become aware of fac	governmental entity that the ts that require the officer to f	e following local ile this statement	Date Received	302 31121
	Chapter 176, Local Gover Sovernment Officer	rnment Code.	11/13	Sennet	ary's (
Name of Local of	2 . O. C.		200	-Par	const a
Office Held	Capara			1/6	122
Vital	Statis	1ics		Date	723
Name of vendor of Code		6.001(7) and 176.003(a), Lo	cal Government		
Description of the		ch employment or other bu	siness relationship	and each fam	ily relations
with vendor nam	ned in item 3.	Carrier and the second seconds of the second seconds of the second seconds of the second seco		IMIII	, , , , , , , , , , , , , , , , , , , ,
	jes				
from vendor nar	ed by the local government ned in item 3 exceeds \$1	ent officer and any family r 00 during the 12-month pe	nember, it aggreg: riod described by	ate value of the Section 176.00	e gifts accep
					-(4)(-)(-)
Date Gift Accept	ed 1/5/23 Desc	eription of Gift 8121	(DF (601	Kies	
Date Gift Accept	ed Desc	ription of Gift	A.V		
Date Gift Accepte	ed Descri	ption of Gift			
	(att	ach additional forms as nece	essary)		
SIGNATURE	I swear under penalty of perju to each family member (as de	ry that the above statement is treefined by Section 176.001(2), Lo atement covers the 12-month per	ue and correct. I ackno cal Government Code	of this local gov	ernment office
Cindy Gorn Notary 1308672 Attidavil My Comm 10-18-20 NOTARY AMB SE	I swear under penalty of perjute to each family member (as displayed acknowledge that this strategy and the contemporary c	ary that the above statement is treefined by Section 176.001(2), Lo atement covers the 12-month per asse complete either o	ue and correct. I acknown cal Government Code, iod described by Section Signature of Local Government Code, control of Local Government Code, control of Code Code Code Code Code Code Code Code	of this local gov. on 176.003(a)(2)(overnment Office	ernment officer B), Local
Cindy Gorn Notary 1308672 Aftidavil My Comm 10-18-20 NOTARY AMB SE	I swear under penalty of perjute to each family member (as decision acknowledge that this statement Code. Izalez ID# Ple: 249 Exp.	ary that the above statement is treefined by Section 176.001(2), Lo atement covers the 12-month per asse complete either of a section of the	se and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Coption below:	of this local gov. on 176.003(a)(2)(overnment Office	ernment officer B), Local
Cindy Gorn Notary 1308672 Affidavi My Comm 10-18-20 NOTARY AMB SE om to and subscribe 23 to certif	I swear under penalty of perjute to each family member (as displayed acknowledge that this strategy and the	ary that the above statement is true fined by Section 176.001(2), Lo atement covers the 12-month per asse complete either of earl of office.	pe and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Comption below:	of this local government Office day of	ernment officer B), Local
Cindy Gor Notary 1308672 Affidavilly Comm 10-18-20 NOTARY AMB SE om to and subscribe	I swear under penalty of perjute to each family member (as displayed acknowledge that this strategy and the	eal of office. Canada Canada of officer administering oa	pe and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Comption below:	of this local government Office day of	ernment officer B), Local
Cindy Gor Notary 1308672 Affidavity Comm 10-18-20 NOTARY AMPLE om to and subscribe 2 3 to certif	I swear under penalty of perjute to each family member (as death also acknowledge that this standard in the st	ary that the above statement is true fined by Section 176.001(2), Lo atement covers the 12-month per asse complete either of earl of office.	pe and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Comption below:	of this local government Office day of	ernment officer B), Local
Cindy Gorn Notary 1308672 Affidavity Comm 10-18-20 NOTARY AMB SE orn to and subscribe 23, to certif	I swear under penalty of perjute to each family member (as death also acknowledge that this standard in the st	eal of office. Canada Canada of officer administering oa	pe and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Comption below:	of this local government Office day of	ernment officer B), Local
Cindy Gorn Notary 1308672 Affidavity Comm 10-18-20 NOTARY	I swear under penalty of perjute to each family member (as death also acknowledge that this standard in the st	ary that the above statement is treefined by Section 176.001(2), Lo atement covers the 12-month per asse complete either of the complete	the and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Comption below:	of this local government Office day of	ernment officer B), Local
Cindy Gorn Notary 1308672 Affidavit Wy Comm 10-18-20 NOTARY AMB SE FOR THE CONTROL OF THE CONTRO	I swear under penalty of perjute to each family member (as death also acknowledge that this standard in the st	ary that the above statement is treefined by Section 176.001(2), Lo atement covers the 12-month per asse complete either of the complete	pe and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Comption below:	of this local government Office day of	ernment officer B), Local
Cindy Gorn Notary 1308672 Affidavilly Comm 10-18-20 NOTARY MR SE Jorn to and subscribe 23 to certif	I swear under penalty of perjute to each family member (as disposed for acknowledge that this strategy and contempts of perjute and contempts of the contempts	ary that the above statement is treefined by Section 176.001(2), Lo atement covers the 12-month per asse complete either of the complete	the and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Comption below:	of this local government office day of Title of officer	ernment officer B), Local r Anuary administering of
Cindy Gorn Notary 1308672 Affidavit Wy Comm 10-18-20 NOTARY AMB SE FOR THE CONTROL OF THE CONTRO	I swear under penalty of perjute to each family member (as death also acknowledge that this standard in the st	ary that the above statement is treefined by Section 176.001(2), Lo atement covers the 12-month per asse complete either of the complete	the and correct. I acknowled and correct. I acknowled Government Code, iod described by Section Signature of Local Comption below:	of this local government Office day of	ernment officer B), Local

This questionnaire	reflects changes made to the law I	by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government office		mental entity that the following local require the officer to file this statement t Code.	Date Received
	Government Officer	_ity	Secretary's Off
2 Office Held.		ire Marshally office	Date 1/6/23
3 Name of vendor Code	described by Sections 176.001	7) and 176.003(a), Local Government	
4 Description of with vendor na	the nature and extent of each em	HUN Food Park ployment or other business relationsh 1 avshals Office	ip and each family relationship
from vendor na	oted by the local government of amed in item 3 exceeds \$100 during the state of the	ricer and any family member, if aggre ring the 12-month period described by n of Gift (H) INL FYLE TO	y Section 176.003(a)(2)(B).
Date Gift Acce	pted Description	of Gift Raffle to Stat	7)
Date Gift Accep		Section 1 Committee of the 1997 of the 1997	
Contraction.		dditional forms as necessary)	
		by Section 176.001(2), Local Government Coont covers the 12-month period described by Se	**************************************
			Government Onicer
	MARINA RODRIGUEZ Notary ID #133619707 My Commission Expires March 1, 2026 bed before me by		th day of January.
20 3 to ce	ertify which, witness my hand and seal of which witness my hand and seal of which with the control of the contr	office. Reduence	Motary
Signature of officer admi		ne of officer administering old h	Title of officer administering oath
		OR	
(2) Unsworn Decla	ration		
My name is		, and my date of birth is	
My address is			
	(street)	(city) (stat	e) (zip code) (country)
Executed in	County, State of	, on the day of(month)	, 20 (year)
		Classics of Last Cour	roment Officer (Declerant)
		Signature of Local Gove	rnment Officer (Declarant)

This questionnaire re	flects changes made to the law	by H.B. 23, 84th Le	g., Regular Sess	ion.	OFFICE	USEONLY
government officer h	o the appropriate local govern has become aware of facts that Chapter 176, Local Governmen	require the officer		P. G. A. C. T.	Date Received	
	overnment Officer	0.000000		au	5	Land O
Mark Z	amore			City	DECRE	tary's Oj
2 Office Held	7770				de	estred
McAllen F	ire Department				1/1	8 23 eg
3 Name of vendor d	escribed by Sections 176.001	(7) and 176.003(a)	, Local Govern	ment	CALE	
South Texa	as Buick-GMC					
With vendor name Local Fire Do List gifts accepte	e nature and extent of each emed in item 3. Our twent Responds to each by the local government of the in item 3 exceeds \$100 du	Mc refercies, conficer and any fam	nducts inspa	chan's all	Lusines e value of th	ge gifts accepted
		n of Gift _ Five				
Date Gift Accepte		n of Gift				
Date Gift Accepte	d Description	of Gift				
21/2/2 1/20/2 2/20/2		dditional forms as	necessary)			
	also acknowledge that this statemer Government Code.	THE STATE OF THE S	Signature o	Vocal Go	vernment Office	17,140
	Please	complete eithe	r option bel	ow:		1.1
7/	before me by William warch 1, 2	Set 19707 Expires 1926 Hoffice.		the 18	b day of_ <u><</u>	January.
Man	1 1 1	arma Kodrig	uez_		Notary	
Signature of officer administ	ering oath // / Printed nar	ne of officer administeri	ng oath		Title of office	administering oath
		OR				
(2) Unsworn Declarat	ion					
My name is		ar	d my date of birth	n is		
My address is			O WAS STATE OF BUILD		N	
Water and April 1990	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of(mo	onth)	, 20	
			Signature of Loca	Governme	ent Officer (Dec	clarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

February 2023

This questionnaire	reflects changes made	to the law by H.B. 23	, 84th Leg., Regular Ses	sion.	OFFICE	USEONLY
government office		of facts that require th	entity that the following ne officer to file this state		Date Received	
1 Name of Local	Government Officer					
Mark	Zamoro	21		1	the SE	crabory's Received
2 Office Held					d	cReasload.
Fire Pro	vertion			- 1	100 10	
		ns 176.001(7) and 17	6.003(a), Local Govern	nment	Date_	1-6-202
Code	7 11					
RGV	Bedliners			11.11.1		
4 Description of t with vendor nar			or other business rela	itionship	and each fam	illy relationship
	ted by the local gov	ernment officer and	any family member, if			
from vendor na	med in item 3 excee	ds \$100 during the 1	2-month period descri	ibed by S	ection 176.00	03(a)(2)(B).
Date Gift Accep	ted <u>2-3-23</u>	Description of Gift	Expired F	ire E	chinguis	he-
Date Gift Accep	ted	Description of Gift _				
Date Gift Accept	ed	Description of Gift				
		(attach additional f	orms as necessary)			
	Government Code.	-	e 12-month period describe	m	overnment Office	
		Please complet	e either option be	low:		
(1) Affidavit NOTARY STAMP/S Sworn to and subscrib	Notary ID	RODRIGUEZ #133619707 ssion Expires 1/2026 1/2026	Od riguez this	the 3K	d day of F	ebnuart.
20,23 , to cert	ify which, witness my har		U			
marina	Rollign	Marina K	adriquez		Notar	/
Signature of officer admini	stering oath	Printed name of officer			Title of office	administering oath
Y STATE OF		OF				
2) Unsworn Declara	ation					
My name is			, and my date of birt	h is		
My address is			(2010,100,000,000)			
	(stree	1)	(city)	(state)	(zip code)	(country)
xecuted in	County, Sta	te of	on the day of	onth)	, 20	
			(1)	onuty	(year)	
			Signature of Loca	d Governm	ent Officer (Dec	larant)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	
	OFFICE USE ONLY
his is the notice to the appropriate local governmental entity that the following local	Date Received
overnment officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code.	6
Name of Local Government Officer	Decretary's U
Insa Angel Truille III	Reasjord
Office Held Office	2/8/23
City Manager's Dept.	ace
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Fazoli's	Later to the second
Description of the nature and extent of each employment or other business relationship with vendor named in item 3. Catering Service	and each family relationshi
List gifts accepted by the local government officer and any family member, if aggregation	te value of the gifts accepte
from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted 2/8/23 Description of Gift Box of breadst	izks
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
Notary ID# 13086724-9 Affidavit O 10-18-2024 NOTARY STAMP SPALTE AS PORCE Try	day of February
Affidavit 10.18-2024 NOTARY STAMP PALTE AS TO THE PROPERTY OF	
Affidavit 10-18-2024 NOTARY STAMP SPACE TO THE PROPERTY OF TH	day of February
Affidavit O 10-18-2024 NOTARY STAMP PALTE A Summer of the subscribed before me by Some large Try llo TT this the State of the subscribed before my hand and seal of office. Casy Consoler	day of February.
Affidavit O 10-18-2024 NOTARY STAMP SPACE AND STAMP SPACE AND SPA	day of February.
Affidavit of 10-18-2024 NOTARY STAMP SPACE TO BE SEED	day of February.
Affidavit O 10-18-2024 NOTARY STAMP SPACE TO SEA T	day of February.
Affidavit of 10-18-2024 NOTARY STAMP SPACE AND SPACE AN	day of February.
Affidavit of 10-18-2024 NOTARY STAMP PARTY AND STAMP PROPERTY OF THE PROPERTY	day of February. Nothing Title of officer administering oats

FORM CIS

This questionnaire reflec	ets changes made to the law	by H.B. 23, 84th Le	g., Regular Session	OFFICE	USEONLY
government officer has	ne appropriate local gove become aware of facts tha opter 176, Local Governme	at require the officer			
1 Name of Local Gove Alexandrin	Moraks			City So	orekorijs (Rodovi
2 Office Held In	spector			Date of	ekosivel 2-9-ama
Code	Kissi'	1(7) and 176.003(a)	, Local Governme	ent	
4 Description of the na with vendor named	ature and extent of each er in item 3. Fire /w		business relation	nship and each far	
from vendor named	oy the local government of in item 3 exceeds \$100 do	uring the 12-month	period described	by Section 176.0	
	2823 Description 2873 Description		Company of the second	Drink	
	2/8/23 Description	the Artist and Mark Age of the Control of the Contr		1 1	a gratis.
	(attach	additional forms as	necessary)		
als	each family member (as defined o acknowledge that this stateme vernment Code.		n period described by)(B), Local
(1) Affidavit NOTARY STAMP SEAL Sworn to and subscribed be	MARINA RODRIGUEZ Notary ID #133619707 My Commission Expires March 1, 2026 efore me by	complete eithe . Rodngu		with.	February.
20 23, to certify wh	nich, witness my hand and seal of	arina Roda	nguiz	Nota	ry
Signature of officer administerin	g cath D Printed na	ame of officer administeri	ng oath	Title of office	administering oath
	19 100 100	OR			
(2) Unsworn Declaration					
My name is		, ar	d my date of birth is		- J
My address is	W 00		A A SOUND		
	(street)		(city) (s	state) (zip code)	(country)
Executed in	County, State of	, on the	day of (month	, 20, (year)	
			Signature of Local Go	overnment Officer (De	clarant)

FORM CIS

This questionnaire re	eflects changes made to the law	by H.B. 23, 84th Le	g., Regular Sessio	n.	OFFICE	USEONLY
government officer	o the appropriate local gover has become aware of facts tha Chapter 176, Local Governmer	t require the officer			ate Received	
1 Name of Local G	overnment Officer			72.		- Same
Mak	Lamora			44	$y \in \mathcal{U}$	cacharille Lacional
2 Office Held						
Fire P	wention			- II	0.2	-9-2033
3 Name of vendor d Code	escribed by Sections 176.001	(7) and 176.003(a)	, Local Governm	ent	Date	
with vendor nam Civilian List gifts accepte from vendor nam	e nature and extent of each en ed in item 3. Lanted to 711 ed by the local government of ned in item 3 exceeds \$100 du	ol expired	Fire exhi ily member, if ag period describe	ngVi: gregate ed by Se	value of the	gifts accepted
				srer s	7.	
		n of Gift				
Date Gift Accepte	d Description		carron allo			
	(attach a	dditional forms as	necessary)			
	to each family member (as defined also acknowledge that this stateme Government Code.		period described b	y Section		B), Local
(1) Affidavit NOTARY S AMP SE Sworn to and subscribe	MARINA RODRIGUEZ Notary ID #133619707 My Commission Expires March 1, 2026 d before me by Marina	complete eithe	aran gan yara	at	A day of F	- Abruarf.
17	y which, witness my hand and seal of				Notary	/
Signature of officer adminis	tering oath Printed na	me of officer administeri	ng oath		Title of officer	administering oath
		OR				
2) Unsworn Declarat	tion					
My name is		ar	d my date of birth i			
My address is		, ai	a my date of billi i			
ny address is	(street)		(city)	(state)	(zip code)	(country)
executed in	County, State of	, on the	day of(mon	W 101	_, 20 (year)	
		-	Signature of Local C	Sovernmer	nt Officer (Decl	arant)

FORM CIS

	(instructions for completing	g and filing this form ar	e provided on th	ie next pag	(e.)	
This questionnaire re	eflects changes made to the	law by H.B. 23, 84th L	eg., Regular Ses	sion.	OFFICE	USEONLY
government officer l	o the appropriate local go has become aware of facts Chapter 176, Local Governr	that require the office		omont	Date Received	
1	overnment Officer agel Truillo 14	S-00-		city	DECTE:	tary's Operation
Office Held	ity Secreta	n's Dep	1.	2	2-	14-23
0-4-	escribed by Sections 176. Ziegler (IMK	시시 아내는 가지 말을 하게 꾸다니?), Local Gover	nment		
Description of the with vendor nam	e nature and extent of each ed in item 3.	employment or other	1	ationship a	and each fan	nily relationship
from vendor nam	ed by the local government ned in item 3 exceeds \$100 and 2/14/23 Descri	during the 12-mont	n period descr	ibed by S	e value of the ection 176.0	ie gifts accepted 03(a)(2)(B).
	ed Descri			209		
	d Descript					
Date Gift Accepte		ch additional forms as	necessary.			
Cindy Gon Notary 130867: Affidavit My Comm 10-18-2	1D# * Pleas 0. Exp	se complete eithe	er option be	low:	vernment Offic	
vorn to and subscribed	d before me by 50000 y which, witness my hand and sea	al of office.	this	the _/	_ day of	eprocy.
nature of officer administ	ering oath Printe	d name of officer administer			Title of office	r administering oath
	77.	OR				1000
Unsworn Declarat	ion		May.			
name is		, a	nd my date of bir	th is		
address is			deserve	·	Strange and Strang	
Soletier -	(street)		(city)	(state)	(zip code)	(country)
ecuted in	County, State of	, on the	day of(m	nonth)	, 20(year)	
		-	Signature of Loca	al Governme		clarant)

his questionnaire reflects changes	OFFICE USE ONLY	
	iate local governmental entity that the following local ware of facts that require the officer to file this statement ocal Government Code.	Date Received
Name of Local Government Of Mario Cruz		Secretary's C Reselved Date 2-28-23
Office Held Deputy City Engineer		
	L Sections 176.001(7) and 176.003(a), Local Government (Code
KATRIN M. LEONARD, P.E.		
Description of the nature and exwith vendor named in item 3. RABA Kistner	xtent of each employment or other business relationship	and each family relationship
	I government officer and any family member, if aggrega xceeds \$100 during the 12-month period described by \$ Description of Gift1) Krispy Kreme Donuts	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as define Government Code) of this local government officer. I also a covers the 12-month period described by Section 176.003(a)	ed by Section 176.001(2), Local acknowledge that this statement
GABRIELA CAN NOTARY PUBL STATE OF TEX	AS }	
MY COMM, EXP. 10 NOTARY ID 13133	0076-3	overnment Officer
THE RESERVE OF THE PARTY OF THE	Maria Cura	2210
Sworm to and subscribed before me, by	to certify which, witness my hand and seal of office.	_, this the day

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

April 2023

FORM CIS

	mendending and manipleaning and in	ining true territ and provided errand treat,	ago.,
This questionnaire refl	ects changes made to the law by	H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer ha		nental entity that the following local equire the officer to file this statement Code.	Secretary's Of
Name of Local Go	A. Rodn'ayez		Received
Passport F	acility Administrati	by - Passport Division and 176.003(a), Local Government	Date 4-28-202
Name of vendor de	scribed by Sections 176.001(7)	and 176.003(a), Local Government	
	Ha Szves Ba		
Description of the with vendor name		loyment or other business relationsh Applican+	ip and each family relationship
		per and any family member, if aggree ng the 12-month period described by	
Date Gift Accepted	4/26/2023 Description	of Gitt Fruit Tray	
Date Gift Accepted	Description	of Gift	
Date Gift Accepted	Description of	Gift	
	(attach add	litional forms as necessary)	
Diana M. S. Notary ID. 12845221) Arfidayit 1 22-2026 NOTARY STOMP SEA worn to and subscribed	S. H. H. L.	Signature of Local properties either option below: Rodulgue this the	Government Officer April
	which, witness my hand and seal of offi		Natura
gnature of officer administer		of officer administering oath	Title of officer administering oath
		OR	
) Unsworn Declaration	on		
y name is		, and my date of birth is	
address is			<u> </u>
	(street)	(city) (state	e) (zip code) (country)
ecuted in	County, State of	, on the day of(month)	, 20 (year)
		Signature of Local Gover	nment Officer (Declarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

May 2023

FORM CIS

This questionnaire re	flects changes made	to the law by H.B. 23.	84th Leg., Regular Session.	
			ntity that the following local	OFFICE USE ONLY
government officer h	has become aware of	of facts that require the	e officer to file this statement	Date Received
1 Name of Local G	overnment Officer	AL LIPTON	CHANGE	Bate 5-17-23
C. Cadena, J.	. Chavero, A.	Morales, R. C	Ortiz, I. Villarreal 🌈	hi at the state of the
2 Office Held				Nesewer 27
Fire Marshal	's Office			2.5-17-6
3 Name of vendor de	escribed by Section	is 176.001(7) and 176	5.003(a), Local Government	Date
Abasto Corpor	ration			
Charles and the second	e nature and extent	하나 하나 하나 아니는 아니라 하나 있다.	or other business relationshe inspections at vendor's	ip and each family relationship
	A TANK TO A COMMON PROPERTY OF THE PARTY OF			
			any family member, it aggrees 2-month period described by	gate value of the gifts accepted / Section 176.003(a)(2)(B).
200. 200. 200.	5/11/2023	era a a a a a a a a a a a a a a	Grafiahtar tumblar with incoa	otoria nama
Date Gift Accepte			irefighter tumbler with inspe	
Date Gift Accepte	od	Description of Gift _		
Date Gift Accepte	dD	escription of Gift		
		(attach additional fo	rms as necessary)	
(1) Affidavit	MARINA RODRIGUE		Signature of Local e either option below:	Government Officer
NOTARY STAMP S	My Commission Expi	roz ires Dodaio	<u> </u>	bth day of May
20 23 , to certify	which, witness my hand		Y	
Muren	Kellun	Marina Rodi	iquez_	Notany
Signature of officer administ	ering oath	Printed name of officer a	dministering oath	Title of office administering oath
		OR		
(2) Unsworn Declarat	ion			
My name is			, and my date of birth is	
My address is			, and my date of pintris	
,	(street)		(city) (state	(zip code) (country)
Executed in	County, State		n the day of(month)	. 20 (year)
			Signature of Local Govern	nment Officer (Declarant)

DICOLOG	(Instructions for comple	ting and filing this form	are provided on th	e next page	∍.)	
This questionnaire	reflects changes made to t	he law by H.B. 23, 84th	Leg., Regular Ses	sion.	OFFICE	USE ONLY
government office	to the appropriate local or has become aware of fac or Chapter 176, Local Gove	cts that require the office		local p	ate Received	ary's C
	Government Officer	4.1		7 / 7	C (80	2/ 27
	lvira I.	ALONZO		Da	J-6	26-23
2 Office Held	OF mexile	w- Publi	E WORK	5		
	described by Sections 1	76.001(7) and 176.003	(a), Local Govern			
Description of the with vendor na	the nature and extent of ea med in item 3.	cal Car				ily relationsh
from vendor na	oted by the local government in item 3 exceeds $$^{\circ}$	100 during the 12-mo	nth period descri	bed by Se	ction 176.0	03(a)(2)(B).
	oted Des					
	ted Desc	With the same of the same				
(e.s.c s.ii) (essp		ttach additional forms				
	also acknowledge that this a	-4	Numan Signature	COLO GOV	ernment Office	
4) 865-1	Pli	ease complete eit	ner option be	low:		
1) Affidavit						
NOTARY STAMP/S	EAL					
Sworn to and subscrib	ped before me by		this	the	day of	
	tify which, witness my hand and	I seal of office.		7.		
ignature of officer admin	istering oath Pr	rinted name of officer adminis	stering oath		Title of office	r administering oa
		OR		3444	94110	
2) Unsworn Declar	ation					
fu nama in			ومرمن ويون بالكامون			
ly name is ly address is			, and my date of birt	n is		
iy addiess is	(street)		(city)	(state)	(zip code)	(country)
xecuted in	County, State of	, on the	day of	onth)	20(year)	
		-	Signature of Logs	I Governmen	ol Officer (De	clarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

June 2023

			-9-1
This questionnaire reflects ch	anges made to the law by H.B. 23, 8	4th Leg., Regular Session.	OFFICE USE ONLY
government officer has beco	propriate local governmental ent ome aware of facts that require the	ity that the following local officer to file this statement	Date Received
	176, Local Government Code.	litu	Senstani's 1
Name of Local Governme	NO Trevino	J	Secretary's C
Office Held City OF	Wcaller-Pul	Pliz Works	Date 6-5-23
Name of vendor described	by Sections 176.001(7) and 176.		
Description of the nature with vendor named in ite	and extent of each employment of m 3. Many Fac		p and each family relationship
List gifts accepted by the	local government officer and an m 3 exceeds \$100 during the 12-	v family member, if aggreg	ate value of the gifts accepte
Date Gift Accepted	2/23 Description of Gift	Meals - Dell	ivered/prepare
	Description of Gift		1 dusite
Date Gift Accepted	Description of Gift		
	(attach additional form	ns as necessary)	
Governme	ont Code.	Signature of Local (FIR CA. Government Officer
	Please complete	either option below:	
) Affidavit	7.74.000 Section (6.15-52)		
NOTARY STAMP/SEAL			
worn to and subscribed before n	ne by	this the	day of
D, to certify which, wi	The Control of the Co	,,,,,,,	
nature of officer administering oath	Printed name of officer adm	ninistering oath	Title of officer administering oath
AND MARKET STATE	OR		
) Unsworn Declaration			
name is		, and my date of birth is	
address is			
	(street)	(city) (state)	(zip code) (country)
ecuted in	County, State of, on	the day of(month)	, 20
			7.7
		Signature of Local Govern	ment Officer (Declarant)

FORM CIS

made to the law by H.B. 23,	84th Leg., Regular	Session.	OFFICE	USEONLY
ware of facts that require the			Date Received	
		Cin	Secr	Etaru's C
المد			0	Regelved
			Date 61	16/23
	i.003(a), Local Go	overnment		
xtent of each employment o	or other business	s relationship	and each far	nily relationship
xceeds \$100 during the 12	-month period d	escribed by S		
Description of Gift				
Description of Gift				
(attach additional for	rms as necessary)		
			1	
Please complete	either option	below:		

		this the	day of	
ny hand and seal of office.				
Printed name of officer ac	dministering oath		Title of office	r administering oath
OR	2000	W-10-	0	
	, and my date	of birth is		
	, and my date o	of birth is		
(street)	, and my date of	of birth is	(zip code)	(country)
(street)		(state)		(country)
	iate local governmental enware of facts that require the local Government Code. ficer Lana 22 ections 176.001(7) and 176 xtent of each employment of the local street of each employment of the local street street of each employment of the local street street of each employment of the local street street street of each employment of the local street stree	iate local governmental entity that the followare of facts that require the officer to file this ocal Government Code. ficer Lana Callette ections 176.001(7) and 176.003(a), Local Government of each employment or other business. I government officer and any family membriceds \$100 during the 12-month period do a local period of Gift Description of Gift Description of Gift (attach additional forms as necessary enalty of perjury that the above statement is true and nember (as defined by Section 176.001(2), Local Government (as defined by Section 176.001(2)), Local Government (as defined by Section 176.001(2	ections 176.001(7) and 176.003(a), Local Government xtent of each employment or other business relationship I government officer and any family member, if aggrega exceeds \$100 during the 12-month period described by \$20.000 and \$3. Description of Gift	Date Received Date Page To Pag

This questionnaire reflec	ts changes made	e to the law by H.B. 23,	84th Leg., Regular Se	ssion.	OFFIC	EUSEONLY
This is the notice to the government officer has in accordance with Cha	become aware	of facts that require th			Date Received	
1 Name of Local Gove				CIL	OECT!	etary's Up
Jason	. Stell	od				eastored
2 Office Held IT Syst	ens Mai	~ ur			Date 6/	16/23
3 Name of vendor desc Code	ribed by Section	ons 176.001(7) and 17	6.003(a), Local Gove	rnment		
4 Description of the na with vendor named		t of each employment	or other business re	lationship	and each fa	mily relationship
from vendor named	in item 3 excee	vernment officer and a ds \$100 during the 12	2-month period desc	f aggrega ribed by	ate value of t Section 176.0	he gifts accepted 003(a)(2)(B).
		Description of Gift _				
						_
Date Gift Accepted _			na ray and a same			
SIGNATURE sv	NE / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	(attach additional for of perjury that the above :	Contracting the Contracting Traction			
also		er (as defined by Section 1 t this statement covers the	12-month period describ	ed by Secti)(B), Lecal
		Please complete	e either option be	elow:		
(1) Affidavit			7-3-3-4-3-7-4-4-4-4-4-4-4-4-4-4-4-4-4-4-			
NOTARY STAMP/SEAL						
Sworn to and subscribed be	fore me by		this	the	day of	
20, to certify wh	ich, witness my har	nd and seal of office.			3000	
Signature of officer administering	oath	Printed name of officer a	dministering oath		Title of office	er administering oath
		OR				
2) Unsworn Declaration						
My name is			, and my date of bi	rth is		31
My address is				7. Y		
	(stree	it)	(city)	(state)	(zip code)	(country)
Executed in	County, Sta	ate of, c	on the day of	month)	, 20 (year)	
			Signature of Loc	al Govern	nent Officer (De	oclarant)

This questionnaire re	flects changes made to the I	aw by H.B. 23, 84th Le	eg., Regular Session.	OFFICE USE ONLY
government officer l	o the appropriate local go has become aware of facts Chapter 176, Local Governr	that require the office		Date Received
	overnment Officer			- 1 - 1
	2 ZAMOKY	+		06/20/2023
2 Office Held Man	ageunt #	55Btan t	-	12
3 Name of vendor d Code	escribed by Sections 176.	001(7) and 176.003(a), Local Government	
4 Description of the with vendor nam	ad in itam 2	0	urse e 7	p and each family relationship
	ed by the local governmen ned in item 3 exceeds \$100	t officer and any fam	nily member, if aggreg	ate value of the gifts accepted
Date Gift Accepte	ed 6/13/23 Descrip	ption of Gift <u>Co</u> N	suela Pur	SEC TKSUAN
Date Gift Accepte	ed Descrip	ption of Gift		Contract
Date Gift Accepte	d Descript	ion of Gift		
	(attac	ch additional forms as	necessary)	
Diana M. Notary 1284522 My Comm. (1) Affidayit 11-22-202 NOTARY STANFIST Sworn to and subscribed	Pleas	se complete eithe	Signature of Local of	Government Officer
Signature of officer administ	ering oath Printer	d name of officer administer	ing oath	Title of officer_administering oath
7.2 11 2 12 17 17 17 17 17 17 17 17 17 17 17 17 17		OR	VA.70%	The Shands Strongsmind (45%)
(2) Unsworn Declarat	Jon		nd my date of birth is	
My address is	(-1		Adha Carra	And the second
Executed in	(street) County, State of	, on the	(city) (state) day of (month)	(zip code) (country), 20 (year)
			Signature of Local Govern	ment Officer (Declarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

July 2023

This questionnaire refle	ects changes made to	the law by H.B. 23, 84th Leg	., Regular Session	OFFICE USE ONLY
	as become aware of f	al governmental entity that acts that require the officer vernment Code.		
Name of Local Gov		(3))(((4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	0	L. Samplania (
Victor Rodrig	uez - McAllen Po	lice Department		by Secretary's C Actival 7-13-202
Office Held				
Chief of Police				7-13-202
- 11127 AND 1 HOLDS		176.001(7) and 176.003(a),	Local Governme	Sign Advant Services
ULINE (12575	Uline Dr., Pleasa	ant Prairie, WI)		All the state of t
Description of the with vendor named	d in item 3.	each employment or other ping Supply Specialist		nship and each family relationship
	d in item 3 exceeds		period describe	gregate value of the gifts accepte d by Section 176.003(a)(2)(B). nmeo)
Date Gift Accepted		escription of Gift (1) Uline C		
		cription of Gift (1) Uline Car		
Date Gift Accepted				I be raffled to police employees.
	overnment Code.	s statement covers the 12-month	1	_N
			Signature of L	ocal Government Officer
	P	lease complete either	option belov	v:
TAMP/SEAS	VIER RODRIGUEZ Notary Public STATE OF TEXAS tary ID# 1224147-0 DEMM EXP. 07-26-2025	Victor Rodriguez	this the	11thday_ofJuly,
23 , to certify v	which, witness my hand ar	nd seal of office.		
Farin.	(Zel)	Javier Rodrigu	ez	Notary Public/Admn.
nature of officer administer	ing oath O	Printed name of officer administerin	g oath	Title of officer administering oath
		or		
Unsworn Declaratio	n			
name is		, and	I my date of birth is	
address is			<u> </u>	
	(street)		(city) (s	state) (zip code) (country)
cuted in	County, State of	of, on the	day of	, 20
			(month	(year)
		S	ignature of Local Gr	overnment Officer (Declarant)

FORM CIS

This questionnaire reflects	changes made to the law	by H.B. 23, 84th Le	g., Regular Session.	OFFICE USE ONLY
This is the notice to the government officer has be in accordance with Chapter	come aware of facts that	require the officer		Date Received
Name of Local Governi		1 00001	Citi	Senzetary's Of
Vivian	Carza			Reactored
2 Office Held ReSiden	tial Supervis	oy		Secretary's Of
Name of vendor describ	Packet load	of Conferen	WANA)	
with vendor named in i	tem 3. City Ve	ndor - Pak	He held @ T	p and each family relationship USWAVA CONFERE
from vendor named in	the local government of	ficer and any fam ring the 12-month	nily member, if aggreg in period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted				
Date Gift Accepted	Description			
Bank ann i saskiss		idditional forms as	necessary)	
also ad	h family member (as defined cknowledge that this statemen nment Code.			3>
	Please	complete eithe	er option below:	
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed before	e me by		this the	day of
20, to certify which	, witness my hand and seal of o	office.		
Signature of officer administering oa	ath Printed nar	me of officer administer	ing oath	Title of officer administering oath
		OR		
(2) Unsworn Declaration				
My name is		, a	nd my date of birth is	
My address is				
	(street)		(city) (state)	(zip code) (country)
Executed in	County, State of	, on the	day of (month)	, 20 (year)
			Signature of Local Govern	ment Officer (Declarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

August 2023

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.	t Date Received
government officer has become aware of facts that require the officer to file this statemen	Date Received
	V S I I
Name of Local Government Officer	1111 - 1507510711 4 V
Denny A Meline	Readlend
Office Held	Sylvenses
Director	ity Secretary's (Received Data 8/11/23
Name of vendor described by Sections 176,001(7) and 176,003(a), Local Governmen Code McAllen Chamber of Commerce	
Description of the nature and extent of each employment or other business relations with vendor named in item 3. Raffle to staff	hip and each family relationship
List gifts accepted by the local government officer and any family member, if aggrefrom vendor named in item 3 exceeds \$100 during the 12-month period described by	egate value of the gifts accepte by Section 176.003(a)(2)(B).
Date Gift Accepted 5/17/23 Description of Gift (2) Lamarca Pros	ecco Rose 187ml
Date Gift Accepted5/17/23 Description of Gift (1) Freixenet Italia	an Rose 187ml
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 1.D.# 12429211-2 Notary Public State of Texas Signature of Local Please complete either option below:	al Government Officer
NOTARY STAMP/SEAL forn to and subscribed before me by <u>Denny A Meline</u> 1 1 23, to certify which, witness my hand and seal of office. 1 23, Mary Ann Juarez	27th day of <u>Suly</u> . Accounting Supervisor
nature of officer administering path Printed name of officer administering oath	Title of officer administering oath
OR	
Unsworn Declaration	
name is, and my date of birth is	
address is,,	
(street) (city) (sta cuted in County, State of, on the day of day of	. 20
(month) Signature of Local Gove	(year) ernment Officer (Declarant)

VIII SALASIANIS ISI S	on promise and mining and re-	mare provided on the next p	ago.)
This questionnaire reflects changes ma	de to the law by H.B. 23, 8	4th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate government officer has become awar in accordance with Chapter 176, Loca	e of facts that require the o		Date Received
Name of Local Government Office			ity Secretary's
Denny A Meline			ity Secretary's Received Date 8/11/23
Office Held			0/11/20
Director			Date 8/11/23
Name of vendor described by Sect Code Zencity	ions 176.001(7) and 176.0	003(a), Local Government	
Description of the nature and exte with vendor named in item 3. Raffle to staff	nt of each employment or	other business relationshi	p and each family relationship
List gifts accepted by the local go from vendor named in item 3 exce	eds \$100 during the 12-r	nonth period described by	
Date Gift Accepted 7/1/23			
Date Gift Accepted			
Date Gift Accepted	Description of Gift		
	(attach additional form	ns as necessary)	
MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	Please complete	Signature of Local of either option below:	
NOTARY STAMP/SEAL			
orn to and subscribed before me by D 1 to certify which, witness my h		this the <u>27</u>	the day of July
nary amy	Mary Ann Juarez		Accounting Supervisor
nature of officer administering cath	Printed name of officer adm	inistering oath	Title of officer administering oath
	OR		
Unsworn Declaration			
name is		, and my date of birth is	
address is			
(stre	eet)	(city) (state)	(zip code) (country)
cuted in County, S	tate of, on t	he day of (month)	, 20
		Signature of Local Govern	ment Officer (Declarant)

FORM CIS

This questionnaire reflects changes	made to the law by H.B. 23, 84th Leg., Regular Ses	sion. OFFICE USE ONLY
	riate local governmental entity that the following ware of facts that require the officer to file this state ocal Government Code.	ement Date Received
Name of Local Government Of		Lity Secretary's Of
Carina Jimenez		Renelmed
Office Held		Date 8/11/93
Deputy Director of Pr	ograms	Date 8/11/95
Code	ections 176.001(7) and 176.003(a), Local Govern	
Walmart		
with vendor named in Item 3. Donation - McFun St		
List gifts accepted by the loca from vendor named in item 3 e Date Gift Accepted5/9/23	I government officer and any family member, if exceeds \$100 during the 12-month period description of Gift Walmart Gift	ibed by Section 176.003(a)(2)(B).
Date Gift Accepted		A 15 A 16 A 17
Date Gift Accepted		
The second secon	(attach additional forms as necessary)	
MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	Please complete either option be	of Local Government Officer
NOTARY STAMP/SEAL		
worn to and subscribed before me by	1. No. 2. No. 2012 (1984)	the 9 day of August.
to certify which, witness n	ny hand and seal of office.	Assounting Supervisor
gnature of officer administering oat 3/	Mary Ann Juarez Printed name of officer administering oath	Accounting Supervisor Title of officer administering oath
7	OR	The di officer administering datif
Unsworn Declaration	OR .	
onsworn Decidiation		
name is	, and my date of birt	h is
address is		,,,
	(street) (city)	(state) (zip code) (country)
ecuted in Count	ty, State of , on the day of (m	onth) , 20
	Signature of Local	al Government Officer (Declarant)
	Digitative of Loca	a constituent chicor (Decidiant)

This questionnaire reflects changes	made to the law by H.B. 23	3, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropr government officer has become available in accordance with Chapter 176, L	ware of facts that require th		nt Date Received
Name of Local Government Of		Cit	Date 8/11/23
Carina Jimenez		200	Reselved
Office Held		-1	0/11/103
Deputy Director of Pro	ograms	,	Date 8/ 11/20
Name of vendor described by S Code Carlos Rosales		76.003(a), Local Governmer	
Description of the nature and e with vendor named in item 3. McAllen Youth Basel	pall Complex		ship and each family relationshi
List gifts accepted by the loca from vendor named in item 3 e Date Gift Accepted8/7/23	xceeds \$100 during the 1	any family member, if aggr 2-month period described Portable mount \$500.	
		10 10 17 1 11 11 11 11 11	
Date Gift Accepted			
Date Gift Accepted	Description of Gift		
	(attach additional t	forms as necessary)	
MARY ANN JUAREZ Notary Public, State of Text Expires 06/02/2027 I.D.# 12429211-2	The state of the s	Signature of Locate either option below:	al Government Officer
NOTARY STAMP/SEAL			
orn to and subscribed before me by	Carina Jimenez	this the _	9 day of Hugust
to certify which, witness n	ny hand and seal of office.		
Ylary and	Mary Ann Juai	CONTRACTOR OF THE	Accounting Supervisor
nature of officer administering	Printed name of officer	administering oath	Title of officer administering oath
	O	R	
Unsworn Declaration			
Name to		Lagran deta saan v	
name is		, and my date of birth is _	
address is	(street)	(city) (sta	ate) (zip code) (country)
		on the day of(month)	, 20, (year)
		0(ernment Officer (Declarant)
		Signature of Local Gov	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects of	changes made to the law by h	I.B. 23, 84th Lea Regular Se	ession.
	appropriate local governme	시간 시장은 사용하는 경기를 느꼈다면	OFFICE USE ONLY
government officer has been	come aware of facts that rec r 176, Local Government Co	uire the officer to file this sta	atement Date Heceived
1 Name of Local Governm			City Secretary's C Received
Isidro Salinas			Regulated
2 Office Held			1949
Parks Supervis	or		Date 8/11/93
	ed by Sections 176.001(7) a	and 176.003(a), Local Gove	
Professional 7	Turf Products		
with vendor named in it Raffle to staff	em 3.		lationship and each family relationship
from vendor named in i	tem 3 exceeds \$100 during	the 12-month period desc	if aggregate value of the gifts accepted ribed by Section 176.003(a)(2)(B).
Date Gift Accepted6	Description of	Gift Hat Promoti	on (\$15.00)
Date Gift Accepted	Description of	Gift	
Date Gift Accepted	Description of G	ift	
	(attach addit	ional forms as necessary)	
MARY ANN JUA Notary Public, State Expires 06/02/2 1.D.# 124292	of lexas 027 11-2	Signature nplete either option b	e of Local Government Officer
NOTARY STAMP/SEAL			
Sworn to and subscribed before	me by <u>Isidro Salinas</u>	thi	s the 13 day of Tuly,
20 23 to certify which,	witness my hand and seal of office	s.	0
Mary and	Mary Ann	Juarez	Accounting Supervisor
Signature of officer administering and	h Printed name of	officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration			- 1
22			ax e
My name is		, and my date of b	irth is
My address is	(street)	(ethy)	/ctato) /zip codo) /country)
Executed in	(street) County, State of	(city), on theday of	(state) (zip code) (country), 20 month) (year)
		Signature of Lo	cal Government Officer (Declarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

September 2023

This questionnaire re	flects changes made to the law b	y H.B. 23, 84th Le	g., Regular Session	OFFICE US	E ONLY
government officer h	o the appropriate local govern has become aware of facts that i Chapter 176, Local Government	require the officer		Date Beceived	
1 Name of Local Go	overnment Officer		n.	· Careford	1's 104
2 Office Held	Fire Department		(m)	Secretarion Received	733
3 Name of vendor do Code	escribed by Sections 176.001(7) and 176.003(a)			
4 Description of the with vendor name	nature and extent of each emp	oloyment or othe		nship and each family (relationship
from vendor nam	ed by the local government off ed in item 3 exceeds \$100 dur	ing the 12-month	period describe		
Date Gift Accepte	ed 8/28 Description	of Gift _ SH	ive .		
Date Gift Accepte	d Description	of Gift			
Date Gift Accepte	d Description o	of Gift			
	(attach ac	lditional forms as	necessary)		
	Government Code.		0	ocal Government Officer	_
100	Please o	omplete eithe	er option belov	w:	
(1) Affidavit	· Aller	Poduich		7th C.	takala a K
Sworn to and subscribed		U	this the	day of Old	unirser.
20 65 to certify	which, witness my hand and seal of o	ffice.		1 Atrini	
Signature of officer administ	ering oath Printed nam	le of officer administer	ing oath	Title of officer adm	inistering oath
	Times have	OR	ng sam	2100 71 311 6 10 317	eminor ien o tyski
(2) Unsworn Declarat	ion				
My name is		, aı	nd my date of birth is		
My address is					
	(street)		(city) (state) (zip code) (c	ountry)
Executed in	County, State of	, on the	day of(monti	, 20	
			Signature of Local G	overnment Officer (Declara	nt)

(Instruc	ctions for completing an	d filing this form are	provided on th	e next page	e.)	
This questionnaire reflects ch	anges made to the law	by H.B. 23, 84th Le	g., Regular Ses	sion.	OFFICE U	SEONLY
This is the notice to the ap government officer has been in accordance with Chapter	ome aware of facts that	t require the officer		ement	ate Received	4.0
Name of Local Government	ent Officer		1	_ity <	Decreta	rry's C
Victor Rodriguez -	McAllen Police De	epartment		0	Secreta Recel 9-21	oed
Office Held					9-2	6-27
Chief of Police				Δα	te 1	
Name of vendor describe Code		(7) and 176.003(a)	, Local Gover	nment		
Allied Universal Sec Description of the nature	Charles and the Charles and th	anlaumant ar atha	husinaas vale	dianahin a	ad analı famili	. valationable
with vendor named in ite			business reia	itionsnip ai	nd each famil	y relationship
List gifts accepted by the from vendor named in its Date Gift Accepted0	em 3 exceeds \$100 du 9/22/23 Descriptio	ring the 12-month n of Gift Lunch at	period descr Palenque Grill p	ibed by Se	ction 176.003 (Chief & 3 ACC	(a)(2)(B).
Date Gift Accepted		n of Gift				
Date Gift Accepted						_
	(attach a	idditional forms as	necessary) *			
	Please	complete eithe	Signature	of Local Gove	ernment Officer	, Locai
worn to and subscribed before	me byVi	ctor Rodriguez	this	the 25th	day of S	eptember .
23 to certify which, w	itness my hand and seal of	office.				
Xavier Ro	`\`	Javier Rodrigu	iez		Notary Pu	blic/Admn.
gnature of officer administering oath	Printed na	me of officer administeri	ng oath		Title of officer a	dministering oath
		OR				
) Unsworn Declaration			. 111	V		
namé is		, ar	d my date of bir	th is		
y address is			171 0 00 3	,		
	(street)		(city)	(state)	(zip code)	(country)
recuted in	County, State of	, on the	day of	nonth)	_, 20 (year)	
			Signature of Loca	al Governmen	nt Officer (Decla	rant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

November 2023

FORM CIS

This questionnaire reflec	ts changes made to the law by	H.B. 23, 84th Leg.	, Regular Session.	OFFICE USE ONLY
government officer has	ne appropriate local governm become aware of facts that re pter 176, Local Government C	quire the officer to	a file this statement	Date Received
Name of Local Gove	rnment Officer avK Zamova		115	Date 11/3/23
2 Office Held Fire	Prevention	_1111		Date 11/ 5/25
3 Name of vendor desc Code	To Alichae's Deli			
4 Description of the na with vendor named	in item 3.	55		o and each family relationship
from vendor named	oy the local government officin item 3 exceeds \$100 durin	er and any familing the 12-month	y member, if aggreg period described by	
Date Gift Accepted				
Date Gift Accepted _	Description of	ditional forms as r	Contract to the second	
	o acknowledge that this statement vernment Code.	covers the 12-month	MY	Government Officer
	Please co	omplete eithe	r option below:	
Notary I	A RODRIGUEZ D #133619707 mission Expires ch 1, 2026 Perore me by	Rodriquez	L_{\perp} this the 2	nd day of November
20 23, to certify w	hich, witness my hand and seal of of	fice. Marina R of officer administerir		MHany Title of officer administering oath
Signature of officer administering	ng datin P OPHINTEG name	OR	ig Gain	
(2) Unsworn Declaration	n			
My name is		, an	d my date of birth is	
My address is			(
37.70	(street)		(city) (state	
Executed in	County, State of	, on the	day of (month)	, 20 (year)
			Signature of Local Gover	nment Officer (Declarant)

This questionnaire re	flects changes ma	ade to the law by H.B. 23	84th Leg., Regular Session.	OFFICE USE ONLY
government officer h	nas become awa		ntity that the following local e officer to file this statement	Date Received
Name of Local Go	overnment Office	er	-12	Date 11/10/23
Sarah Can	ıizales			(Keneived
Office Held		T-12-1-1		11/10/23
Center Ma	nager, Las P	almas Community (Center	2000
Name of vendor de Code Kristi Col		tions 176.001(7) and 17	6.003(a), Local Government	
Description of the with vendor name	e nature and exte		or other business relationsh	ip and each family relationship
List gifts accepte	d by the local g	overnment officer and		ate value of the gifts accepted
from vendor nam	ed in item 3 exc	eeds \$100 during the 1	2-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepte	11/9/23	_ Description of Gift _	Cash \$50.00	
Date Gift Accepte	11/0/22	_ Description of Gift _	Insignia 32in TC \$130	.00
Date Gift Accepted	d	Description of Gift		
25,312, 30,31,32,504,32		(attach additional fo	orms as necessary)	
		Please complet	Signature of Local e either option below:	Government Officer
1) Affidavit		MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	citaler option below.	
worn to and subscribed	before me by	Sarah Canizales	this the $\frac{\mathscr{G}}{}$	the day of November.
to certify	which, witness my h	nand and seal of office.		
Maryans	fra	Mary Ann Juan	ez	Accounting Supervisor
gnature of officer administr	sring-bath	Printed name of officer a	dministering oath	Title of officer administering oath
		OR		
2) Unsworn Declarati	lon			
y name is			, and my date of birth is	
y address is				
A - 1/4 - 1 - 1	(str	eet)	(city) (state) (zip code) (country)
xecuted in	County,	State of, o	on the day of(month)	, 20 (year)

FORM CIS

This questionnaire refle	ects changes ma	de to the law by H.B. 23	, 84th Leg., Regular Session.	OFFICE USE ONLY
	s become awar	e of facts that require th	ntity that the following loca e officer to file this statemen	nt Date Received
1 Name of Local Gov	ernment Office	r	Cli	ty Secretary's U
Sarah Caniz	zales			Date 11/10/23
2 Office Held				11/10/23
Center Man	ager. Las Pa	Imas Community (Center	Date 11/10/25
	cribed by Sect		6.003(a), Local Governmer	nt
		nt of each employment	or other business relations	ship and each family relationship
with vendor named		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or other business relations	sinp and each family relationship
5 List gifts accepted from vendor name Date Gift Accepted	d in item 3 exce	eds \$100 during the 1	any family member, if aggr 2-month period described Walmart Gift Card \$1	regate value of the gifts accepted by Section 176.003(a)(2)(B).
Date Gift Accepted	11/0/00	Description of Gift	HEB Gift Card \$100.	
Date Gift Accepted		Description of Gift		
		(attach additional fo	orms as necessary)	
G	overnment Code.	9	Signature of Loc	al Government Officer
(1) Affidavit NOTARY STAMP/SEAL	The state of the s	Please complet MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	e either option below:	
Sworn to and subscribed I	pefore me by	Sarah Canizales	this the	9th day of November.
20 <u>23</u> , to certify w	hich, witness my h	and and seal of office.		
Mary ann	7	Mary Ann Juar	ez	Accounting Supervisor
Signature of officer administeri	ng of	Printed name of officer a	idministering oath	Title of officer administering oath
		ÖR		
2) Unsworn Declaratio	n			
My name is			, and my date of birth is _	
My address is				
A TANAN AND ME	(stre	eet)	(city) (sta	ate) (zip code) (country)
Executed in	County, S		on the day of(month)	, 20 (year)
			Signature of Local Gov	rernment Officer (Declarant)

This questionnaire refle	cts changes m	ade to the law by H.B. 23	, 84th Leg., Regular Session.	OFFICE USE ONLY
	s become awa	re of facts that require th	entity that the following local ne officer to file this statement	
Name of Local Gove	ernment Offic	er	66	y Secretary's C Received
Sarah Caniz	ales			II / IA /22
Office Held				mar 11/10/23
Center Mana	ager, Las P	almas Community	Center	
Name of vendor desc	cribed by Sec	tions 176.001(7) and 17	76,003(a), Local Government	
Hiram Guti	errez			
		ant of each employment	t or other husiness relationsh	nip and each family relationship
with vendor named Senior fund	in item 3.		tor other business relations	np and each family relationship
List gifts accepted	by the local g	overnment officer and		gate value of the gifts accepted
from vendor named	in item 3 exc	eeas \$100 auring the 1	2-month period described by	y Section 176.003(a)(2)(B).
Date Gift Accepted	11/9/23	_ Description of Gift _	Vizio 65in TV \$431.92	
Date Gift Accepted		_ Description of Gift _		
Date Gift Accepted_		_ Description of Gift		
		(attach additional f	orms as necessary)	
		-	Signature of Local	Government Officer
) Affidavit NOTARY STAMP/SEAL		Please complet MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	te either option below:	
vorn to and subscribed be	efore me by	Sarah Canizales	this the g	th day of November.
23, to certify wi	nich, witness my	hand and seal of office.		
Mary anne	2	Mary Ann Juar	ez	Accounting Supervisor
nature of office administerin	g dail	Printed name of officer	administering oath	Title of officer administering oath
and the		OF	1	
Unsworn Declaration	Ì			
name is			, and my date of birth is	
address is		-		
	(st	reet)	(city) (state	e) (zip code) (country)
ecuted in	County,	State of	on the day of(month)	, 20 (year)
			Signature of Local Gover	nment Officer (Declarant)

This questionnaire reflec	cts changes made to	o the law by H.B. 23	, 84th Leg., Rec	jular Session.	OFFICE USE ONLY
This is the notice to the government officer has in accordance with Cha	become aware of	facts that require th			Date Received
1 Name of Local Gove	ernment Officer			Citi	Secretary's C
Sarah Caniz	ales			-	Secretary's C Received
2 Office Held				3,	11/11/23
Center Mana	ager, Las Palm	as Community (Center		Date 11/10/20
3 Name of vendor desordes Code	V	s 176.001(7) and 17	6.003(a), Loca	I Government	
Jamison M	errick				Links in the second
with vendor named		f each employment	or other busin	ness relationsh	ip and each family relationship
	in item 3 exceeds		2-month perio	d described by	gate value of the gifts accepte Section 176.003(a)(2)(B). \$100.00
Date Gift Accepted		escription of Gift _			
Date Gift Accepted_					
Date Gill Accepted_	De	(attach additional for	2000 10 0000	and a	
	vernment Code.) -		Signature of Local	Government Officer
(1) Affidavit NOTARY STAMP/SEAL	Notar Ey	Please complet MARY ANN JUAREZ Public, State of Texas spires 06/02/2027 D.# 12429211-2	e either opt		th day of November,
Sworn to and subscribed be				this the	day of Towember,
Λ	nich, witness my hand a				A creation where it is not a state.
7 Mary ann	Pro	Mary Ann Juar			Accounting Supervisor
ignature of officer administerin	groam	Printed name of officer	4.370 to 10.00 de contra 2		Title of officer administering oath
		OF			
2) Unsworn Declaration					
Ny name is			and my o	ate of birth is	
My address is					
	(street)		(city	(state	(zip code) (country)
Executed in	County, State	of		(month)	, 20 (year)
			Signatu	re of Local Gover	nment Officer (Declarant)

This questionnaire reflects	changes ma	de to the law by H.B. 23	84th Leg., Regular Session	on. OFFICE USE ONLY
This is the notice to the government officer has b in accordance with Chap	ecome awar	e of facts that require th		nent Date Received
1 Name of Local Govern	ment Office	r		ity Secretary's Of
Sarah Canizal	es			ity Secretary's Of
2 Office Held				11/11/2
Center Manag	er. Las Pa	Imas Community (Center	Date 11/10/25
3 Name of vendor descri Code	bed by Sect		6.003(a), Local Governm	
Edward Zan				
4 Description of the nati with vendor named in Senior fundra	item 3.	A Charles of the same and the	or other business relati	onship and each family relationship
5 List gifts accepted by	the local go item 3 exce	vernment officer and eds \$100 during the 1		ggregate value of the gifts accepted ed by Section 176.003(a)(2)(B).
Date Gift Accepted	11/9/23	Description of Gift _	Infinity 3 Disc Bike	e, Black \$225.99
Date Gift Accepted		Description of Gift		
		(attach additional fo	orms as necessary)	
Gove	rnment Code.	-	Signature of	Local Government Officer
(1) Affidavit NOTARY STAMP/SEAL	Not	Please complet MARY ANN JUAREZ ary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	e either option belo	
Sworn to and subscribed befo	re me by	Sarah Canizales	this the	e 9th day of November
	h, witness my h	and and seal of office.		
Signature of officer administering of	13	Mary Ann Juar		Accounting Supervisor Title of officer administering oath
riginature of onice Duministering C	40		100000000000000000000000000000000000000	Title of officer administering dath
		OR		
2) Unsworn Declaration				
My name is			, and my date of birth	is
My address is			and the district	
	(stre	eet)	(city)	(state) (zip code) (country)
Executed in	Calabata		on the day of(mon	, 20
			Signature of Local (Government Officer (Declarant)

FORM CIS

This questionnaire re	lects changes made to t	ne law by H.B. 23, 84t	h Leg., Regular Session.	OFFICE USE ONLY
government officer h		cts that require the of	that the following local ficer to file this statement	Date Received
1 Name of Local Go	vernment Officer		Cit	g Secretary's Of
Denny Mel	ine			Regelored
2 Office Held				1/11/23
Director				Date 11 101 25
Code		76.001(7) and 176.00	3(a), Local Government	
McAlister				
4 Description of the with vendor name Office sta	ed in item 3.	ach employment or c	ther business relations	hip and each family relationship
5 List gifts accepte from vendor name Date Gift Accepte	ed in item 3 exceeds \$	tent officer and any 100 during the 12-micoription of Gift Co	onth period described b	egate value of the gifts accepted by Section 176.003(a)(2)(B).
Date Gift Accepte	d Des	cription of Gift		
Date Gift Accepted	Desc	ription of Gift		
		ttach additional forms	TO YES A MYZE	
	Government Code.	TALEMENT COVERS THE 12-	That Mho	d Government Officer
(1) Affidavi	MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027	ase complete e	ither option below:	
Sworn to and subscribed	before me by <u>Denny</u>	Meline	this the	1th day of November
20 <u>23</u> , to certify	which, witness my hand and	seal of office.		
Mary ana		lary Ann Juarez		Accounting Supervisor
Signature of Micer administ	liffg oath Pr	inted name of officer admin	istering oath	Title of officer administering oath
		OR		
2) Unsworn Declarati	on			
My name is			_, and my date of birth is	
My address is				5.000
	(street)		(city) (stat	te) (zip code) (country)
executed in	County, State of	on th		, 20
		-	Signature of Local Gove	rnment Officer (Declarant)

FORM CIS

This questionnaire reflects changes	made to the law by H.B. 23, 84th	Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropri government officer has become av- in accordance with Chapter 176, L	vare of facts that require the of		Date Received
1 Name of Local Government Of	licer	Cit	V Decretary's U
Denny Meline			y Secretary's O
2 Office Held			1/10/23
Director			Male 11/10/25
Name of vendor described by S Code HEB and Conventi		3(a), Local Government	
4 Description of the nature and exwith vendor named in item 3. Office staff		ther business relationsh	ip and each family relationship
from vendor named in item 3 e Date Gift Accepted11/6/23	xceeds \$100 during the 12-mo	onth period described by Ke \$20.00	
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional forms	as necessary)	
also acknowledg Government Cod	e that this statement covers the 12-rie.	Mrt-Mala	
		Signature of Local	Government Officer
Notary P Expir NOTARY STAMP	Please complete ei RY ANN JUAREZ ublic, State of Texas es 06/02/2027 # 12429211-2		
Sworn to and subscribed before me by	Denny Meline	this the $_7$	to day of November.
20 <u>43</u> , to certify which, witness m	ny hand and seal of office.		
Mary ann a	Mary Ann Juarez		Accounting Supervisor
Signature of thicer administer of oath	Printed name of officer admin	stering oath	Title of officer administering oath
	OR		
2) Unsworn Declaration		11 11 11	
Ny name is		, and my date of birth is	
/ly address is			
	(street) y, State of, on the	(city) (state) (zip code) (country) , 20 (year)
	-	Signature of Local Govern	nment Officer (Declarant)

FORM CIS

This questionnaire refle	ects changes made t	o the law by H.	B. 23, 84th L	eg., Regular Ses	ssion.	OFFICE	USEONLY
This is the notice to	the appropriate loc	cal governmen	ital entity th	at the followin	g local	Date Received	
government officer had in accordance with Ch				r to file this stat	tement	Date Neceived	
1 Name of Local Gov		overnment Coc	ie.		Lite	SECTE	toru's (1)
Denny Meli					0	Re	tary's U
2 Office Held						11/	11/22
Director					2	Jake_///	0/23
3 Name of vendor des Code	scribed by Sections	s 176.001(7) ar	nd 176.003(a), Local Gover	nment		
Bread Sm	ith				a. 7.		
Description of the with vendor named Office staff	in item 3.	f each employ	ment or othe	r business rel	ationship	and each fan	nily relationship
5 List gifts accepted from vendor name Date Gift Accepted	d in item 3 exceeds	nment officer s \$100 during to Description of (the 12-mont	h period desci	f aggregat ribed by S	e value of the ection 176.0	ne gifts accepted 03(a)(2)(B).
Date Gift Accepted		Description of C					
Date Gift Accepted	De						
SIGNATURE 1		(attach additio	nal forms as	necessary)			
	so acknowledge that the overnment Code.	nis statement cove	ers the 12-mon	mf Who	lin		
				Signature	of Local Go	vernment Offic	er
(1) Affidavit	MARY A Notary Public Expires 0	Please com NN JUAREZ c, State of Texas 6/02/2027 2429211-2	plete eith	er option be	elow:		
Sworn to and subscribed I	pefore me by Deni	ny Meline		this	the 7th	day of M	Vovember.
THE PROPERTY OF THE PARTY OF THE PARTY.	which, witness my hand			"""	ine	day or	,
mars and	2	Mary Ann	luarez		Δ	ccounting	Supervisor
Signature of officer administer	ng)oath	Printed name of o		ing oath		_	r administering oath
		2 5 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OR	No. 10 Person			
2) Unsworn Declaratio	n.		<u> </u>				
2) Olisworn Deciaratio							
My name is			, a	nd my date of bir	th is		
Ny address is				ACT LANGE			
	(street)			(city)	(state)	(zip code)	(country)
executed in	County, State	of	, on the	day of	nonth)	, 20	
				100	ionini	(year)	
				Signature of Loc	al Governme	ent Officer (De	clarant)

FORM CIS

This questionnaire re	flects changes made	to the law by H.B	. 23, 84th Leg	., Regular Ses	sion.	OFFICE	USE ONLY
This is the notice to government officer in in accordance with C	as become aware o	of facts that requir	e the officer t			Date Received	100
1 Name of Local Go	overnment Officer			(-uy	Decret Real	
Denny Me	line					11 /1	2/22
2 Office Held					7	ate 11/10	1/23
Director	A THE STATE OF THE STATE OF			and the same			
3 Name of vendor do Code BJ	escribed by Section	ns 176,001(7) and	176.003(a),	Local Gover	nment		
Description of the with vendor name Office sta	ff						
5 List gifts accepte from vendor nam Date Gift Accepte	d by the local gove ed in item 3 exceed d 10/6/23	rnment officer a Is \$100 during th Description of G	e 12-month	period descr	ibed by S	e value of th ection 176.00	e gifts accepted 03(a)(2)(B).
Date Gift Accepte	d	Description of G	ift				
Date Gift Accepte	d D						
20,7000,0000,0000,000		(attach addition					
	also acknowledge that Government Code.	this statement cover	s the 12-month	Mag. 11	Win		
(1) Affidavit NOTARY STAMP/SE	MARY Notary Pub Expires	Please comp ANN JUAREZ Ilic, State of Texas 06/02/2027 12429211-2	lete eithe			vernment Office	er
Sworn to and subscribed	before me by Der	ny Meline		this	the 7th	day of N	lovember.
	which, witness my hand				7		
Mary ann	des c	Mary Ann Ju	uarez		A	ccounting	Supervisor
Signature of Officer administr	ring ath	Printed name of offi	icer administerin	g oath		Title of officer	administering oath
TO THE PARTY			OR				
2) Unsworn Declarati	on						
My name is			, and	my date of bir	th is		
My address is							
Executed in	(street		, on the	(city) day of	(state)	(zip code) , 20 (year)	(country)
			- s	ignature of Loc	al Governme		clarant)

This questionnaire ref	lects changes made	to the law by H.B. 23	, 84th Leg., Regular S	ession.	OFFICE USE ONLY
This is the notice to government officer h in accordance with C	as become aware	of facts that require the	entity that the followine officer to file this st	ng local atement	Secretary's Of
	overnment Officer	dovernment code.		City	Received 5
Denny Mel					11/11/22
2 Office Held				9	Sate 11/10122
Director				- 4	
Code	escribed by Section	ns 176.001(7) and 17	76.003(a), Local Gove	ernment	
BJS			1.00		
4 Description of the with vendor name Office sta	ed in item 3.	of each employmen	t or other business re	elationship	and each family relationship
5 List gifts accepte from vendor name Date Gift Accepte	ed in item 3 excee	ds \$100 during the 1	any family member, 2-month period des Sandwich Tray	cribed by S	te value of the gifts accepted lection 176.003(a)(2)(B).
Date Gift Accepte	d	Description of Gift			
			orms as necessary)		
	Government Code.	-	mf.	Mala	
			Signatur	e of Local Go	overnment Officer
(1) Affidavit	Notary Pu Expire	Please comple Y ANN JUAREZ blic, State of Texas s 06/02/2027 f 12429211-2	te either option b	elow:	
Sworn to and subscribed	before me by De	nny Meline	th	is the 7th	_ day of Wavember
2 10	which, witness my har				
Mary ann	De/	Mary Ann Juan	ez	P	Accounting Supervisor
Signature of Officer administe	Ain Poath	Printed name of officer	administering oath		Title of officer administering oath
		OI	1		
(2) Unsworn Declarati	on				
My name is			and my data of h	aleth le	
My address is			, and my date of t	Zirdi ia	7
	(stree	t)	(city)	(state)	(zip code) (country)
Executed in	County, Sta		on the day of _	(month)	, 20 (year)
			Signature of Lo	cal Governm	ent 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 11/30/2023	
1 Name of Local Go	vernment Officer				
Ruben Soli	s				
2 Office Held					
Fleet Journe	yman Technici	an Crew Leader			
Code		ns 176.001(7) and 176.00	3(a), Local Government		
Diesel Fleet	AND THE PROPERTY OF SECURIOR SECURIOR	MACATRAGAR	and the second		
4 Description of the with vendor name	d in item 3.	of each employment or c ndor-Diesel Fleet Ca		p and each family relationship	
5 List gifts accepte	and the second s	and the same arise and proglets be delicated an experience of the same of the		ate value of the gifts accepted	
				Section 176.003(a)(2)(B).	
Date Gift Accepte	11/30/2023	Description of Gift 3 G	ift Baskets		
Date Gift Accepte	d	Description of Gift			
Date Gift Accepted	1	escription of Gift			
		(attach additional forms	as necessary)	a company of the same	
	Government Code.			— (Ruben Solis 1194) Government Officer	
	-	Please complete e	ither option below:		
(1) Affidavit NOTARY STAMP/SEA		STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026			
Sworn to and subscribed	before me by K	uben Sols	this the 30	the day of November	
- 0	which, witness my han	d and seal of office.	וועאופ	STEPHANIE PUENTES My Notary ID # 125435224	
Signature of officer administe	ring oath	Printed name of officer admin	istering oath	title of thires November 6, 2026	
		OR			
(2) Unsworn Declarati	on	3/2-			
My name is			_, and my date of birth is		
My address is		V-	The Article Man State of the St		
	(street		(city) (state	(zip code) (country)	
Executed in	County, Star	e of, on th	e day of (month)	, 20, (year)	
			Signature of Local Govern	nment Officer (Declarant)	

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

December 2023

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.				
Name of Local Go	vernment Officer			
Ruben Solis				
2 Office Held				7
Fleet Operatio	ns Technician	Crew Leader		
			76.003(a), Local Governme	ent
Trucker's 8	Equipment			
4 Description of the with vendor name		t of each employmen Vendor-Tracker'		nship and each family relationship
	d in item 3 excee	ds \$100 during the 1	2-month period described 8-Gift Cards 25 dollar	A VILVANIA
Date Gift Accepted	·	Description of Gift		
Date Gift Accepted		Description of Gift		
		(attach additional f	orms as necessary)	
		Please comple	Signature of Lo	CRUPEN Solis *(194)
(4) A 851 .1 16		riease comple	e ettrer option belov	
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed	1 08 Tree	STEPHANIE PUENTES My Notary ID # 12543522 Expires November 6, 202	4	4th day of December,
20 23 , to certify	which, witness my har	nd and seal of office.		
Lephanie 4	neuts	STEPHANLE	PUBINTES .	Admin Supervisor
signature of officer administer	ing oath	Printed name of officer	administering oath	Title of officer administering oath
		01	1	
2) Unsworn Declaratio	n			
My name is			, and my date of birth is	
/ly address is				
xecuted in	(stree	E	(city) (s	state) (zip code) (country) , 20 (year)
			Signature of Local Go	overnment Officer (Declarant)

FORM CIS

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code. 1 Name of Local Government Officer Ruben Solis 2 Office Held	2/05/2023
Ruben Solis	
2 Office Held	
Fleet Journeyman Technician Crew Leader	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
J's Hydraulics Inc	Washington Co.
Description of the nature and extent of each employment or other business relationship and each fami with vendor named in item 3. Vendor- J's Hydraulics Inc	ly relationship
List gifts accepted by the local government officer and any family member, if aggregate value of the from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.00: Date Gift Accepted12/05/2023Description of Gift2-50in tvs	gifts accepted 3(a)(2)(B).
Date Gift Accepted 12/05/2023 Description of Gift 2-55in tvs	
40/05/0000 00 00 00 00 For	
Date Gift Accepted 12/05/2023 Description of Gift 20-GIπ Cards 50 Each (attach additional forms as necessary)	
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the di	isclosura applias
also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B Government Code. 1940 Signature of Local Government Officer	
(1) Affidavit NOTARY STAMP/SEAL STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026	
Sworm to and subscribed before me by Ruben Solis this the 8th day of De	cember.
20, 23 to certify which, witness my hand and seal of office.	
Repliance from STEPHANIE PUBLIES Administrati	ive Dypens
rignature of officer administering oath Printed name of officer administering oath Title of officer a	administering oath
OR	
2) Unsworn Declaration	
fy name is, and my date of birth is	
ly address is,,,,,,	
(street) (city) (state) (zip code)	(country)
executed in County, State of, on the day of, 20 (year)	
Signature of Local Government Officer (Declar	arant)

FORM CIS

This questionnaire reflect	s changes made to the I	aw by H.B. 23, 84th L	eg., Regular Session.	OFFICE USE ONLY
This is the notice to the government officer has in accordance with Chap	become aware of facts	that require the office		nt Date Received
Name of Local Gover	nment Officer		$\subset t$	ty Secretary's C
Denny Meline				Reactived
Office Held				12/8/23
Director				20ac
Name of vendor descr Code	Decrease was many and	001(7) and 176.003(a), Local Governme	nt
Paris Baker	У			
Description of the na with vendor named in Office		employment or othe	r business relation	nship and each family relationship
	n item 3 exceeds \$100		h period described	regate value of the gifts accepte by Section 176.003(a)(2)(B). ad tray \$31.60
Date Gift Accepted _	20 mm and a 20 mm of 10 mm of	otion of Gift		
	Descript			
		h additional forms as		
Gov	ernment Code.		hut-While	ocal Government Officer
1) Affidavit NOTARY STAMP/SEAL	Notary Public, St Expires 06/02 I.D.# 12429	2/2027 9211-2		1: 10 th day of Decamber.
	ch, witness my hand and sea	N. N. W. L.	une tre	50) 0.02220000
nary ann of		y Ann Juarez		Accounting Supervisor
gnature of officer administering	9.00	d name of officer administer	ing oath	Title of officer administering oath
The same of the sa		OR		and the same time on which are a first the same
) Unsworn Declaration				
y name is		, a	nd my date of birth is	
y address is				
	(street)		(city) (s	tate) (zip code) (country)
xecuted in	County, State of	, on the	day of(month)) 20 (year)
			Signature of Local Go	overnment Officer (Declarant)

This questionnaire reflects chan	ges made to the law	by H.B. 23, 84th Le	g., Regular Sessio	OFFIC	E USE ONLY
This is the notice to the appr government officer has becom in accordance with Chapter 17	e aware of facts tha	t require the officer		ent Date Received	, , , ,
1 Name of Local Government	Officer		-	tily dear	estary's C
Carina Jimenez				1 <	estary's C Reselved
2 Office Held				- 17	18/23
Deputy Director, P	rograms			Date 12	101-0
 Name of vendor described b Code 		(7) and 176.003(a)	, Local Governm	ent	
HEB					
Description of the nature ar with vendor named in item Halloween Festiva	3. al				
5 List gifts accepted by the lo from vendor named in item Date Gift Accepted11/2	3 exceeds \$100 du		period describe		
Date Gift Accepted	Description	n of Gift			
Date Gift Accepted					
Date distribution		additional forms as			
Government	ledge that this stateme Code.	(beur	ocal Government Offi	
NOTARY STAMP/SEAL Sworn to and subscribed before me	A VI. MICHEL WILL DOWN THE LIBER.	nenez		v: <u> 2 2 ^년</u> day of <u>「</u>	Ubiember,
\sim	ess my hand and seal of			Acres de la Company	
7 Mary Unily		Ann Juarez			Supervisor
Signature of officer administering bath	Printed na	me of officer administeri	ng oath	Title of offic	er administering oath
2) Unsworn Declaration		OR			
My name is		ar	d my date of birth is		
Ny address is					
Carlo	(street)		(city) (state) (zip code)	(country)
executed in C	ounty, State of	, on the	day of(month	. 20	
) -	Signature of Local G	overnment Officer (De	eclarant)

This is the notice to the appropriate local governmental entity that the following local	OFFICE USE ONLY	
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 12/08/2023	
Name of Local Government Officer		
Ruben Solis		
Office Held Fleet Journeyman Technician Crew Leader		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Border Engine Rebuilders		
Description of the nature and extent of each employment or other business relations with vendor named in item 3. Vendor- Border Engine Rebuilders	hip 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 Accepted12/08/2023 Description of Gift 4- Gift Cards 50 Dollars	y Section 176.003(a)(2)(B).	
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
(attach additional forms as necessary)		
Signature of Local Please compligite either option below:	Government Officer	
1) Affidavit STEPHANIE PUENTES My Notary ID # 125435224		
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 Sworn to and subscribed before me by Ruben Solls this the STEPHANIE PUENTES STEPHANIE PUENTES	8th day of December Administrative Superu	
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 Sworn to and subscribed before me by Rubeu Solus this the this the STEPHANIE PUENTES The printed name of officer administering oath Printed name of officer administering oath		
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 NOTARY STAMP/SEA When Solls this the This the STEPHANIE PUENTES In this the STEPHANI	Administrative Superu	
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 NOTARY STAMP/SEA Sworm to and subscribed before me by Rubeu Solls this the Standard S	Administrative Superu	
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 Sworm to and subscribed before me by Rubeu Solus this the STEPHANIE PUENTES Innature of officer administering oath Printed name of officer administering oath OR 2) Unsworn Declaration	Administrative Superu	
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 Sworm to and subscribed before me by Rubeu Solls this the STEPHANIE PUENTES Ignature of officer administering oath Printed name of officer administering oath OR	Administrative Superu	
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 NOTARY STAMP / SEA Sworm to and subscribed before me by Rubeu Solls this the State of the s	Administrative Superu Title of officer administering oath	
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 Sworn to and subscribed before me by Rubeu Solus this the STEPHANIE PUENTES Ignature of officer administering oath Printed name of officer administering oath OR 19 uname is	Administrative Superu Title of officer administering oath	

This questionnaire	e reflects changes mad	e to the law by H.B.	23, 84th Le	g., Regular Ses	sion.	OFFICE	USE ONLY
government offic	e to the appropriate er has become aware th Chapter 176, Local	of facts that require	e the officer	t the following to file this state	local ement	Date Received 12-12-20)23
1 Name of Loca	I Government Officer						
Ruben Soli	S						
2 Office Held					-		
Fleet Journ	neyman Technicia	n Crew Leader					
Code	r described by Sections Tire service	ons 176.001(7) and	176.003(a)	, Local Govern	nment		
with vendor na	the nature and exten amed in item 3. Dyervides Tire Ser		ent or other	business rela	ntionship	and each fan	nily relationship
Date Gift Acce	epted by the local government in item 3 exceed epted 12/12/2023 epted	Description of Git	e 12-month ft _600 Do	period descri	ibed by s redit ce	Section 176.0 rtificate	e gifts accepted 03(a)(2)(B).
Date Ont Acce	pied	(attach additiona		odobo o otak			
	also acknowledge tha Government Code.	t this statement covers	the 12-month	19 11	1946	on 176.003(a)(2)	
	SE My No Expire			2 3000 3 300		day of	becember upervisor
to og Signature of officer admi		GTEPHANI Printed name of office			A	A.W. A.L. MARINE	PENNSOU r administering oath
			OR				
(2) Unsworn Decla	ration						
My name is			, an	d my date of birt	h is		
My address is							
Executed in	(stree	77	_ , on the	(city) day of	(state)	(zip code) 20(year)	(country)
7			-	Signature of Loca	0.00		clarant)

This questionnaire	e reflects changes mad	e to the law by H.B. 2	3, 84th Leg., Regu	lar Session.	OFFICE	USE ONLY
government offic	e to the appropriate er has become aware th Chapter 176, Local	of facts that require t			Date Received 12/12/202	23
1 Name of Loca	I Government Officer					
Ruben Soli	s					
2 Office Held	T- 10 10 1 10 1	Andrew Street				
Fleet Journ	neyman Technicia	n Crew Leader		- 2-1		
3 Name of vendo Code	r described by Section	ons 176.001(7) and 1	76.003(a), Local	Government		
Souther	n Tire Mart			Priority C		
with vendor n	the nature and exten amed in item 3. Southern Tire Mari	13 11 14 14 14 14 14 14 14 14 14 14 14 14	nt or other busine	ss relationshi	p and each fam	ily relationship
from vendor n	the second secon	eds \$100 during the Description of Gift	12-month period 4- Tumbir Cu	described by ups		
Date Gift Acce		Bescription of Gift				
Date Gift Acce	pted 12/12/202	Bescription of Gift _	1- Blue tooth S	Speaker		
		(attach additional	forms as necessa	iry)		
	also acknowledge tha Government Code.	t this statement covers to	Sig	J 1) 9110 gnature of Local (
(1) Affidavit NOTARY STAMP/ Sworn to and subscr	SEAL ibed before me by	STEPHANIE PUENTES My Notary ID # 1254352 Expires November 6, 200	24		te day of D	ecamber.
	ertifyWhich, witness my ha	nd and seal of office. STEPHAUN	a Puentes	Ad	ministrative	e <u>ramber.</u> L Superion
Signature of officer adm	Inistering oath	Printed name of officer	administering oath			administering oath
		0	R			
(2) Unsworn Decla	ration					
My name is			, and my dat	e of birth is		
My address is						
Executed in	(stree		(city)	(state) y of	, 20	(country)
Y LIT				(month)	(year) ment Officer (Dec	larant)

FORM CIS

This questionnaire reflec	ts changes mad	e to the law by H.B. 23	, 84th Leg., Regular Sess	sion.	OFFICI	EUSEONLY
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.						023
Name of Local Gove	rnment Officer					
Ruben Solis						
Office Held	TO A TOTAL	100000000000000000000000000000000000000				
Fleet Journeyma	an Technicia	n Crew Leader				
Name of vendor desc Code	anning make	ons 176.001(7) and 17	6.003(a), Local Govern	nment		
Mobile Services			CONTRACTOR AND	BAAC!		
Description of the na with vendor named i Vendor- Mobile	in item 3.	t of each employment	or other business rela	tionship	and each far	mily relationship
	in item 3 excee	eds \$100 during the 1	any family member, if 2-month period descri 2- 100 Dollar Gift (bed by S		
Date Gift Accepted _	12/12/2023	Description of Gift	6- 50 Dollar Gift Ca	ards		
Date Gift Accepted		Description of Gift		N. W.		
Date Gill Accepted _			orms as necessary)			
1) Affidavit		Please complet STEPHANIE PUENTES My Notary ID # 125435224	e either option bel		overnment Offic	per
NOTARY STAMP/SEAL	X	Expires November 6, 2026				
Sworn to and subscribed be	efore me by	Ruben Solis	this t	the 1340	day of I	becember rative Sup
Leghane	ich, witness my har	nd and seal of office. STEP HANIE	PUENTES	A	dminish	rative Sup
ignature of officer administering	g oath	Printed name of officer	administering oath			er administering oath
		OF.				
2) Unsworn Declaration				П		
ly name is			, and my date of birtl	h is		
ly address is						
	(stree	et)	(city)	(state)	(zip code)	(country)
xecuted in	County, Sta	ate of	on the day of	onth)	, 20 (year)	
			Signature of Loca	Governm	ent Officer (De	clarant\

This questionnaire refle	ects changes made to the law by H.I	B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to government officer ha in accordance with Ch	Date Received 12-13-2023		
1 Name of Local Gov	ernment Officer		
Ruben Solis			
2 Office Held	VICE VIOLENCE VICTOR INC.		
Fleet Journeyn	nan Technician Crew Leade	ır	
Name of vendor des Code Capital Towing	cribed by Sections 176.001(7) an	d 176.003(a), Local Government	
Description of the r with vendor named Vendor- Capita	l in item 3.	ment or other business relationshi	p and each family relationship
List gifts accepted from vendor named	by the local government officer and in item 3 exceeds \$100 during t	and any family member, if aggreg he 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted	12/13/2023 Description of G	Gift 1- Yeti ice chest	W-100-01-01-01/1-01/01/01/01/01/01/01/01/01/01/01/01/01/0
Date Gift Accepted	12/13/2023 Description of G	Gift 5- Yeti Tumblers	
Date Gift Accepted	12/13/2023 Description of Gift	2- Ugly Stik Fishing Roo	4
- are our noophad		nal forms as necessary)	
		Signature of Local of	
1) Affidavit	STEPANTE FOENI My Notary ID # 12543 Expires November 6,		
NOTARY STAMP/SEAL	pefore me by Ruben Si	olis the 134	aby of <u>December</u> . Administrative Super
00	hich, witness my hand and seal of office.	dis the <u>s</u>	day of <u>c corrego.</u>
Kephany 1		VIE DUENTES	Administrative Surer
ignature of officer administering	The same of the sa	ficer administering oath	Title of officer administering oath
	20 00 20 00 20 00	OR	
2) Unsworn Declaration	n		
ly name is		, and my date of birth is	
ly address is			
	(street)	(city) (state)	(zip code) (country)
xecuted in	County, State of	, on the day of(month)	, 20
		(mond)	()53/
		Signature of Local Govern	ment 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.			
Name of Local Government Officer			
Ruben Solis			
2 Office Held	1		
Fleet Journeyman Technician Crew Leader			
Name of vendor described by Sections 176,001(7) and 176,003(a), Local Government Code A&G Fleet Service	1		
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. Vendor- A&G Fleet Service	ip and each family relationship		
List gifts accepted by the local government officer and any family member, if aggre- from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/13/2023 Description of Gift 5-100 Dollar Gift Cards			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
(attach additional forms as necessary)			
Signature of Local Please complete either option below: STEPHANIE PUENTES My Notary ID # 125435224	Government Officer		
NOTARY STAMP/SEAL Expires November 6, 2026			
Company of the Compan	3th day of <u>December</u>		
SIPHUNU Which, witness my hand and seal of office. STEPHANIE PURITES AD	MINISTRATIVE SUPERIOR		
ignature of officer administering oath Printed name of officer administering oath	Title of officer administering oath		
OR			
2) Unsworn Declaration			
y name is, and my date of birth is			
y address is,,			
(street) (city) (state			
(street) (city) (state	e) (zip code) (country)		
(Street) (City) (State secuted in on the day of (month)	(country), 20(year)		

FORM CIS

	eflects changes made to the law			OFFICE USE ONLY
government officer	to the appropriate local gover has become aware of facts tha Chapter 176, Local Governme	at require the officer to file	following local e this statement	Dale Received
Name of Local G	overnment Officer			
AlejAndra	o RAMOS			
2 Office Held				
Public U	Works Seperiser		1	
	described by Sections 176,001		al Government	
Description of th with vendor nam	e nature and extent of each en	nployment or other busi	iness relationshi	p and each family relations
Date Gift Accepted	ed by the local government of ned in item 3 exceeds \$100 due of the second seco	on of Gift (20) ひの	od described by	Section 176.003(a)(2)(B).
Date Gift Accepte	ed Description	of Gift		
E Sucreo City	(attach a	additional forms as neces	ssary)	
	also acknowledge that this statemed Government Code.		-Signature of Local (
(1) Affidavit	STEPHAN My Notary II Expires No.	D# 125435224 vember 6, 2026		D 7 0
Sworn to and subscribed	d before me by Tlejanc	lo Kamos	this the 10	day of December
20 3 to centr	fy which, witness my hand and seal of STEPH		Δ	the day of <u>December</u> druin. Supervisor
Signature of officer administ	ALACIC COM	A SULL STREET,		
(a) Jessel of Millian Sections	Finited no	ame of officer administering oath		Title of officer administering of
2) Unsworn Declarat	tion	OR		
My name is		, and my	date of birth is	
My address is		A most con-		
	(street)	(ci	ity) (state)	(zip code) (country)
executed in	County, State of	and the second s	day of(month)	, 20 (year)
		Signal	ture of Local Govern	ment Officer (Declarant)

1000	(Instructions for co	ompleting and filing t	his form are	provided on th	e next pa	ge.)	
This questionnaire re	eflects changes mad	e to the law by H.B.	23, 84th Leg	g., Regular Ses	sion.	OFFICE	USEONLY
This is the notice of government officer in accordance with	has become aware	of facts that require	the officer	t the following to file this state	ement	Date Received	tary's U
Name of Local G EDUARDO M	overnment Officer ENDOZA				J		netoed
Office Held CITY ENGINE	ER				2	ate 11/	13123
3 Name of vendor d Code RABA KIS		ons 176.001(7) and	176.003(a),	Local Govern	nment		
Description of the with vendor nam TESTING I	ed in item 3.	t of each employme	ent or other	business rela	tionship	and each fam	lly relationship
List gifts accepte from vendor nam	ed by the local gov led in item 3 excee	rernment officer an ds \$100 during the	d any famil 12-month	ly member, if period descri	aggregat bed by S	e value of the ection 176.00	e gifts accepted 03(a)(2)(B).
	ed 12/12/23	Description of Gift	COOKII	E TIN DISTRIBU	TED TO EN	IGINEERING DI	EPT.
Date Gift Accepte	rd	Description of Gift					
Date Gift Accepte	dI	Description of Gift _					
		(attach additional					
V NIY	Government Code. ERONICA SANCH NOTARY PUBLIC	Please comple		Signature	f Local Go	vernment Office	
NOTARY STAMP/SEA	a anagona a para para para para para para para 	ese gramme "					
Sworn to and subscribed	before me by	EDUARDO MEN	DOZA	this t	he12	_ day of	DECEMBER
1 Samuel ×	which, witness my han		Sanche			116	W.
ignature of officer administe	oring oath	Printed name of office		- Samuel		1010	admin stering oath
		1	OR				
2) Unsworn Declarati	on						
y name is			, and	my date of birth	is		
y address is	3.77			121112			
00042004	(street			111111	(state)	(zip code)	(country)
xecuted in	County, Stat	te of	, on the		nth)	20 (year)	
			Sig	gnature of Local	Governme	nt Officer (Deci	arant)
CONTROL CONTROL AND A WITH COMPANY OF THE PARTY.	• C 1 (a) (b) (c) (c) (c) (c)						

This questionnaire	reflects changes ma	de 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 loca	Balla Ballanda
government officer	has become awar	e of facts that require the offi al Government Code.	cer to file this statemen	Date Received
Name of Local (Government Office	r	_ite	y Secretary's C Received
EDUARDO MI	ENDOZA			Received
Office Held	1			12/12/00
ENGINEERING	G DEPT.			Date 12/10/23
Name of vendor of Code SWG ENGINEE		ions 176.001(7) and 176.003	(a), Local Governmen	
Description of the with vendor nam ENGINEERI	ned in item 3.	nt of each employment or ot	her business relations	hip and each family relationship
from vendor nar	ned in item 3 exce	eds \$100 during the 12-mo	nth period described b	egate value of the gifts accepted by Section 176.003(a)(2)(B).
Date Gift Accept	led 12/13/2023	Description of Gift PAST	RIES	
	ed	Description of Gift		
Date Gift Accept				
	ed	Description of Gift		
	I swear under penalt to each family memb	(attach additional forms a y of perjury that the above statem per (as defined by Section 176.00 at this statement covers the 12-m	as necessary) ent is true and correct. I act 1(2), Local Government Co onth period described by Se	knowledge that the disclosure applies de) of this local government officer. I action 176.003(a)(2)(B), Local
SIGNATURE VE AffidaVir NOTARY STAMP/SE worn to and subscribe	I swear under penalt to each family membalso acknowledge the Government Code. ERONICA SANCHI NOTARY PUBLIC STATE OF TEXAS COMM EXP 10-22 OTARY ID 781744 age. In the before me by	(attach additional forms and of perjury that the above statement (as defined by Section 176.00 at this statement covers the 12-ment of the statement	ent is true and correct. I act 1(2), Local Government Co onth period described by Se Signature of Local her option below:	knowledge that the disclosure applies de) of this local government officer. I ection 176.003(a)(2)(B), Local
SIGNATURE VE Affidavit NOTARY STAMP/SE worn to and subscribe 23 to certiful to the control of the control	I swear under penalt to each family membalso acknowledge the Government Code. ERONICA SANCHI NOTARY PUBLIC STATE OF TEXAS COMM EXP 10-2 OTARY ID 781744 and before me by	(attach additional forms by of perjury that the above statement (as defined by Section 176.00 at this statement covers the 12-ment of the statement covers the 12-ment of this statement covers the 12-	ent is true and correct. I act 1(2), Local Government Co onth period described by Se Signature of Local her option below:	knowledge that the disclosure applies de) of this local government officer. I ection 176.003(a)(2)(B), Local Government Officer GOVERNMENT Officer 3TH day of DECEMBER.
SIGNATURE VE Affidavit NOTARY STAMP/SE worn to and subscribe 23 to certification of the control of the control of the certification of the certificati	I swear under penalt to each family membalso acknowledge the Government Code. ERONICA SANCHI NOTARY PUBLIC STATE OF TEXAS COMM EXP 10-2 OTARY ID 781744 and before me by	(attach additional forms by of perjury that the above statement (as defined by Section 176.00 at this statement covers the 12-ment of the statement covers the 12-ment of this statement covers the 12-	ent is true and correct. I act 1(2), Local Government Co onth period described by Se Signature of Local her option below: 100 200 this the 1	knowledge that the disclosure applies de) of this local government officer. I ection 176.003(a)(2)(B), Local Government Officer GOVERNMENT Officer 3TH day of DECEMBER.
SIGNATURE VE Affidavit MY NOTARY STAMP / SE worn to and subscribe 23 to certiful to certiful to the cer	I swear under penalt to each family membalso acknowledge the Government Code. ERONICA SANCHI NOTARY PUBLIC STATE OF TEXAS COMM EXP 10-2 OTARY ID 781744 and before me by	(attach additional forms and of perjury that the above statement (as defined by Section 176.00 at this statement covers the 12-ment of the statement of the statement covers the 12-ment of the statement of the statem	ent is true and correct. I act 1(2), Local Government Co onth period described by Se Signature of Local her option below: 100 200 this the 1	knowledge that the disclosure applies de) of this local government officer. I ection 176.003(a)(2)(B), Local I Government Officer Title of officer administering oath

	(instructions for co	impleting and filing this	form are provided on	the next page.)	
This questionnaire refl	ects changes mad	e to the law by H.B. 23	, 84th Leg., Regular Se	ession.	OFFICE USE ONLY
This is the notice to government officer ha in accordance with Ci	as become aware	local governmental e of facts that require th Government Code.	entity that the following officer to file this sta	ng local Itement	teceived
Name of Local Go	vernment Officer	20 14 14 14 14 14		City 2	ecretary's C
EDUARDO MENDO	ZA AND ENGINE	ERING		0	ecretary's C Received 12-15-23
Office Held				2.17	12-15-22
ENGINEERING				Date.	2 10-23
Name of vendor des Code ALEX GHOLMIEH	scribed by Section	ons 176.001(7) and 17	6.003(a), Local Gove	rnment	
A CONTRACTOR OF STATE					
with vendor name	d in item 3.	GROUP ARCHITETS	or other business rel	lationship and e	ach family relationship
from vendor name	d in item 3 excee	ds \$100 during the 1:	2-month period desc	ribed by Sectio	ue of the gifts accepte n 176.003(a)(2)(B).
Date Gift Accepted	12/14/2023	Description of Gif	COUNTRY GIF	TBASKET	
Date Gift Accepted		Description of Gift _			
Date Gift Accepted		Description of Gift			
		(attach additional fo	rms as necessary)		
Affidavity MY CC	ONICA SANCHE DTARY PUBLIC ATE OF TEXAS DMM. EXP. 10/27/ ARY ID 781744-6	Z Please complete 25	Signature e either option be	of Local Governmelow:	ent Officer
orn to and subscribed b		Eduardo N	1endoza this	the <u>14TH</u> da	y of _DECEMBER,
Josenice (hich, witness my han	d and seal of office.	anchez		Notary
ature of officer administeri	ng oath O	Printed name of officer a	dministering oath	Title	of officer administering oath
	500	OR			以 不可能急而增
Unsworn Declaration	1				
name is			الأحدث التوني فيقيا والوال	an to	
address is			, and my date of bir	th is	
add 633 13	(street)	(city)	(state) (zip o	rade) (country)
cuted in	County, Sta	1.1	n the day of	nonth)	and the second second
			Signature of Loc	al Government Offi	icer (Declarant)
The second contract of the second sec				The second secon	and the state of t

This questionnaire refle	Water of the second second second			
	cts changes made	to the law by H.B. 23,	84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to t government officer has in accordance with Cha	s become aware of	of facts that require the	tity that the following local officer to file this statement	Date Received
1 Name of Local Gov	ernment Officer		- Lily	Secretary's C
EDUARDO MENDOZ	ZA			12 10 00
2 Office Held				Made 12-18-23
ENGINEERING				
Name of vendor described Name of vendor described NABITAT DEVELOPERS		ns 176.001(7) and 176.	003(a), Local Government	
Description of the n with vendor named	in itom 2	of each employment o	r other business relationsh	ip and each family relationship
; List gifts accepted I from vendor named	by the local gove in item 3 exceed	ernment officer and ar Is \$100 during the 12-	ry family member, if aggreg month period described by	gate value of the gifts accepte v Section 176.003(a)(2)(B).
Date Gift Accepted			MUGS & COFFEE	
Date Gift Accepted		Description of Gift		
Date Gift Accepted _	D	escription of Gift		
		(attach additional form		
	vernment Code.	sila siatement covers the 1	2-month period described by Sec	tion 176.003(a)(2)(B), Local
VERONIC NOTAF STATE	vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS		5/5	Government Officer
VERONIC NOTAL STATE MY COMM	vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS 1. EXP. 10/27/25 / ID 781744-6		Signature of Local	
VERONIC NOTAL STATE MY COMM NOTARY STAMP/SEAL worn to and subscribed be	vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS I. EXP. 10/27/25 I ID 781744-6 efore me by	Please complete	Signature of Local either option below:	
VERONIC NOTAF STATE MY COMM NOTARY NOTARY STAMP/SEAL	vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS I. EXP. 10/27/25 I ID 781744-6 efore me by	Please complete	Signature of Local either option below:	Government Officer
VERONIC NOTAL STATE MY COMM NOTARY STAMP/SEAL worn to and subscribed be	Vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS M. EXP. 10/27/25 I ID 781744-6 efore me by to certify we say the control of the contr	Please complete	Signature of Local either option below: seal of office. Sanche 2	Government Officer
VERONIC NOTARY STATE MY COMM NOTARY STAMP/SEAL worn to and subscribed be DECEMBER . 20 23	Vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS M. EXP. 10/27/25 M. ID 781744-6 Perfore me by to certify we goath	Please complete EDUARDO MENDOZA which, witness my hand and	Signature of Local either option below: seal of office. Sanche 2	Sovernment Officer this the 14TH day of Works
VERONIC NOTARY STATE MY COMM NOTARY STAMP/SEAL worn to and subscribed be DECEMBER . 20 23 gnature of officer administering	vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS M. EXP. 10/27/25 / ID 781744-6 efore me by to certify we go ath	Please complete EDUARDO MENDOZA which, witness my hand and Veronic Printed name of officer adm	Signature of Local either option below: seal of office. Sanche 2	Sovernment Officer this the 14TH day of Works
WERONIC NOTAL STATE MY COMM NOTARY STAMP/SEAL Worn to and subscribed be DECEMBER . 20 23 gnature of officer administering the state of	Vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS M. EXP. 10/27/25 M. ID 781744-6 Perfore me by to certify we goath	Please complete EDUARDO MENDOZA which, witness my hand and Veronic Printed name of officer adm	Signature of Local either option below: seal of office. Sanche 2 inistering oath	Sovernment Officer this the 14TH day of Works
VERONIC NOTARY STATE MY COMM NOTARY STAMP/SEAL worn to and subscribed be DECEMBER . 20 23 gnature of officer administering the company of the	Vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS M. EXP. 10/27/25 M. ID 781744-6 Perfore me by to certify we goath	Please complete EDUARDO MENDOZA which, witness my hand and Veronic Printed name of officer adm	Signature of Local either option below: seal of office. Sanche 2 inistering oath	Sovernment Officer this the 14TH day of World ry Title of officer administering oath
VERONIC NOTARY STATE MY COMM NOTARY STAMP/SEAL worn to and subscribed be DECEMBER . 20 23 gnature of officer administering the company of the	vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS A. EXP. 10/27/25 / ID 781744-6 efore me by, to certify we go oath	Please complete EDUARDO MENDOZA which, witness my hand and Veronic Printed name of officer adm	Signature of Local either option below: seal of office. Seal of office. inistering oath (city) (state)	Sovernment Officer this the 14TH day of Notary Title of officer administering oath (zip code) (country)
WERONIC NOTARY STATE MY COMM NOTARY NOTARY STAMP/SEAL worn to and subscribed be DECEMBER . 20 23 gnature of officer administering gnature is y address is	vernment Code. CA SANCHEZ RY PUBLIC OF TEXAS M. EXP. 10/27/25 / ID 781744-6 efore me by, to certify we go ath	Please complete EDUARDO MENDOZA which, witness my hand and Veronic Printed name of officer adm	Signature of Local either option below: seal of office. Seal of office. a Sanche 2 inistering oath , and my date of birth is (city) (state)	Government Officer this the 14TH day of Notary Title of officer(administering oath) (zip code) (country)

	(metractions for comp	bletting and filling this i	orm are provided on	the next page.	
This questionnaire ref	ects changes made to	o the law by H.B. 23,	84th Leg., Regular So	ession.	OFFICE USE ONLY
This is the notice to government officer had in accordance with C	as become aware of	facts that require the	tity that the following officer to file this sta	atement Date	Received
Name of Local Go EDUARDO MENDO	vernment Officer			-ity -	Ecretary's C Reselved 12-18-23
2 Office Held ENGINEERING				Date	12-18-23
Name of vendor des de MEGAMORPHOSIS	scribed by Sections	176.001(7) and 176	.003(a), Local Gove	rnment	
4 Description of the with vendor named	nature and extent of d in Item 3.	each employment o	r other business re	lationship and	each family relationshi
from vendor name	d in item 3 exceeds	\$100 during the 12-	month period desc	f aggregate varibed by Section	alue of the gifts accepte on 176.003(a)(2)(B).
	De				
Date Gift Accepted	Des	cription of Gift attach additional form			
als	so acknowledge that this overnment Code.	statement covers the 1	2-month period describe	ed by Section 176	s local government officer. 5.003(a)(2)(B), Local
		-	Signature	of Local Govern	ment Officer
VERO NC ST	ONICA SANCHEZ POTARY PUBLIC ATE OF TEXAS OMM. EXP. 10/27/23 ARY ID 781744-6	lease complete	either option be	elow:	
worn to and subscribed b	efore me byE	.÷ DUARDO MENDOZA			this the 15TH day of
LEMUCAS		ch, witness my hand and	seal of office.		Votary
gnature of officer administerir	ig oath Op	rinted name of officer adm	inistering oath	Tit	le of officer administering oath
		OR			We have my
) Unsworn Declaration					
y name is			, and my date of bir	th is	
address is			A LO COMPANIO		
recuted in	(street) County, State of	00.1	(city)	and the second	code) (country)
V 24/12/2 (1)	Sounty, State of	on t		onth)	(year)
			Signature of Loca	al Government O	fficer (Declarant)

(Instructions for	completing and filing this t	form are provided	on the next pa	ige.)
This questionnaire reflects changes m	ade to the law by H.B. 23,	84th Leg., Regula	r Session.	OFFICE USE ONLY
This is the notice to the appropriat government officer has become awa in accordance with Chapter 176, Loc	re of facts that require the	ntity that the follo e officer to file this	statement	Date Received
Name of Local Government Offic	er		114	-Scarctania
EDUARDO MENDOZA				Decretarys
Office Held				Received
ENGINEERING				Secretary's Received Date 12-19-23
Name of vendor described by Seconde 2Z ENGINEERING	tions 176.001(7) and 176	5.003(a), Local G	lovernment	
Description of the nature and extered with vendor named in item 3.	ent of each employment of	or other busines	s relationship	and each family relationshi
List gifts accepted by the local g from vendor named in item 3 exc	eeds \$100 during the 12	-month period d	er, if aggrega escribed by S BLZ	te value of the gifts accepte Section 176.003(a)(2)(B).
Date Gift Accepted	_ Description of Gift			
Date Gift Accepted			*	
Date diff Accepted	(attach additional for	CONTRACTOR OF A STATE	1	
VERONICA SANCHEZ NOTARY PUBLIC Affidavit STATE OF TEXAS MY COMM. EXP. 10/27/25	Please complete		/	Vernment Officer
NOTARY STAMPPSEAD 781744-6	EDUARDO MENDOZA			this the 18TH day of
CEMBER, 20 23, to cer	tify which, witness my hand an	d seal of office.		
Jennew Sanck	Veronia:	Sanchez		Notany
ature of officer administering oath	Printed name of officer ad	ministering oath		Title of officer administering oath
	OR		POSSESSE:	
Unsworn Declaration				
name is		, and my date of	of birth is	
address is		(11)	7, 7,000 18	
(stre	eet)	(city)	(state)	(zip code) (country)
cuted in County, S	YAMA A	the day o	f	, 20
			(month)	(year)
		Signature of	Local Governme	ent Officer (Declarant)

(Instructions for c	ompleting and filing this	form are provided on the next p	page.)
This questionnaire reflects changes made	de to the law by H.B. 23,	84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate government officer has become awar in accordance with Chapter 176, Local	e of facts that require the d Government Code.	e officer to file this statement	Date Received
Name of Local Government Office EDUARDO MENDOZA		Lug	Secretary's O Received Date 12-20-23
Office Held CITY ENGINEER			nde 12-20-23
Name of vendor described by Section Code MDM CONSTRUCTION		6.003(a), Local Government	
Description of the nature and exter with vendor named in item 3. CONSTRUCTION	nt of each employment	or other business relationsh	ip and each family relationship
List gifts accepted by the local go from vendor named in item 3 exce	vernment officer and a eds \$100 during the 12	any family member, if aggree 2-month period described by	gate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted 12/19/23	Description of Gift _	COFFEE AND CAKE	
Date Gift Accepted	Description of Gift _		
Date Gift Accepted	Description of Gift		
	(attach additional fo	THE PROPERTY CANADA SALES AND THE RESIDENCE OF THE PERSON	
NOTARY ID 13133076-3	Please complete	Signature of Local e either option below.	Sovernment Officer
) Affidavit			
NOTARY STAMP/SEAL			
wom to and subscribed before me by	EDUARDO MENDO	DZA this the	19 day of DECEMBER
to certify which, witness my h	and and seal of diffice.	antu N	otany
gnature of officer administering oath	Printed name of officer a	dministering oath	Title of officer administering oath
) Unsworn Declaration	OR		
		and the latter to	
name is		, and my date of birth is	
r address is(stre	eet)	(city) (state	(zip code) (country)
	N. C.	on the day of(month)	, 20 (year)
		Signature of Local Govern	nment Officer (Declarant)

(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 Le	g., Regular Session. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that government officer has become aware of facts that require the officer in accordance with Chapter 176, Local Government Code.	t the following local Date Received
Name of Local Government Officer EDUARDO MENDOZA	Spate 12-20-23
Office Held CITY ENGINEER	Date 12-20-25
Name of vendor described by Sections 176.001(7) and 176.003(a) Code TERRACON), Local Government
Description of the nature and extent of each employment or othe with vendor named in item 3. TESTING LAB	r business relationship and each family relationship
List gifts accepted by the local government officer and any fam from vendor named in item 3 exceeds \$100 during the 12-month	ily member, if aggregate value of the gifts accepte period described by Section 176,003(a)(2)(B).
Date Gift Accepted 12/20/23 Description of Gift BUTT	ER COOKIES TIN DISTRIBUTED TO ENGINEERING
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as	A MA STORE THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM
GABRIE A CAN Wedge that this statement covers the 12-mont STATE OF THE NOTARY ID 13133076-3 Please complete either	Signature of Local Government Officer
1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me byEDUARDO MENDOZA	this the day of DECEMBER
23 to certify which, witness my frand and seal of office.	tu Notanu
ignature of officer administering oath Printed name of officer administeri	ing oath Title of officer administering oath
OR	in a first first
2) Unsworn Declaration	
ly name is ar	nd my date of birth is
ly address is,	15 W.W. (2015) 150 131 131 132 133 133 133 133 133 133 133
(street) xecuted in County, State of , on the	(city) (state) (zip code) (country) day of, 20 (month) (year)
	Signature of Local Government Officer (Declarant)

This questionnaire reflects of				3 1 1 1 L	OFFICE	USEONLY
This is the notice to the a government officer has bed in accordance with Chapter	come aware of facts that	require the office	t the following to file this stat	ement	Date Received	
1 Name of Local Governm				City	Secr	etaru's (
Denny A. 1 2 Office Held	Meline				6	etary's C eccioed -21-23
Director, Par	cks & Rec	reation		2	Date 12	-2/-23
 Name of vendor describe Code 	ed by Sections 176.001(7) and 176.003(a	, Local Gover	nment		
Heritage Co						
Description of the nature with vendor named in its OR ONY	em 3.	ployment or othe	r business rela	ationship a	and each fan	nily relationship
5 List gifts accepted by the from vendor named in it Date Gift Accepted 12	em 3 exceeds \$100 dur	ing the 12-month	period descr	ibed by So	ection 176.0	e gifts accepted 03(a)(2)(B).
Date Gift Accepted						
Date Gift Accepted	Description o	of Gift				
	(attach ad	ditional forms as	necessary)			
Government (1) Affidavit NOTARY STAME (3.A) Sworn to and subscribed careff		omplete eithe	Signature er option be	of Local Gov	vernment Offic	er
Signature of officer administering oath	Printed name	e of officer administeri	ng oath		Title of office	administering oath
		OR				
2) Unsworn Declaration						
My name is		, an	d my date of bird	th is		
My address is						
	(street)		(city)	(state)	(zip code)	(country)
executed in	_ County, State of	, on the	day of(m	ionth)	, 20 (year)	
			Signature of Loca	al Governme	nt Officer (Dec	clarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

January 2024

FORM CIS

This questionnaire reflects of	hanges made to the law b	by H.B. 23, 84th Le	g., Regular Session	OFFICE	USE ONLY
This is the notice to the a government officer has been in accordance with Chapte	come aware of facts that	require the officer		1916 Received	
Name of Local Government		. 00001		Man San	and week 12 18
	Meline			Carrier	sakany's C Ausei
2 Office Held	TOTTTO				
Director, Pa			4 m - 5	200 010 11000	3-2024
 Name of vendor describe Code 	d by Sections 176.001	7) and 176.003(a)	, Local Governme	ent	
McAllen Chan	uper of Com	unerce			
4 Description of the natur		ployment or other	business relation	nship and each far	mily relationship
		inity ev	ents		
DAY NOV 6 h 10 5 List gifts accepted by ti	ne local government off	ficer and any fam	ly member, if ago	regate value of the	ne gifts accepted
from vendor named in i	tem 3 exceeds \$100 dur	ring the 12-month	period described	by Section 176.0	003(a)(2)(B).
Date Gift Accepted 12	21 23 Description	of Gift COOK	les \$ 2 ba	offles of	WINC
Date Gift Accepted	Description	of Gift			
Date Gift Accepted	Description of	of Gift			
	(attach ac	dditional forms as	necessary)		
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before	Bedfield Solissing Boneria	complete eithe	Signature of Lo	ocal Government Offic	cer
Signature of officer administering oat	h Printed nam	ne of officer administeri	ng oath	Title of office	er administering oath
		OR			
(2) Unsworn Declaration					
My name is		, an	d my date of birth is		
My address is				2 7	
	(street)		(city) (s	state) (zip code)	(country)
Executed in	County, State of	, on the	day of	, 20	3 400 - 100
			(month	(year)	
			Signature of Local Go	overnment Officer (De	eclarant)

1 17 7 4 4 (Instructions for com	pleting and filing this	form are provided or	the next pag	ge.)	
This questionnaire refle	ects changes made	to the law by H.B. 23	, 84th Leg., Regular S	Session.	OFFICE	USE ONLY
This is the notice to government officer ha in accordance with Ch	is become aware o	f facts that require th			Date Received	
1 Name of Local Gov	vernment Officer			0.1	6 4	-12 of Me
Fidel Covar	rubias			Clby =	DECTERO	ng's Offi -2024
2 Office Held	for a second			-	diacete	ned
Recreation	Superintenden				1-15	-2024
3 Name of vendor des Code McAllen A	scribed by Section		6.003(a), Local Gov	ernment 2		
Description of the with vendor name Office		of each employment	or other business r	elationship	and each fam	ily relationship
5 List gifts accepted	d in item 3 exceed	s \$100 during the 1	any family member 2-month period des Saltgrass Gift	scribed by S	ection 176.00	
Date Gift Accepted)	Cangrado Ont	the state of the state of		
Date Gift Accepted		escription of Gift				
2012 2011 123 20123			orms as necessary)			
		Please complete	Signature either option		overnment Office	- (VYMIN)
NOTARY STAMP/SPAL	MARY ANN JUAREZ Notary Public, State of T Expires 06/02/2027 I.D.# 12429211-2	exas			k	
Sworn to and subscribed	before me by Fig	del Covarrubias	t	his the 10	day of	anuary.
20 20 to certify	which, witness my hand					O
Marylla	el h	Mary Ann Juar	PARTING COMPANY OF THE PARTY OF		Accounting	
Signature of officer administer	ing oath	Printed name of officer	administering oath		Title of officer	administering oath
		OF				
(2) Unsworn Declaration	on .					
My name is			, and my date of	hirth is		
My address is			, and my date of			
wy address is	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State		on the day of	(month)	, 20	***************************************
			Signature of L	ocal Governm	ent Officer (Dec	larant)
			grander, etc.			and Management

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

February 2024

FORM CIS

This questionnaire reflec	ts changes made to the	e law by H.B. 23, 84th I	eg., Regular Ses	sion.	OFFICE	USEONLY
This is the notice to the government officer has in accordance with Cha	become aware of fact	s that require the office			Date Received	tary's O
1 Name of Local Gove	rnment Officer Tog	e A. Truil	6	0	Re	celored 1
2 Office Held	Societar	1		52	Date 2	5-24
3 Name of vendor desc Code Teresh Ca	ribed by Sections the	6.001(7) and 176.003(Alphi Dagleter	a), Local Govern	orics		
4 Description of the na with vendor named i		ch employment or oth	er business rela	tionship	and each fan	nily relationship
5 List gifts accepted b from vendor named Date Gift Accepted _ Date Gift Accepted	in Item 3 exceeds \$10 2/15/24 Desc	ent officer and any far 00 during the 12-mon cription of Gift Heard cription of Gift	th period descri	bed by S	ection 176.0	03(a)(2)(B).
Date Gift Accepted		ption of Gift ach additional forms as	nacaccan/\			
Cindy Gonzalez Notary ID# 13086724-9 My Comm. Exp. (1) Affidavid 0-18-2024 NOTARY STAMP/SEAL Sworn to and subscribed be	Plea		Signature of	of Local Go	vernment Offic	
CASA	ch, witness my hand and s	seal of office.	Œ		NO4=	<u>.</u> ~
Signature of officer administering	oath Prin	ted name of officer administe	ring oath		Title of office	r administering oath
		OR				
2) Unsworn Declaration						
My name is			and my date of birt	h ie		
My address is			and my date of birt			
	(street)		(city)	(state)	(zip code)	(country)
Executed in		, on the _	day of	onth)	, 20 (year)	AUXUGUISE.
			Signature of Loca	l Governme	ent Officer (De	clarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

March 2024

government officer hin accordance with C Name of Local Go Mark Office Held McAllen Fin Name of vendor de Code HEB 7 M Description of the with vendor name	Zamora reDepartment scribed by Sections 178	s that require the offici nment Code.	er to file this statemen	Date Heceived Cuty Si	zazelovuj Radvid
Name of Local Go Mark 2 Office Held McAllen Fin 3 Name of vendor de Code HER & M 4 Description of the with vendor name	vernment Officer Zamora reDepartment scribed by Sections 176		le DEFic	City Si	ecreliany Received
Office Held McAllen Fin Name of vendor de Code HEB 7 M Description of the with vendor name	reDepartment scribed by Sections 176	Fire Marshe 3,001(7) and 176,003(le DEFIC	_ Colony Can	Reactord
Office Held McAllen Fin Name of vendor de Code HEB 7 M Description of the with vendor name	reDepartment scribed by Sections 176	Fire Marshe 3,001(7) and 176,003(le Defin		Cifattatores
Code HER Z M Description of the with vendor name		Fire Marshe 3,001(7) and 176,003(le Offic	The state of the	
Code HER Z M Description of the with vendor name		3.001(7) and 176.003/	1301116	Date.	3-18-202
HEB 2 M Description of the with vendor name			a), Local Governmen	it	
Description of the with vendor name	cAllen Fire Departs	rest			
HEIS donath	nature and extent of each d in item 3. on to Fix Depart by the local governme				
List gifts accepted	by the local governme	nt officer and any fa	mily member, if aggr	egate value of the	gifts accepte
	ed in item 3 exceeds \$10	3 1(2		by Section 176.00	3(a)(2)(B).
Date Gift Accepted	3-14-24 Desc	ription of Gift 👍 20	o gift card		
Date Gift Accepted					
Date Gift Accepted	Descrip	ption of Gift			
	(atta	ach additional forms a	s necessary)		
	Government Code.		Signature of Loc	cal Government Office	er -
	Plo	lata aith			
SCADE N	MARINA RODRIGUEZ otary ID #133619707 y Commission Expires - March 1, 2026	ina Ridvigue	ner option below:	14th day of M	Iavch
2110	10000000000000000000000000000000000000		this the _	LL day or 1 v	MICHI.
Man	which Mitness my hand and s	Marina Police	Ch 107 -	MALAN	
Signature of officer administe	ring oath Prin	ted name of officer administra	ering oath	Title of officer	administering oath
The Art Court of the American	C. S.	OR	71116 7E.	O WAS VERY ALL OF A	STATE OF THE PARTY
(2) Unsworn Declaration	on				
			and my date of birth is _		
My name is					
My name isMy address is	(street)		(city) (sta	ate) (zip code)	(country)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

April 2024

FORM CIS

				A	, ,	
This questionnaire reflects cl	hanges made to the law	by H.B. 23, 84th L	eg., Regular Ses	sion.	OFFICE	USE ONLY
This is the notice to the a government officer has become accordance with Chapter	ome aware of facts tha	t require the office			Date Received	
Name of Local Governm		11 0000.		-		-
	Shelton			City	Secre	etary's O
2 Office Held	The HON				ck	Penetrad
Systems	. Manager				n. 4/1	/24
3 Name of vendor describe	d by Sections 176.001	(7) and 176.003(a), Local Gover	nment	Ditt - J-V	
Code SHI (journment Solut	2nd				
Description of the nature with vendor named in ite	e and extent of each enem 3.	Integrative				
List gifts accepted by the from vendor named in it	e local government of em 3 exceeds \$100 du	fficer and any far ring the 12-mont	h period descr	ibed by S	ection 176.0	03(a)(2)(B).
Date Gift Accepted 3	28 24 Description	n of Gift	ni Pastrie	S, Bu	nett ea	Les
Date Gift Accepted	Descriptio	n of Gift				
Date Gift Accepted	Description	of Gift				
	(attach a	dditional forms as	necessary)			
Cindy Gonzalez Notary ID# 13086724-9 13086724-9 10-18-2024 NOTAR ASTEMBLE SEAL		complete eith	er option be	low:	vernment Office	
20 24 to certify which, v	vitness my hand and seal of	1 0	zake		12nd	er (1
ignature of officer administering oath	**************************************	me of officer administe			Title of office	r administering oath
		OR	meg			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2) Unsworn Declaration		(80)				
ly name is			and my date of bir	th is		
ly address is						
Y CONTROL OF THE PARTY OF THE P	(street)		(city)	(state)	(zip code)	(country)
xecuted in		, on the	day of	onth)	, 20(year)	71.00000
		-	Oleman artis	1.0	ent Officer /Do	OTLEL DW

FORM CIS

	eflects changes made to the law b				OFFICE	USE ONLY
government officer l	o the appropriate local govern has become aware of facts that Chapter 176, Local Government	require the officer			ate Received	
	overnment Officer	Chavez		-tt j e	DECTE!	elved
2 Office Held	rieutenant		Q.	Ω	4/10	124
Code	escribed by Sections 176.001(7) and 176.003(a)	, Local Goverr	iment		
	e nature and extent of each em	ployment or other	business rela	tionship a	ind each fam	ily relationship
from vendor nam	ed by the local government off ned in item 3 exceeds \$100 dur ed 3/8/24 Description	ing the 12-month	period descri	bed by Se	ection 176.00	3(a)(2)(B).
Date Gift Accepte	ed Description	of Gift			(1)	Certi
Date Gill Accepte	ed Description (dditional forms as	necessary)			
	Government Code.	_08	5	<u> </u>		Const
			Signature of	of Local Gov	ernment Office	er
NOTARE AMIP / SAG	IA RODRIGUEZ ID #133619707 Imission Expires Adh 1, 2026	complete eithe		91	4 1	l-ncil
Sworn to and subscribed	d before me by	. 1		the/	_ day of _/_	<u></u>
Manual Ma	Rollignz		Inguez		NOT	inf
ignature of officer administ	ering datif V OPrinted nam	ne of officer administeri	ng oakh	_	Title of officer	administering oath
2) Unsworn Declarat	lion	OR				
/ly name is		, an	d my date of birt	h is		
Ny address is						
	(street)		(city)	(state)	(zip code)	(country)
xecuted in	County, State of	, on the	day of(me	onth)	, 20 (year)	
		-	Signature of Loca	Governme	nt Officer (Dec	larant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

June 2024

FORM CIS

is questionnaire reflects changes made to the law by H.B. 23, his is the notice to the appropriate local governmental envernment officer has become aware of facts that require the accordance with Chapter 176, Local Government Code. Name of Local Government Officer The head of Local Government Officer In the local Government Officer In the local Government Officer and a from vendor named in item 3 exceeds \$100 during the 12 of Local Government Officer In the local Government	Date Received
Accepted MAY 2024 Description of Gift Marchald Date Gift Accepted Description of Gift Marchald Marchad Marchald Marchad	Date Received Date R
Name of Local Government Officer Tsmood (= Vallance) Office Held Fire Inspector Jame of vendor described by Sections 176.001(7) and 176 code Luis A costa Mallan Produce, Description of the nature and extent of each employment of with vendor named in item 3. List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	Abastolar P or other business relationship and each family relations on the fire of the gifts accept the prior described by Section 176.003(a)(2)(B). Refard charber (Waler molor government) for fire sprinkly system.
Office Held Fire Incredor Same of vendor described by Sections 176.001(7) and 176 Code Luis A Costa, Mallar Produce, Description of the nature and extent of each employment of with vendor named in item 3. List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	Abastolar P or other business relationship and each family relations on the fire of the gifts accept the prior described by Section 176.003(a)(2)(B). Refard charber (Waler molor government) for fire sprinkly system.
Office Held Fire Increases Same of vendor described by Sections 176.001(7) and 176 Code Luis A Costa, Man Produce, Description of the nature and extent of each employment of with vendor named in item 3. List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	Abastolar P or other business relationship and each family relations on the fire of the gifts accept the prior described by Section 176.003(a)(2)(B). Refard charber (Waler molor government) for fire sprinkly system.
Fire Increator Jame of vendor described by Sections 176.001(7) and 176 Juis A Costa, Man Produce, Description of the nature and extent of each employment of with vendor named in item 3. List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	Abastolar P or other business relationship and each family relations on the fire of the gifts accept the prior described by Section 176.003(a)(2)(B). Refard charber (Waler molor government) for fire sprinkly system.
Name of vendor described by Sections 176.001(7) and 176.00de Lurs A Costa, Man Produce, Description of the nature and extent of each employment of with vendor named in item 3. List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted MAY 2024 Description of Gift Date Gift Accepted Description of Gift Gate Gift Accepted Description of Gift (attach additional for	Abastolar P or other business relationship and each family relations on the fire of the gifts accept the prior described by Section 176.003(a)(2)(B). Refard charber (Waler molor government) for fire sprinkly system.
Description of the nature and extent of each employment of with vendor named in item 3. List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	Abastows or other business relationship and each family relations of His ny family member, if aggregate value of the gifts accept month period described by Section 176.003(a)(2)(B). Refard chamber (Waler molot gov for fire sprinkly system.
Description of the nature and extent of each employment of with vendor named in item 3. FIRE MAYSHALS List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted MAY 2024 Description of Gift Date Gift Accepted Description of Gift Gate Gift Accepted Description of Gift (attach additional for	or other business relationship and each family relations. Hive ny family member, if aggregate value of the gifts accept -month period described by Section 176.003(a)(2)(B). Refard chamber [Wwer molod gov for fire sprinkler system.
Description of the nature and extent of each employment of with vendor named in item 3. List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	or other business relationship and each family relations. Hive ny family member, if aggregate value of the gifts accept -month period described by Section 176.003(a)(2)(B). Refard chamber [Wwer molod gov for fire sprinkler system.
List gifts accepted by the local government officer and a from vendor named in item 3 exceeds \$100 during the 12 Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	ny family member, if aggregate value of the gifts accept-month period described by Section 176.003(a)(2)(B). Refard chamber (Water molor govern) for fire sprinkler system.
Date Gift Accepted MAY 2024 Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	Refard chamber / Water motor gov for fire sprinkler system.
Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	for fire sprinkler system.
Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional for	for fire sprinkler system.
(attach additional for	rms as necessary)
- 10 May 10 y 0 M (10 y 10	rms as necessary)
- 10 May 10 y 0 M (10 y 10	
MARINA RODRIGITIES COmplete Notary ID #133619707	Signature of Local Government Officer either option below:
My Commission Expires March 1, 2026 MOTARY STAMP/SEAL	-th 1
rn to and subscribed before me by	ULZ this the 5 day of June
, to certify which, witness my hand and seal of office.	
Marina Valuem Marina I	Rodniquez Notany
iture of officer administering oath Printed name of officer ad	
OR	The state of the s
Insworn Declaration	
ame is	, and my date of birth is
ddress is	
(street)	(city) (state) (zip code) (country)
	the day of, 20
82.87% 52.870 53	(month) (year)

	하다면 5~ 마음사람은 것이		Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the government officer has b in accordance with Chap	become aware of facts	that require the office		
Name of Local Gover	nment Officer	MISSING WAY	0.	S -4-01/2 (0)
Progetio Ca	anlenal		Cin	Scorebory's Off Received
Office Held				- Kocsitza
File inspe	-400			a. 6-6-2024
Name of vendor descr Code	ibed by Sections 176.	.001(7) and 176.003	(a), Local Governmen	t Date
Description of the nat with vendor named in	ture and extent of each i item 3. FIVE MAYSh	ul's Office		hip and each family relationshi
from vendor named in	n item 3 exceeds \$100	0 during the 12-mo	nth period described	egate value of the gifts accepte by Section 176.003(a)(2)(B).
Date Gift Accepted	Descri	iption of Gift <u>Ch</u>	clan Lasonin	d d
Date Gift Accepted	Descri	iption of Gift	V ac classes a	V
Date Gift Accepted	Descrip	tion of Gift		
The state of the s		ale and other and the same	0.000 (0.000) (0.000)	
to ea also	ear under penalty of perjury ach family member (as def acknowledge that this stat	fined by Section 176.00	ent is true and correct. I ac 1(2), Local Government Co	cknowledge that the disclosure applies ode) of this local government officer. ection 176.003(a)(2)(B), Local
to ea also	ear under penalty of perjury ach family member (as def	y that the above statem fined by Section 176.00	ent is true and correct. I ad 1(2), Local Government Co onth period described by S	ode) of this local government officer. ection 176.003(a)(2)(B), Local
to ea also	ear under penalty of perjury ach family member (as def acknowledge that this stat	y that the above statem fined by Section 176.00	ent is true and correct. I ad 1(2), Local Government Co onth period described by S	ode) of this local government officer.
Affidavito MARINA RI Notary ID # Notary ID # Notary ID # Notary ID #	par under penalty of perjury ach family member (as def acknowledge that this state acknowledge that the state acknowledge that this state acknowledge that the state acknowledge the s	y that the above statem fined by Section 176.00 tement covers the 12-m	ent is true and correct. I ad 1(2), Local Government Co onth period described by S Signature of Loc her option below:	ode) of this local government officer. ection 176.003(a)(2)(B), Local al Government Officer
Affidavito MARINA RI Notary ID # Notary ID	par under penalty of perjury ach family member (as def acknowledge that this state acknowledge that the state acknowledge that this state acknowledge that the state acknowledge the s	y that the above statem fined by Section 176.00 tement covers the 12-m see complete eit	ent is true and correct. I ad 1(2), Local Government Co onth period described by S Signature of Loc her option below:	ode) of this local government officer. ection 176.003(a)(2)(B), Local al Government Officer
MARINA RINA RINA RINA RINA RINA RINA RINA	par under penalty of perjunach family member (as defacts acknowledge that this statement Code. Pleaton Code (as defacts acknowledge that this statement Code)	y that the above statem fined by Section 176.00 tement covers the 12-m see complete eit	ent is true and correct. I ad 1(2), Local Government Coonth period described by Signature of Local her option below: This the	ode) of this local government officer. ection 176.003(a)(2)(B), Local al Government Officer May of June Watary
MARINA RE Notary ID # No Tary ID # No Tary ID # No Commiss worn to and subscribed before to certify which	par under penalty of perjunach family member (as defacts acknowledge that this statement Code. Pleaton Code (as defacts acknowledge that this statement Code)	y that the above statem fined by Section 176.00 tement covers the 12-m see complete either alor office. Marin	ent is true and correct. I ad 1(2), Local Government Coonth period described by Signature of Local her option below: This the	ode) of this local government officer. ection 176.003(a)(2)(B), Local al Government Officer day of June Mo Hany
MARINA RINA RINA RINA RINA RINA RINA RINA	par under penalty of perjunach family member (as defacts acknowledge that this statement Code. Pleaton Code (as defacts acknowledge that this statement Code)	y that the above statem fined by Section 176.00 tement covers the 12-m see complete either and of office. Mayured name of officer administrations and the statement of the section of the	ent is true and correct. I ad 1(2), Local Government Coonth period described by Signature of Local her option below: This the	ode) of this local government officer. ection 176.003(a)(2)(B), Local al Government Officer May of June Watary
MARINA RIND RIND RIND RIND RIND RIND RIND RIND	par under penalty of perjunach family member (as defacts acknowledge that this statement Code. Pleaton Code (as defacts acknowledge that this statement Code)	y that the above statem fined by Section 176.00 tement covers the 12-m see complete either and of office. Mayured name of officer administrations and the statement of the section of the	ent is true and correct. I ad 1(2), Local Government Coonth period described by Signature of Local her option below: This the	ode) of this local government officer. ection 176.003(a)(2)(B), Local al Government Officer day of June Wo Hany
MARINA RENATED MARINA	par under penalty of perjunach family member (as defacts acknowledge that this statement Code. Pleaton Code (as defacts acknowledge that this statement Code)	y that the above statem fined by Section 176.00 tement covers the 12-m see complete either and of office. Mayured name of officer administrations and the statement of the section of the	ent is true and correct. I ad 1(2), Local Government Coonth period described by Signature of Local her option below: This the this the tering oath	ode) of this local government officer. ection 176.003(a)(2)(B), Local al Government Officer day of June Mo Hany
MARINA RINA RINA RINA RINA RINA RINA RINA	par under penalty of perjunach family member (as defacts acknowledge that this statement Code. Pleaton Code (as defacts acknowledge that this statement Code)	y that the above statem fined by Section 176.00 tement covers the 12-m see complete either and of office. Mayured name of officer administrations and the statement of the section of the	ent is true and correct. I ad 1(2), Local Government Coonth period described by Signature of Local her option below: This the this the tering oath	ode) of this local government officer. section 176.003(a)(2)(B), Local al Government Officer May of Sure Title of officer agninistering catt
MARINA RENATED MARINA	par under penalty of perjunach family member (as defacts acknowledge that this statement Code. Pleaton Expires 1, 2026 Pleaton Expires 1, voitness my hand and services member oath	y that the above statem fined by Section 176.00 tement covers the 12-m see complete either and of office. Mayured name of officer administrations and the statement of the section of the	ent is true and correct. I ad 1(2), Local Government Coonth period described by Signature of Local her option below: This the	ode) of this local government officer. ection 176.003(a)(2)(B), Local al Government Officer Mo tay Title of officer administering oat

FORM CIS

			A1 A DESCRIPTION A				
This questionnaire	reflects changes made	to the law by H.B. 2	3, 84th Leg.	Regular Session	on.	OFFICE	SE ONLY
	to the appropriate lo					e Received	
	r has become aware o ı Chapter 176, Local G		the officer to	file this staten	nent	1000000	
	Government Officer	overmioni occo.			City .	Secret	ani's O
	nda:Soto	- SD A	du.	cherce	-1	EN'es	ary's Oj
2 Office Held	N (dec.)	ار ا		0(0)			
	ku of 1	ICALIGO	Tim	· No at	Δ	ats _06 [2	5/2024
3 Name of vendor	described by Section	s 176.001(7) and 1	76.003(a),	Local Governo	nent		1 1 1
Code							
Anusta	d Floral	& Craft	1416	tresno,	tve:		
4 Description of t with vendor nar	he nature and extent on med in item 3.	of each employmer	nt or other t	usiness relati	onship an	d each famil	y relationship
5 List gifts accep	ted by the local gove	rnment officer and	l any famili	mamber if a	agregate i	value of the	gifts accepted
	med in item 3 exceed						
ia vii garizi.	ned 6-21-24		45	CiroCi	distant	ta/	1.4
Date Gift Accep	oted U ZI Z /	Description of Gift		FIT CF	SICIEV	104	1012
Date Gift Accep	ted	Description of Gift	_				
Date Gift Accept	ted D	escription of Gift _					
		(attach additional	forms as n	ecessary)			
	also acknowledge that t Government Code.	nis statement covers t	(1)	Saluc	10.15	507E), Local
		e ir annahi		Signature of	Local Gover	rnment Officer	
(1) ATTION NOT	ARINA RODRIGUEZ ary ID #133619707 Commission Expires March 1, 2026 EAL	Please comple	a ar mare		w: 2181	+ (r AWam
Sworn to and subscrib	ed before me by	larina Ro	angue	this th	e 2	day of	me.
20 to cer	tify which, witness my hand			144		100	
Mann	a Kosligna	Marin	u Red	rquez		Notan	4
Signature of officer admin	istering oath	Printed name of office	r administering	da/th		Title of officer a	dministering path
the contract of		· · · · · · ·	R				
(2) Unsworn Declar	ation						
				in air senior	1-		
My name is			, and	my date of birth	is		
My address is	(street)		_	(city)	(state) (z	zip code)	(country)
Executed in	County, State		, on the	day of	(State) (2	. 20	(country)
	county, state	771		day or(mor	nth)	(year)	
			Si	gnature of Local	Government	Officer (Deck	erant)

(Instr	uctions for completing and filing this	s form are provided on the next p	age.)
This questionnaire reflects	changes made to the law by H.B. 2	3, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has be	appropriate local governmental of scome aware of facts that require to ar 176, Local Government Code.		Date Received
Name of Local Govern		0.1	Sanataru's
EVEN GONZALEZ		City	DECRETARY 1
Office Held			Received
ENGINEERING DEPT		¥	Secretary's Received
Code	ped by Sections 176.001(7) and 1	76.003(a), Local Government	
Description of the natu with vendor named in i	re and extent of each employmen tem 3. DEVELOPER	t or other business relationshi	p and each family relationship
List gifts accepted by t from vendor named in	he local government officer and item 3 exceeds \$100 during the	any family member, if aggreg 12-month period described by	ate value of the gifts accepte Section 176.003(a)(2)(B).
Date Gift Accepted _06	2/26/2024 Description of Gift	DONUTS &COFFEE DIS	STRIBUTED TO STAFF
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
1-142 X244 (195 A14 A)		forms as necessary)	
GABRIEL/ NOTARY STATE OF	PUBLIC FTEXAS XP. 10/26/25 Please comple	Signature of Local of te either option below:	Government Officer
NOTARY STAMP/SEAL	cum		
1141,410 201111,122,12	THEN CONTAINES		Mile the Sec. Constitute
worn to and subscribed before	e me byEVEN GONZALEZ_ rtify which, with pasyry than d and seal of b	ffice	this the 26 day of JUNE
MILLIT	William William Salard	inal \	Hour Gobin
ignature of officer administering oa	th Printed name of officer	MIVIVI VI	Title of officer administering oath
- V	—O	Service Control of the Control of th	Time of orgeon administrating dath
2) Unsworn Declaration	1 -0		
y name is		, and my date of birth is	
y address is		700 100 100 100 100 100 100 100 100 100	
	(street)	(city) (state)	(zip code) (country)
xecuted in	County, State of	on the day of	, 20 (year)
		(month)	(year)
		Signature of Local Govern	ment Officer (Declarant)

This is the notice to the government officer has in accordance with Cha	AND THE RESERVE OF THE PARTY OF		Leg., Regular Session	OFFI	CE USE ONLY
Tracocraditoo militoria	the appropriate local s become aware of fac apter 176, Local Gove	cts that require the office	hat the following loo er to file this stateme	Date Receive	d
Name of Local Gove	ernment Officer		0		
Sarai Garcia	0		Ci	ty DECT	Etary's (
Office Held				-	etary's (Received 1/02/2024
Deputy Dire	ctor of Operation			W 0	1/02/2024
Name of vendor desc Code	cribed by Sections 17	76.001(7) and 176.003	(a), Local Governme	ent Date	102/2024
	Playground				
Description of the named with vendor named Office	ature and extent of ea in item 3.	ach employment or ot	ner business relation	nship and each	family relationship
Date Gift Accepted	6/26/24 Des	ent officer and any fa 100 during the 12-mor cription of GiftCI	nth period described umble Assorted o	by Section 170 cookie tray \$2	22.99
Date Gift Accepted	Des	cription of Gift			
Date Gift Accepted _	Descr	ription of Gift			
	(at	tach additional forms	is necessary)		
		4	16/10	. 2	
Affida Nota	MARY ANN JUAREZ Plany Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	ease complete eit	her option below		
Affidavit Nota	MARY ANN JUAREZ Plary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2		her option below		
Affidavit Notal No	MARY ANN JUAREZ Plary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	Garcia	her option below	v:	
NOTARY STAMP/SEAL form to and subscribed be 24 to certify when the certification is considered as the certification of the certification o	MARY ANN JUAREZ Plany Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 efore me by Sarai hich, witness my hand and	Garcia	her option below	V: <u>28⁴</u> day of	
NOTARY STAMP/SEAL form to and subscribed be	MARY ANN JUAREZ Plany Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 efore me by Sarai hich, witness my hand and	Garcia seal of office.	her option below	v: 28 ⁴⁶ day of Accountin	June.
NOTARY STAMP/SEAL form to and subscribed be	MARY ANN JUAREZ Plany Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 efore me by Sarai hich, witness my hand and	Garcia seal of office. ary Ann Juarez	her option below	v: 28 ⁴⁶ day of Accountin	Junie ng Supervisor
Notary STAMPY SEAL orn to and subscribed be 24 to certify what the control of the	MARY ANN JUAREZ Plary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 efore me by Sarai hich, witness my hand and Mang oath Pri	Garcia seal of office. ary Ann Juarez nted name of officer adminis	her option below	v: 28 ⁴⁶ day of Accountin	Junie ng Supervisor
NOTARY STAMPY SEAL Form to and subscribed be 24 to certify what the control of th	MARY ANN JUAREZ Plary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 efore me by Sarai hich, witness my hand and Mang oath Pri	Garcia seal of office. ary Ann Juarez nted name of officer adminis	her option below this the	day of Accounting	Junie ng Supervisor
Notary STAMP/SEAL Notary STAMP/SEAL Norm to and subscribed be 24 to certify what the control of	MARY ANN JUAREZ Plary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 efore me by Sarai hich, witness my hand and Mang oath Pri	Garcia seal of office. ary Ann Juarez nted name of officer adminis	her option below	day of Accounting	Junie ng Supervisor
NOTARY STAMP SEAL worn to and subscribed be	MARY ANN JUAREZ Plary Public, State of Texas Expires 06/02/2027 I.D.# 12/42/92/11-2 efore me by Sarai hich, witness my hand and Mang oath Pri	Garcia seal of office. ary Ann Juarez nted name of officer adminis	her option below this the tering oath	Accounting Title of of	Tunic ng Supervisor licer administering oath
Notary STAMP/SEAL Notary STAMP/SEAL Norm to and subscribed be 24 to certify what the control of	MARY ANN JUAREZ Plary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 efore me by Sarai hich, witness my hand and Mang oath Pri	Garcia seal of office. ary Ann Juarez nted name of officer adminis	this the this the and my date of birth is	day of Accounting	Junie ng Supervisor

FORM CIS

This questionnaire reflec	ts changes made to	the law by H.B. 23, 84t	h Leg., Regular Session.	OFFICE USE ONLY
	become aware of fa	acts that require the of	that the following loca ficer to file this statemen	
Fidel Covarru	ıbias		Cit	
Office Held				+ Decretary Oc
Superintende	ent of Athletics		Vi.	Received 1 Of
Name of vendor desc Code	ribed by Sections 1	176.001(7) and 176.00	3(a), Local Governmen	Secretary's Off
Texan Cred	tit			A CONTRACTOR OF THE PROPERTY O
Description of the na with vendor named i TAAF Track	n item 3.	each employment or o	ther business relations	ship and each family relationship
	in item 3 exceeds \$	6100 during the 12-m		regate value of the gifts accepted by Section 176.003(a)(2)(B). es, 16.9fl oz water
Date Gift Accepted		50°00'50'00'00'00'00'00		
Date Gift Accepted _	1,1,2,1	18 18 18 18 18 18 18 18 18 18 18 18 18 1	##. W. N.	-
	(8	attach additional forms	as necessary)	
	MARY ANN JUARE Notary Public, State of Tex		Signature of Location below:	cal Government Officer
NOTARY STAMP/SEAL	Expires 06/02/2027 I.D.# 12429211-2			
worn to and subscribed be	fore me by Fidel	Covarrubias	this the	28th day of June.
0.1	ich, witness my hand an		70. 77.	
Danie anie		Mary Ann Juarez		Accounting Supervisor
nature of officer administering		rinted name of officer admin	istering oath	Title of officer administering oath
		OR		
Unsworn Declaration				
name is			_, and my date of birth is _	4
address is			_ = = = = = = = = = = = = = = = = = = =	
, Mad 1000 10	(street)		(city) (sta	ate) (zip code) (country)
ecuted in		, on th	and the second s	, 20
			(month)	(year)
		-	Signature of Local Gov	vernment Officer (Declarant)
ecuted in	County, State of	f, on the	e day of(month)	20



(Instructions for completing and filing this for	m are provided on the next page.)
This questionnaire reflects changes made to the law by H.B. 23, 84	th Leg., Regular Session. OFFICE USE ONLY
This is the notice to the appropriate local governmental entit government officer has become aware of facts that require the oin accordance with Chapter 176, Local Government Code.	y that the following local Date Received
Name of Local Government Officer FLORENCIO DE LA CRUZ	City Secretary's Up
2 Office Held ENGINEERING	Date 7-22-24
Name of vendor described by Sections 176.001(7) and 176.0 Code RON DE PALMA	03(a), Local Government
Description of the nature and extent of each employment or with vendor named in item 3. ENGINEERING	other business relationship and each family relationship
List gifts accepted by the local government officer and any from vendor named in item 3 exceeds \$100 during the 12-m	family member, if aggregate value of the gifts accepted north period described by Section 176.003(a)(2)(B).
	COOKIES NUEZ DE AZHAR
Date Gift Accepted Description of Gift	
(attach additional form	
NOTESVERIBLECOde. STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 Please complete e	Sonatore of Local Government Officer
FLORENCIO DE LA CI	RUZ 19 JULY
Sworn to and subscribed before me by	this the day of JOLT
Mary Family	arti Jenior (101m-(1)el
ignature of officer administering oath Printed name of officer admi	nistering oath Title of officer administering oath
OR	
2) Unsworn Declaration	
fy name is	_, and my date of birth is
y address is	
(street) Executed in County, State of , on the	(city) (state) (zip code) (country) he day of, 20 (month) (year)
	Signature of Local Government Officer (Declarant)
	- Annual Control of the Control of t

FORM CIS

This questionnaire reflects ch	anges made to the law	by H.B. 23, 84th Le	eg., Regular Session.	OFFICE USE ONLY
This is the notice to the ap government officer has become accordance with Chapter	ome aware of facts that	t require the office	r to file this statement	Date Received
Name of Local Governm		it Code.	0	ty Secretary's C Received 7-23-24
Jason She				Renewed
2 Office Held	110-			D-23-24
Sistems N	lovage/	ج 1972 عليان		Date
3 Name of vendor describe Code SHI Gov	ed by Sections 176.001 Johnsont Soluti), Local Government	
with vendor named in its	m 3.			ip and each family relationship
	em 3 exceeds \$100 du	iring the 12-mont		gate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted	The state of the s			
		1535		
Date Gift Accepted		additional forms as	necessary)	
Jose Angel Ti (1) Affidavit Notary 134912 My Comm NOTARY STAMP/SE/05-22-20 Sworn to and subscribed Serger	rujillo III Please	complete either		Government Officer Alay of July Alay of Supprison
Signature of officer administering oath	Printed na	Hnge Irojii ime of officer administer	ing path	Title of officer administering cath
originates of original and orig	L THINGS US	OR	ing oath	title of ottool detirities and
(2) Unsworn Declaration		OR		
My name is		, a	nd my date of birth is	
My address is				
	(street)		(city) (state	(country)
Executed in	County, State of	, on the	day of (month)	, 20 (year)
		-	Signature of Local Govern	nment Officer (Declarant)

FORM CIS

This questionnaire reflects	changes made to the law I	by H.B. 23, 84th L	g., Regular Sess	ion.	OFFICE	USE ONLY
government officer has b	appropriate local governecome aware of facts that ter 176, Local Governmen	require the office			ite Received	3,30,5,000
Name of Local Govern	ment Officer			20		
FLORENCIO DE LA CRUZ			(litu .	Secre	taru'a C
Office Held					chi	ORIUMA
DEVELOPMENT ENGINEER	RING			1	179	tary's (05/202
Code	ibed by Sections 176.001	(7) and 176.003(a), Local Govern	ment	ate VO	00(202
Description of the nate with vendor named in	ure and extent of each em item 3. DEVELOPER	ployment or othe	r business relat	ionship a	nd each fam	ily relationship
	the local government of item 3 exceeds \$100 dui 8/02/2024 Description	ring the 12-mont		ed by Se	ction 176.0	
Date Gift Accepted	Description	n of Gift				
Date Gift Accepted	Description	of Gift				
200 - 10000 10000 10		dditional forms as				
NOTARY P STATE OF MY COMM. EX NOTARY ID 13 1) Affidavit	P. 10/26/25 B133076-3	complete eith	er option bel	ow:	ernment Office	
worn to and subscribed before	ire me by <u>FTOYENC</u>	10 Del	a Chung.	he 02 c	lay of AUGUS	т, 20
to gertify, which, v	vitness my hand and seal of offic	ia Cant	Y .	1	10tan	Y
ignature of officer administering of	path Printed nar	ne of officer administe	ing oath		Title of office	administering oath
		OR				
2) Unsworn Declaration						
y name is		, a	nd my date of birth	n is		
ly address is						
	(street)		(city)	(state)	(zip code)	(country)
xecuted in	County, State of	, on the	day of	orith)	, 20	
			V.,,	aniny .	(755.7	
			Signature of Loca	I Governmen	of Officer (De	clarant)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

November 2024

FORM CIS

	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate government officer has become award in accordance with Chapter 176, Loca	local governmental entity that the following local of facts that require the officer to file this statement I Government Code.	Date Received
1 Name of Local Government Office		0.014.98
Denny A. Meline		Received
2 Office Held		Received 11/10/2024
Director		V 0.00
Code	ons 176.001(7) and 176.003(a), Local Government	
Sylvia Billings: Schlot	zsky's	
4 Description of the nature and exter with vendor named in item 3. Donation	nt of each employment or other business relationsh	ip and each family relationship
5 List gifts accepted by the local go from vendor named in item 3 exce Date Gift Accepted	vernment officer and any family member, if aggreg eds \$100 during the 12-month period described by Description of Gift Cinnabon box	gate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
Government Code.	at this statement covers the 12-month period described by Sec	No. of Additional Society Committee
	Signature of Local	Government Officer
MARY ANN JUAREZ Notary Public, State of Tey Expires 06/02/2027 NOTARY STANP/SEAL I.D.# 12429211-2 Swom to and subscribed before me by		5 day of <u>November</u> ,
20 24 to certify which, witness my ha		day or Jobyennoer,
Mary am On	Mary Ann Juarez	Accounting Supervisor
Signature of officer administering wath	Printed name of officer administering oath	Title of officer administering oath
	OR	Annual Commence of the Commenc
(2) Unsworn Declaration		
My name is	, and my date of birth is	
My address is		
(stre		(country), 20
	Signature of Local Govern	779 / 5

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

December 2024

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

This questionnaire reflects changes r	nade to the law by H.	B. 23, 84th Leg.	Regular Session	· OF	FFICE USE ONLY
This is the notice to the appropria government officer has become aw in accordance with Chapter 176, Lo	are of facts that requ	ire the officer to	file this stateme	ent Date Rec	71107
Name of Local Government Offi		.c.	77	The Sa	arctori's OA
					Production of the
2 Office Held	2(10)				2 2 2 14
Jason SI 2 Office Held Systems 1	James!			Date	cretary's Off Received 2-2-24
3 Name of vendor described by Se	ctions 176.001(7) ar	nd 176.003(a),	Local Governme	ent	
Code Free IT Date	enostilal s				
4 Description of the nature and ex with vendor named in item 3.	tent of each employ			and the same and	ant suitiful antich a tal.
5 List gifts accepted by the local	government officer	and any famil	y member, if agg	gregate value	e of the gifts accepted
from vendor named in item 3 ex	ceeds \$100 during	the 12-month	eriod described	by Section	176.003(a)(2)(B).
Date Gift Accepted Mala	Departation of	Cit (:0.)	Bashet (1-1 ·	\
					3
Date Gift Accepted	Description of	Gift			
Date Gift Accepted	Description of Gi	ft			
	(attach addition	onal forms as n	ecessary)		
Government Code RY PUS Jose Angel Trujillo III Notary ID# 134912987 My Comm. Exp. NOTARY STAMP SER5-22-2028 Sworn to and subscribed bodfe field by 20, to certify which, witness means to the control of the code	Please com	plete either	Signature of Lo	ogal/Governme	
Signature of officer administering oath	Jose Hng	el millo	III.	POM/	of officer administering oath
angularists of outside organization and organization	Finited flame of	officer administering	Joann	Tille !	or sales administering odd
(2) Unsworn Declaration		OR .			
My name is		, and	my date of birth is		
My address is					
	(street)		(city) (state) (zip co	ode) (country)
Executed in Count	y, State of	, on the	day of(month	, 20	(year)
		s	ignature of Local G	overnment Offic	cer (Declarant)

(Instructions	for completing and filing this fo	orm are provided on the next p	age.)
This questionnaire reflects changes	made to the law by H.B. 23, 8	34th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the approp government officer has become a in accordance with Chapter 176, I	ware of facts that require the	ity that the following local officer to file this statement	Date Received
Name of Local Government O	fficer		
JUAN MARTINEZ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Office Held		Pitu	Constant ofthe
CONTRACTOR		City &	Secretary's Office
Name of vendor described by	Sections 176.001(7) and 176	.003(a), Local Government	12/2/2024
ode RIO UNITED BUILDERS		'Au	12/2/000
Description of the nature and with vendor named in item 3.	extent of each employment o ENGINEERING COMPANY	r other business relationshi	p and each family relationship
List gifts accepted by the loca from vendor named in item 3	al government officer and ar exceeds \$100 during the 12-	ny family member, if aggreg month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted11/27/24	Description of Gift	CHEESECAKE DISTRIB	UTED TO STAFF
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional for	Control of the Contro	
GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3	Please complete	Signature of Local of either option below:	Government Officer
NOTARY STAMP/SEAL			
vom to and subscribed before me by	JUAN MARTINEZ this the 27th d	ay of November 2024, to cert	ify which, witness my hand
d seal of office	(an) hisola 1	Involet 1	International
nature of officer administering oath	Printed name of officer ad	The interior and	Title of officer administering oath
	OR	ministering cath	ritie of office administering bath
Unsworn Declaration			
		2445.645.0542.Z	
name is		, and my date of birth is	
address is	(street)	(city) (state)	(zip code) (country)
cuted in Cou		the day of(month)	(country)
		Signature of Local Covers	ment Officer (Declarant)
		Signature of Local Govern	ment Onicer (Declarant)

FORM CIS

	(Instructions for col	impleting and liling this to	rm are provided on the next	page.)
This questionnaire refl	lects changes made	to the law by H.B. 23, 8	4th Leg., Regular Session.	OFFICE USE ONLY
	as become aware	of facts that require the	ity that the following local officer to file this statement	Date Received
Name of Local Go	vernment Officer			
JUAN PABLO DE L	A CRUZ			Account to the first
Office Held	TO YOUR STREET	Va -	Pitu	Senstanu's C
SUBDIVISION COOF	RDINATOR /DESIG	NER	City	Secretary's C
Name of vendor de Code ANDALE CONSTRUC		ons 176.001(7) and 176	.003(a), Local Government	Date 12/4/2024
Description of the with vendor name	nature and extent d in item 3. CONS	of each employment o	r other business relationsh	ip and each family relationship
from vendor name	ed in item 3 excee	ds \$100 during the 12-	month period described b	gate value of the gifts accepte y Section 176.003(a)(2)(B).
Date Gift Accepted	12/04/2024	Description of Gift		T DISTRIBUTED TO STAFF
Date Gift Accepted		Description of Gift		
Date Gift Accepted	(<u> </u>	Description of Gift		
t s	o each family membe also acknowledge that	er (as defined by Section 17	atement is true and correct. I ack	de) of this local government officer.
GAB NOT STAT MY COM	o each family membe	of perjury that the above start (as defined by Section 17 this statement covers the 1	atement is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se	knowledge that the disclosure applies de) of this local government officer. ction 176.003(a)(2)(B), Local
GAB NOT STAT MY CON NOTAR	o each family memberalso acknowledge that acknowledge tha	of perjury that the above street (as defined by Section 17 this statement covers the 1	stement is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se Signature of Loca either option below:	de) of this local government officer. ction 176.003(a)(2)(B), Local I Government Officer
GABI NOT STAT MY COM NOTAR 1) Affidavit NOTARY STAMP/SEA	o each family memberalso acknowledge that acknowledge that acknowledge that acknowledge that acknowledge that acknowledge that acknowledge the control of th	of perjury that the above street (as defined by Section 17 this statement covers the 1	atement is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se Signature of Loca	de) of this local government officer. ction 176.003(a)(2)(B), Local I Government Officer
GAB NOT STAT MY COM NOTAR NOTARY STAMP/SEA	o each family memberalso acknowledge that acknowledge that acknowledge that acknowledge that acknowledge that acknowledge that acknowledge	of perjury that the above street (as defined by Section 17 this statement covers the 1	stement is true and correct. I ack 6.001(2), Local Government Cool 12-month period described by Se Signature of Local either option below:	de) of this local government officer. ction 176.003(a)(2)(B), Local I Government Officer
GAB NOT STAT MY COM NOTAR NOTARY STAMP/SEA	o each family memberalso acknowledge that acknowledge the acknowledge that acknowledge that acknowledge the acknowledge that	of perjury that the above stater (as defined by Section 17 this statement covers the section 17 this section 17 this statement covers the section 17 this section	element is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se Signature of Local either option below:	de) of this local government officer. ction 176.003(a)(2)(B), Local I Government Officer
GAB NOT STAT MY CON NOTAR 1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed DECEMBER 20	o each family memberalso acknowledge that acknowledge the acknowledge that acknowledge that acknowledge the acknowledge that	Please complete	element is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se Signature of Local either option below:	de) of this local government officer. ction 176.003(a)(2)(B), Local I Government Officer A La
GAB NOT STAT MY COM NOTAR NOTARY STAMP/SEA Sworn to and subscribed BECEMBER 20 Ignature of officer administe	o each family member also acknowledge that acknowledge the acknowledge to the acknowledge that acknowledge to the acknowledge	Printed name of officer ad	element is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se Signature of Local either option below:	de) of this local government officer. ction 176.003(a)(2)(B), Local I Government Officer A La
GAB NOT STAT MY COM NOTAR 1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed DECEMBER	o each family member also acknowledge that acknowledge the acknowledge to the acknowledge that acknowledge to the acknowledge	Printed name of officer ad	element is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se Signature of Local either option below:	de) of this local government officer. ction 176.003(a)(2)(B), Local I Government Officer A La
GAB NOT STAT MY COM NOTAR NOTARY STAMP/SEA Sworm to and subscribed DECEMBER 20	o each family member also acknowledge that acknowledge the acknowledge to the acknowledge that acknowledge to the acknowledge	Printed name of officer ad	element is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se Signature of Local either option below:	de) of this local government officer. ction 176.003(a)(2)(B), Local I Government Officer A La
GAB NOT STAT MY COM NOTAR NOTARY STAMP/SEA Sworn to and subscribed DECEMBER 20 Unsworn Declaration Notary Stamp (Sea) Sworn to and subscribed OF COMMON (Sea) OF COMMON (o each family member also acknowledge that acknowledge the acknowledge to the acknowledge that acknowledge to the acknowledge	Printed name of officer ad	element is true and correct. I ack 6.001(2), Local Government Cox 12-month period described by Se Signature of Local either option below:	de) of this local government officer. ction 176.003(a)(2)(B), Local Government Officer Title of officer administering oat

This questionnaire reflects changes may	ompleting and filing this form	SAN SAN MARKAN MARKANAN		AND ALL STATE
		그 생선에 보는 중인(18) 보고 하나?	OFFIC	E USE ONLY
This is the notice to the appropriate government officer has become award in accordance with Chapter 176, Local	e of facts that require the offi	that the following lo cer to file this statem	ent Date Received	
Name of Local Government Office				
Zeferino Mendoza				
Office Held		17	FU SECTI	tazu's C
Construction Manager			29	Pecervea
Name of vendor described by Section	ons 176.001(7) and 176.003	3(a), Local Governm	ent Ban 12	11012020
D Wilson Construction			Date	11012027
Description of the nature and exter with vendor named in item 3. Construction Company	nt of each employment or o	ther business relatio	nship and each fa	mily relationship
List gifts accepted by the local go	vorpment officer and says			14.5
Date Gift Accepted	Description of Gift			
	(attach additional forms	as necessary)		
NOTARY PURPLE CODE. STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by Zee	Please complete ei	ther option below		
그 경계 기계는 그 이번 생활하게 되는 경에 없어 되어 되었다.	The state of the s	this the	_9tn day of_	December,
9, 24, to centify which, witness my h				
grature of officer administering cath	Gabriela Cantu Printed name of officer admini	stering oath	Notary Title of offi	cer administering oath
V	OR	areinia nami	Tide of on	ce. administering date
2) Unsworn Declaration	OR .			
ly name is		, and my date of birth is		
ly address is				
(stre	eet)	(city)	(state) (zip code)	(country)
xecuted in County, S	itate of, on the	day of(mont	h) , 20, 20	-
		Olemetine of Least C	Sovernment Officer (F	NO STATE OF THE PROPERTY.

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided or

This questionnaire reflects changes i		그 아이를 가셨습니다. 그는 것이 없는 것이다.	OFFICE USE ONLY
This is the notice to the appropria government officer has become aw in accordance with Chapter 176, Lo	are of facts that require the officer	t the following local to file this statement	Date Received
Name of Local Government Off			
Juan Martinez		5 - 1 A OH	
Office Held		Pitu	Secretary's
Construction Manager		City	Secretary's
Name of vendor described by Se	ctions 176.001(7) and 176.003(a)	Local Government	10/11/200
Megamorphosis			Date
The French Lands and the second	tent of each employment or other	business relationship	and each family relationship
List gifts accepted by the local from vendor named in item 3 ex Date Gift Accepted 12/10/2024	government officer and any fam ceeds \$100 during the 12-month	period described by S	te value of the gifts accepte Section 176.003(a)(2)(B).
Date Gift Accepted			
Date Gift Accepted	Description of Gift		
	(attach additional forms as	necessary)	
GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 Affidavil-OTARY ID 13133076-3	Please complete eithe	Signature of Local G	overnmeht Officer
NOTARY STAMP/SEAL			
orn to and subscribed before me by _	Juan Martinez	this the10t	h day of December ,
24 , jo certify which, witness m	y hand and seal of office.		
ACION ACC	Gabriela Cantu		Notary
nature of officer administering oath	Printed name of officer administeri	ng oath	Title of officer administering oath
	OR		
Unsworn Declaration		7	
nama in		46.45.45.45.6	
name isaddress is	, an	d my date of birth is	
7.47.67	street)	(city) (state)	(zip code) (country)
	v. State of, on the	day of	(zip code) (country)
	. 5.5.5 51	(month)	
		Signature of Local Government	nest Office (Destance)

(Instructions f	or completing and filing this for	m are provided on the next p	age.)
This questionnaire reflects changes	made to the law by H.B. 23, 84	th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropri government officer has become av- in accordance with Chapter 176, L	vare of facts that require the o	ty that the following local officer to file this statement	Date Received
1 Name of Local Government Of			
Eduardo Mendoza			C travia
2 Office Held		Cil	y DECLETARY
City Engineer			Received
Name of vendor described by So Code	ections 176.001(7) and 176.0	03(a), Local Government	y Secretary's executived
Megamorphosis		CALLED A PROPERTY OF THE	
Description of the nature and ex with vendor named in item 3. Architectural			
from vendor named in item 3 ex	ceeds \$100 during the 12-m	ionth period described by	Section 176.003(a)(2)(B).
Date Gift Accepted			
Date Gift Accepted	Description of Gift		
	(attach additional forms	s as necessary)	
STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3) Affidavit NOTARY STAMP/SEAL worn to and subscribed before me by to fertify which, witness me	Eduardo Mendoza	Signature of Local G	h day of <u>December</u> ,
YUM EACE	Gabriela Cantu		Notary
nature of officer administering oath	Printed name of officer admin	istering oath	Title of officer administering oath
	OR		
Unsworn Declaration		UN UL SIT	
name is		_, and my date of birth is	
address is			
U. A. T. S	treet) , State of, on the	e day of(month)	(zip code) (country) , 20 (year)
		Signature of Local Governm	ent Officer (Declarant)
Contraction of the second of t		a de la companya de l	moet (westerditt)

	made to the law by H.B. 23, 84		OFFICE USE ONLY
This is the notice to the appropr government officer has become a n accordance with Chapter 176, L	ware of facts that require the o	y that the following local fficer to file this statement	Date Received
Name of Local Government Of	ficer		
EDUARDO MENDOZA			
Office Held ENGINEERING		Ca	Secretary's
Name of vendor described by S ode SWG ENGINEERING LL		03(a), Local Government	Secretary's of Date 12/11/2024
Description of the nature and e with vendor named in item 3.	xtent of each employment or ENGINEERING CONSULTING	other business relationsh	
List gifts accepted by the loca from vendor named in item 3 e	I government officer and any exceeds \$100 during the 12-m	family member, if aggre onth period described b	y Section 176.003(a)(2)(B).
Date Gift Accepted 12/11/202		TAMALES DISTRIBUT	
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional form:	s as necessary)	
GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS MY COMM, EXP, 10/26/25 NOTARY ID 13133076-3	_	Signature of Lova	Government Officer
NOTARY STAMP/SEAL			
vorm to and subscribed before me by	EDUARDO MENDOZA		this the TH_ day of
CEMBER 10 6	ertifywhich, witness my hand and se	al of office.	notary
nature of officer administering oath	Printed name of officer admi	nistering oath	Title of afficer administering oa
	OR		
Unsworn Declaration			
		colonido dilando	
name is		_, and my date of birth is	
address is	(street)	2/10/21 1871	e) (zip code) (country)
	(street)	(city) (state	, 20
raddress is		(city) (stat ne day of (month)	

FORM CIS

This questionnaire refle	ects changes made t	o the law by H.B. 23	, 84th Leg., Reg	ular Session.	OFFICE USE ONLY
This is the notice to government officer ha in accordance with Ch	s become aware of	facts that require th			Date Received
1 Name of Local Gov	ernment Officer			Cit	Secretary's C
Azeneth Va	squez			6	Received
2 Office Held					12/13/24
Manageme	nt Assistance				Date 12/10/21
3 Name of vendor des Code	cribed by Section	s 176.001(7) and 17	76.003(a), Loca	I Government	
Elizabeth	Grigsby				4
Description of the with vendor named Office staff	l in item 3.	f each employmen	t or other busir	ness relationsh	ip and each family relationshi
	d in item 3 exceed		2-month perio	d described by	gate value of the gifts accept y Section 176.003(a)(2)(B).
Date Gift Accepted		Description of Gift			
Date Gift Accepted	De	escription of Gift			
		(attach additional f	orms as neces	sary)	
(1) Affidavit NOTARY STAMP / SEAL	Notary Public, State of Expires 06/02/20/ I.D.# 12429211	27 -2		ion below:	Governmen) Officer
Sworn to and subscribed				this the	day of December
20 24 to certify	which, witness my hand				
9 Mary Un		Mary Ann Jua	rez		Accounting Supervisor
Signature of officer administer	ing oath	Printed name of officer	administering oath		Title of officer administering oal
		Ó	R		
(2) Unsworn Declaration	n				
Mu name la			and and	late of bloth in	
My name is My address is			, and my c	late of birth is	-0.
wy address is	(street)	,	,(city	y) (state	e) (zip code) (country)
Executed in	County, State			day of(month)	, 20
			Signatu	re of Local Gover	nment Officer (Declarant)

(Instructions for completing and filing this form are provided on the nex	t page.)
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 loca 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	
EDUARDO MENDOZA	5 , 10
Office Held City	-Decretary & Of
ENGINEERING	Received
Office Held ENGINEERING Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government ode HALFF ASSOCIATES	11 Date 12/16/2024
Description of the nature and extent of each employment or other business relations with vendor named in item 3. ENGINEERING CONSULTING SERVICES	ship and each family relationship
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 by Section 176.003(a)(2)(B).
Date Gift Accepted12/13/2024	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
GABRIEL/Govarnment Code. NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3 Please complete either option below: NOTARY STAMP/SEAL	al Government Officer
worn to and subscribed before me byEDUARDO MENDOZA	this the Ith day of
CEMBER, 20_24, to certify which, witness my hand and seal of office.	Notary Public
nature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR .	
Unsworn Declaration	
name is, and my date of birth is _	
address is,,	
(street) (city) (sta	ate) (zip code) (country)
(3.7)	The court Appropriate
ecuted inCounty, State of on theday of(month)	, 20

(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 Le	g., Regular Session. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity tha government officer has become aware of facts that require the officer in accordance with Chapter 176, Local Government Code.	t the following local
Name of Local Government Officer	
EDUARDO MENDOZA	City Secretary's Officerous 12/17/2024
Office Held	City DECRETARY - 11
ENGINEERING	272c2t02a
Name of vendor described by Sections 176.001(7) and 176.003(a) Code TERRACON	, Local Government
Description of the nature and extent of each employment or other with vendor named in item 3. ENGINEERING CONSULTING SER	business relationship and each family relationship
List gifts accepted by the local government officer and any fam from vendor named in item 3 exceeds \$100 during the 12-month	
10470001	NOWED DISTRIBUTED TO STAFF
Date Gift Accepted 12/17/2024 Description of Gift CO	OCKIES DISTRIBUTED TO STAFF
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as	necessary)
GABRIELA CANTU NOTARY PUBLIC STATE OF TEXAS Please complete either NOTARY ID 13133076-3 NOTARY STAMP/SEAL	Signature of Local Government Officer er option below:
Sworn to and subscribed before me byEDUARDO MENDOZA	this the day of
EMBER, 20 24, to certify which, witness my hand and seal of office	
many (apprilla)	antel notable
ignature of officer administering oath Printed name of officer administer	ing oath Title of officer administering oath
OR	PROPERTY OF THE PROPERTY OF TH
2) Unsworn Declaration	
ly name is, a	nd my date of birth is
ly address is,,	
(street)	(city) (state) (zip code) (country)
xecuted in County, State of, on the	day of, 20 (year)
	Signature of Local Government Officer (Declarant)
	was a second of the second of

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

		to the law by H.B. 23, t	전기, 기리지 배급하지 않게 하고요?		OFFICE	USE ONLY
	s become aware o	of facts that require the	ity that the following I officer to file this stater		Date Received	
Name of Local Gov						
JORGE GUTIERREZ	Z				2	, (
Office Held			1	itu	Secret	ary's C
DESIGNER				-5	Kes	ewed
Name of vendor des Code SAMES ENC	scribed by Section		.003(a), Local Govern	ment	Sate 12/	19/2024
Description of the r with vendor named	lin itom 2	of each employment on NEERING CONSULTIN	r other business relati G SERVICES	onship	and each fam	nily relationship
List gifts accepted	by the local gove	ernment officer and a	ny family member, if a	ggregat	e value of th	e gifts accepte
from vendor named	I in item 3 exceed	ds \$100 during the 12-	month period describ	ed by S	ection 176.0	03(a)(2)(B).
Date Gift Accepted	12/19/2024	Description of Gift	COOKIES DISTRI	BUTED	TO STAFF	
Date Gift Accepted	7. "	Description of Gift	great and great because	7 17 1		
Date Gill Accepted	D	escription of Giff				
SIGNATURE Is to als	each family member	(attach additional for of perjury that the above st r (as defined by Section 17	A STATE OF THE PARTY OF THE PAR	. I acknow	vledge that the	disclosure applies vernment officer.
SIGNATURE Is to als GABRENOTA STATE MY COM	swear under penalty of each family member so acknowledge that overnment Code. WELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25	(attach additional for of perjury that the above star (as defined by Section 17 this statement covers the	atement is true and correct (6.001(2), Local Government (12-month period described	. I acknownt Code) by Section Local Go	vledge that the	disclosure applies vemment officer. (B), Local
SIGNATURE Is to als GABRENOTA STATE MY COM	swear under penalty of each family member so acknowledge that overnment Code. WELA CANTU ARY PUBLIC E OF TEXAS	(attach additional for of perjury that the above star (as defined by Section 17 this statement covers the	atement is true and correct 6.001(2), Local Government 12-month period described Signature of	. I acknownt Code) by Section Local Go	vledge that the of this local gov n 176.003(a)(2)	disclosure applies vemment officer. (B), Local
SIGNATURE Is to als GABRENOTA STATE MY COM	swear under penalty of each family member so acknowledge that overnment Code. WELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 / ID 13133076-3	(attach additional for of perjury that the above star (as defined by Section 17 this statement covers the	atement is true and correct 6.001(2), Local Government 12-month period described Signature of	. I acknownt Code) by Section Local Go	vledge that the of this local gov n 176.003(a)(2)	disclosure applies vemment officer. (B), Local
SIGNATURE Is to all GABRINOTARY STAMP	swear under penalty of each family member so acknowledge that overnment Code. IIELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 / ID 13133076-3	(attach additional for of perjury that the above start (as defined by Section 17 this statement covers the Please complete	atement is true and correct 6.001(2), Local Government 12-month period described Signature of	. I acknownt Code) by Section Local Go	vledge that the of this local gov n 176.003(a)(2)	disclosure applies vemment officer. (B), Local
SIGNATURE Is to all GABRINOTARY STAMP	swear under penalty of each family member so acknowledge that overment Code. IIELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 // ID 13133076-3	(attach additional for of perjury that the above start (as defined by Section 17 this statement covers the Please complete	atement is true and correct (6.001(2), Local Government (2-month period described Signature of	. I acknownt Code) by Section Local Go	viedge that the of this local gov n 176.003(a)(2) overnment Office	disclosure applies vernment officer, (B), Local
SIGNATURE Is to all GABRE NOTARY STATE NOTARY STAMP Sworm to and subsci	swear under penalty of each family member so acknowledge that overment Code. MELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 / ID 13133076-3	(attach additional for of perjury that the above start (as defined by Section 17 this statement covers the Please complete	atement is true and correct (6.001(2), Local Government (2-month period described Signature of either option below the day of DECEMBER	. I acknownt Code) by Section Local Go	viedge that the of this local government Office of 24,	disclosure applies vernment officer, (B), Local
SIGNATURE Is to als GABRINGTAN STATI MY COM NOTARY STAMP Sworm to and subsc. witness my hand and seal	swear under penalty of each family member so acknowledge that overment Code. MELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 / ID 13133076-3	(attach additional for of perjury that the above state (as defined by Section 17 this statement covers the Please complete	atement is true and correct (6.001(2), Local Government (2-month period described Signature of either option below the day of DECEMBER	. I acknownt Code) by Section Local Go	viedge that the of this local government Office of 24,	disclosure applies vernment officer. (B), Local er
SIGNATURE Is to all GABRINOTARY STATE MY COM NOTARY STAMP Sworm to and subsequence of officer administering the state of	swear under penalty of each family member so acknowledge that overment Code. IJELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 // ID 13133076-3 // SEAL cribed before me by lof office.	(attach additional for of perjury that the above strong (as defined by Section 17 this statement covers the Please complete JORGE GUTIERREZ this Printed name of officer actions	atement is true and correct (6.001(2), Local Government (2-month period described Signature of either option below the day of DECEMBER	. I acknownt Code) by Section Local Go	viedge that the of this local government Office of 24,	disclosure applies vernment officer. (B), Local er
SIGNATURE Is to all all all all all all all all all al	swear under penalty of each family member so acknowledge that overment Code. IJELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 // ID 13133076-3 // SEAL cribed before me by lof office.	(attach additional for of perjury that the above strong (as defined by Section 17 this statement covers the Please complete JORGE GUTIERREZ this Printed name of officer actions	atement is true and correct 6.001(2), Local Government 12-month period described Signature of either option below the 19day of DECEMBER	Local Go	viedge that the of this local government Office	disclosure applies vernment officer. (B), Local er
SIGNATURE Is to als GABRINGTAN STATI MY COM NOTARY STAMP Swom to and subscience witness my hand and seal	swear under penalty of each family member so acknowledge that overment Code. IJELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 // ID 13133076-3 // SEAL cribed before me by lof office.	(attach additional for of perjury that the above strong (as defined by Section 17 this statement covers the Please complete JORGE GUTIERREZ this Printed name of officer actions of the period of the	atement is true and correct (6.001(2), Local Government (2-month period described Signature of either option below the day of DECEMBER	Local Go	viedge that the of this local government Office	disclosure applies vernment officer. (B), Local er
SIGNATURE Is to all GABRINGTA STATI MY COM NOTARY STAMP Swom to and subscipulation of officer administeric growth of the control of the cont	swear under penalty of each family member so acknowledge that overment Code. IJELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 // ID 13133076-3 // SEAL cribed before me by lof office.	(attach additional for of perjury that the above structure (as defined by Section 17 this statement covers the Please complete JORGE GUTIERREZ this Printed name of officer actions of the period of t	atement is true and correct 6.001(2), Local Government 12-month period described Signature of either option below the 19day of DECEMBER	Local Go	viedge that the of this local government Office	disclosure applies vernment officer. (B), Local er
SIGNATURE Is to all GABRINGTA STATI MY COM NOTARY STAMP Swom to and subscipulation of officer administerical control of the c	swear under penalty of each family member so acknowledge that overment Code. INELA CANTU ARY PUBLIC E OF TEXAS M. EXP. 10/26/25 / ID 13/13/3076-3 IVSEAL cribed before me by lof office.	(attach additional for of perjury that the above structure (as defined by Section 17 this statement covers the Please complete JORGE GUTIERREZ this Printed name of officer actions	atement is true and correct (6.001(2), Local Government (2-month period described Signature of either option below the 19day of DECEMBER ministering oath (city) the day of	Local Go	overwhelm the of this local government Office O 24, Title of office	disclosure applies vernment officer. (B), Local er to certify which, ar administering oath

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

	ects changes made to the law by H.		OFFICE USE ONLY
government officer ha	하고 있는 사람들이 되었다. 그 이 없는 사람들은 아이들은 아들은 아들이 그리고 있다면 하는 바람이 되었다. 그는 사람들이 되었다.	ntal entity that the following local uire the officer to file this statement de.	Date Received 12/10/2024
Name of Local Go			
Ruben Solis		01	4. Secretaria
Office Held			9 5 0 . 9
Fleet Operation	ns Supervisor		O (ECCUTED
		nd 176.003(a), Local Government	by Secretary's (Received Date 12/23/24
Doggett John	Deere	THE STATE OF	
Description of the with vendor name		ment or other business relationshi ett John Deere	p and each family relationship
		r and any family member, if aggreg the 12-month period described by	
Date Gift Accepte	12/10/2024 Description of	Gift 2- Patriot Cooler Half Ga	llon Bottle
Date Gift Accepte		Gift JBL Bluetooth Speaker	
Date Gift Accepted	12/10/2024	Nebo Solar Lantern	
Date Gift Accepted		onal forms as necessary)	
	Government Code.	vers the 12-month period described by Sec	ion (70.000/a)/e/(d), coods
		Signature of Local	Government Officer
My Nota Expires NOTARY STAMP/SEA	NOVERNOON OF THE PUBLIC STATES	nplete either option below:	ta day of December
Sephane	which, witness my hand and seal of office	HANIE PURDIES	Admin. Supe
ignature of officer administr	ering oath Printed name of	officer administering oath	Title of officer administering oat
		OR	
2) Unsworn Declarati	on		
ly name is		, and my date of birth is	
ly address is			
11 / 4.3, 3.06, 25.	(street)	(city) (state	(zip code) (country)
xecuted in	County, State of	, on the day of	, 20
		(month)	(year)
		Signature of Local Gover	nment Officer (Declarant)

FORM CIS

This questionnaire reflect	ts changes made to the la	w by H.B. 23, 84t	h Leg., Regular Session.	OFFICE USE ONLY
	become aware of facts the	hat require the of	that the following local ficer to file this statement	Date Received 12/10/2024
Name of Local Gove	rnment Officer			
Ruben Solis			Cit	Sangeroni's (
2 Office Held			-	y Secretary's O Received
Fleet Operations	s Supervisor			a Transchaff Control
The state of the s	the state of the s	01(7) and 176.00	03(a), Local Government	Date 12/23/24
Doggett John D	eere			
Description of the na with vendor named	in item 3.	employment or Doggett John		ip and each family relationship
from vendor named Date Gift Accepted	in item 3 exceeds \$100	during the 12-m	family member, if aggre nonth period described by hn Deere Money Clip	gate value of the gifts accepted y Section 176.003(a)(2)(B).
			nn Deere Checkbook	
Date Gift Accepted _		2.0	Swiss Force Gift Set H	(nife & Flachlight
Date Gift Accepted _		ion of Gift 2-3 h additional form	A CONTRACTOR OF THE PARTY OF TH	Tille & Flashiight
du	vernment Code.			기-공식 I Government Officer
	Pleas	se complete e	either option below:	
	NIE PUENTES ID # 125435224 ovember 6, 2026	uben 80hi	this the	Ha day of December
Sephane n	hich, witness my hand and sea	al of office.	PHANIE PUENTE	Company of the contract of the
Signature of officer administering	ng oath Printe	d name of officer adm	inistering oath	Title of officer administering oath
		OR		
2) Unsworn Declaration	1			
Au nama is			and my data of high is	
My name is			, and my date of birth is	
My address is	(street)	*	(city) (sta	te) (zip code) (country)
Executed in		, 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 12/10/2024
Name of Local Government Officer	
Ruben Solis	Secretary's Office
Office Held	Secretary's Office Received
Fleet Operations Supervisor	of 12/23/24
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	ate 1473/24
Doggett John Deere	
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. VENDOR- Doggett John Deere	ip and each family relationship
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/10/2024 Description of Gift Swiss Force Gift Set Kn	Section 176.003(a)(2)(B).
Date Gift Accepted 12/10/2024 Description of Gift Yeti Coffee Mug	
Date Gift Accepted 12/10/2024 Description of Gift John Deere Clock	
(attach additional forms as necessary)	
	Government Officer
	12 day of <u>December</u> Admin. Superviso
ghatúre of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	was with a series of the
) Unsworn Declaration	
y name is, and my date of birth is	
y address is, vide in y case of a single control of the con	
(street) (city) (state	e) (zip code) (country)
cecuted in County, State of, on the day of(month)	, 20 (year)

FORM CIS

Ruben Solis Office Held Fleet Operations Supervisor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Doggett John Deere
Ruben Solis 2 Office Held Fleet Operations Supervisor 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Doggett John Deere 4 Description of the nature and extent of each employment or other business relationship and each family relations with vendor named in item 3.
Code Doggett John Deere Description of the nature and extent of each employment or other business relationship and each family relations with vendor named in item 3.
Code Doggett John Deere Description of the nature and extent of each employment or other business relationship and each family relations with vendor named in item 3.
Code Doggett John Deere Description of the nature and extent of each employment or other business relationship and each family relations with vendor named in item 3.
Code Doggett John Deere Description of the nature and extent of each employment or other business relationship and each family relations with vendor named in item 3.
Description of the nature and extent of each employment or other business relationship and each family relations with vendor named in item 3.
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 12/10/2024 Description of Gift 2-Cutting Boards
10/10/0001
Date Gift Accepted 12/10/2024 Description of Gift Reduce Drink Cooler Cup (attach additional forms as necessary)
Government Code. Signature of Local Government Officer
Please complete either option below:
STEPHANIE PUENTES NCTARIA MY Notary ID # 125435224 Expires November 6, 2026 Sworr to and subscribed before me by Ruben Sous this the 1 Her day of December 1 Her day of Dece
20 31, to certify which witness my hand and seal of office. Stephanie News Stephanie Public Admin. Super
Signature of officer administering oath Printed name of officer administering oath Title of officer administering
OR
(2) Unsworn Declaration
My name is, and my date of birth is
My address is,,,,,,,
(street) (city) (state) (zip code) (country)
Executed in County, State of , on the day of, 20 (year)
Signature of Local Government Officer (Declarant)

FORM CIS

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 loc government officer has become aware of facts that require the officer to file this stateme in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer	
Ruben Solis	City Secretary's
Office Held	J - San
Fleet Operations Supervisor	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governme	City Secretary's
Doggett John Deere	
Description of the nature and extent of each employment or other business relation with vendor named in item 3. VENDOR- Doggett John Deere	ship and each family relationship
List gifts accepted by the local government officer and any family member, if agg from vendor named in item 3 exceeds \$100 during the 12-month period described Date Gift Accepted 12/10/2024 Description of Gift 5- John Deere Caps	regate value of the gifts accepted by Section 176.003(a)(2)(B).
12/10/2021	
Date ditt Accepted Description of diff	
Date Gift Accepted 12/10/2024 Description of Gift	
(attach additional forms as necessary)	
Signature of Lo	ocal' Government Officer
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 NOTARY STAMP LISTAL Sworn to and subscribed before me by Khis the	
to certify which, witness my hand and seal of office.	day of December
Herhane Frent STEPHANIE PLENTES	Admin Superin
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,,,,	
	state) (zip code) (country)
Executed in County, State of, on the day of	, 20
Signature of Local G	sovernment Officer (Declarant)

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

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	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 12/6/2024
Name of Local Government Officer Ruben Solis	Secretary's Of
Office Held	Received ""
Fleet Operations Supervisor	Date 12-23-24
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Diesel Fleet Care	Date 12 - 20
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. VENDOR- Diesel Fleet Care	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 diff Accepted Description of diff	
Date Gift Accepted Description of Gift	
Date Gift Accepted 12/6/2024 Description of Gift Cocoa Caddy Basket (attach additional forms as necessary)	
Signature of Local	Government Officer
Please complete either option below: STEPHANIE PUENTES My Notary ID # 125435224 Worm to and subscribed before me by this the	11th day of December Admin Supervis
to certify which, witness my hand and seal of office. STEPHANIE PUBLIES STEPHANIE PUBLIES	The second secon
ignature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
2) Unsworn Declaration	
ly name is, and my date of birth is	
ly address is,,,	
(street) (city) (state	e) (zip code) (country)
xecuted in day of, on the day of(month)	, 20 (year)

FORM CIS

OR	This questionnaire reflec	ets changes made to the law by H.B.	23, 84th Leg., Regular Session.	OFFICE USE ONLY
Ruben Solis Office Held Fleet Operations Supervisor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Diesel Fleet Care Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- Diesel Fleet Care 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)(8). Date Gift Accepted 12/6/2024 Description of Gift Date Gift Accepted 12/6/2024 Description of Gift Sonowman Candy Jar with \$25 Visa Gift Card Obscription of Gift Snowman Candy Jar with \$25 Visa Gift Card 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 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 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 Please complete either option below: Please complete either option below: The plant of Local Government Officer Please complete either option below: The plant of Local Government Officer Please complete administering oath Title of officer administering oath Title of officer administering oath Title of officer administering oath OR 2) Unsworn Declaration And and my date of birth is And address is (cluy) (state) (zip code) (country)	government officer has	become aware of facts that require	the officer to file this statement	
Diesel Fleet Care Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- Diesel Fleet Care 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 12/6/2024 Description of Gift 2014 Description of Gift 2014 Description of Gift 2015 Descr		ernment Officer	C	ty Secretary's (
Diesel Fleet Care Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- Diesel Fleet Care 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 12/6/2024 Description of Gift 2014 Description of Gift 2026 Descr	Office Held			Received
Diesel Fleet Care Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- Diesel Fleet Care 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 12/6/2024 Description of Gift 300z Yeti Tumbler Date Gift Accepted 12/6/2024 Description of Gift Snowman Candy Jar with \$25 Visa Gift Card (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 applied to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. SIGNATURE Of Local Government Code of this local government Code. SIGNATURE STEPHANIE PUENTES My Notary ID # 125435224 My Notary ID # 1254	Fleet Operations	s Supervisor	44.7.	note 12-23-24
Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- Diesel Fleet Care 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 12/6/2024 Description of Gift 300z Yeti Tumbler Date Gift Accepted 12/6/2024 Description of Gift Snowman Candy Jar with \$25 Visa Gift Card 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 to each family member (as defined by Section 176,001(2), Local Government Code) of this local government officer. 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 Please complete either option below: Please complete either option below: Please complete either option below: Title of officer administering oath	Code		176.003(a), Local Government	also VIII a
Date Gift Accepted 12/6/2024 Description of Gift 30oz Yeti Tumbler Date Gift Accepted 12/6/2024 Description of Gift 30oz Yeti Tumbler Date Gift Accepted 12/6/2024 Description of Gift 30oz Yeti Tumbler Date Gift Accepted 12/6/2024 Description of Gift 30oz Yeti Tumbler Date Gift Accepted 12/6/2024 Description of Gift 30oz Yeti Tumbler Snowman Candy Jar with \$25 Visa Gift Card (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 to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. Signature of Local Government Officer Please complete either option below: Please complete either option below: Please complete either option below: Advantage. Printed name of officer. Advantage. Unsworn Declaration y name is	Description of the na	ature and extent of each employme		ip and each family relationship
Date Gift Accepted 12/6/2024 Description of Gift 20024 Description of				
Date Gift Accepted 12/6/2024 Description of Gift 30oz Yeti Tumbler Date Gift Accepted 12/6/2024 Description of Gift Snowman Candy Jar with \$25 Visa Gift Card (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 applied 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 Officer Please complete either option below: Please complete either option below: Title of officer member (as defined by Section 176.003(a)(2)(B), Local Government Officer Please complete either option below: Title of officer administering oath OR Unsworn Declaration y name is	from vendor named	in item 3 exceeds \$100 during the	e 12-month period described by	/ Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift Snowman Candy Jar with \$25 Visa Gift Card (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 applie 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. Please complete either option below: Please complete either option below: This the Life day of Local Government Officer Please complete either option below: This the Life day of Local Government Officer Please complete either option below: Title of officer administering oath Total order officer administering oath Total order officer administering oath Title of officer option of Gift order officer option below: The property of the option of Gift order option option of Gift order option option option of Gift order option optio	Date Gift Accepted	Description of an	t _ \$25 American Express	Gift Card
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applied 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 Please complete either option below: STEPHANIE PUENTES My Notary ID # 125435224 Worm to and subscribed before me by orm to and subscribed before me by this the Advanced Supervious Title of officer administering oath Title of officer administering oath Printed name of officer administering oath Title of officer administering oath Title of officer administering oath To address is (street) (city) (state) (city) (state) (country) Eccuted in Country, State of On the day of (country)	Date Gift Accepted	12/6/2024 Description of Git		
Signature I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applie 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. Please complete either option below:	Date Gift Accepted _	12/6/2024 Description of Gift	Snowman Candy Jar w	vith \$25 Visa Gift Card
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. 12- 1-34 Signature of Local Government Officer Please complete either option below: Afficient		(attach additiona	al forms as necessary)	
Afficacy if STEPHANIE PUENTES My Notary ID # 125435224 Vorn to and subscribed before me by Ruben Solis this the INP day of December 1 day of December 1 day of December 2 day of December 3 day of December 2 day of December 3	Go		Signature of Local	
My Notary ID # 125435224 Vorm to and subscribed before me by	Attidavit		ioto citilor option poion.	
gnature of officer administering oath Printed name of officer administering oath OR Unsworn Declaration y name is	My Notary STAMEXINES N	ovember 6, 2026	Solis this the 11	yer day of December
OR Unsworn Declaration y name is	2			
OR Unsworn Declaration	Sephanu ne	note Stepha	INIE PUGINTES	Admin Supervi
Unsworn Declaration	nature of officer administeri	ng oath Printed name of offi	cer administering oath	Title of officer administering oat
/ name is, and my date of birth is, / address is, (city) (state) (zip code) (country) ecuted in Country, State of, on the day of, 20	A STATE OF THE STA		OR	
(street) (city) (state) (zip code) (country) recuted in Country, State of, on the day of, 20) Unsworn Declaration	n		
(street) (city) (state) (zip code) (country) ecuted in County, State of, on the day of, 20	name is		and my date of birth is	
(street) (city) (state) (zip code) (country)				
recuted in County, State of, on the day of, 20	. reject.) 572 7 7 2	(street)	(city) (stat	(zip code) (country)
facants)	kecuted in	County, State of	, on the day of(month)	, 20 (year)
			Signature of Local Gove	rnment Officer (Declarant)

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

This is the	effects changes made to the law b	y H.B. 23, 84th Leg., Regular	Session.	OFFICE USE ONLY
government officer	to the appropriate local govern has become aware of facts that i Chapter 176, Local Government	equire the officer to file this:		Date Received 12/6/2024
Name of Local G Ruben Solis	Government Officer		Cita	Secretary's (Received Dete_12/23/24
Office Held				Received
Fleet Operat	ions Supervisor			0, 17/23/24
Name of vendor of Code Diesel Flee	described by Sections 176.001(t Care	7) and 176,003(a), Local Go	vernment	Dete_ PILOLET
	ne nature and extent of each emp	ployment or other business Diesel Fleet Care	relationship	and each family relationsh
	ted by the local government off med in item 3 exceeds \$100 dur			
Date Gift Accep	ted 12/6/2024 Description	of Gift \$25 American	Express	
Date Gift Accep	12/6/2024	S	Charles Table 1 of the Asset	asket
Date Gift Accept	12/6/2024	2 Pi PPO :	Tool Set	
Date ant Accept		Iditional forms as necessary		
		Signa	ture of Local G	overnment Officer
	Please o	omplete either option	below:	
NOTER HAMF/S	STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026	iomplete either option		the day of December
NOTHER MANIF/S worn to ano subscrib to cer	STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 ed before me by tify which, witness my hand and seal of control of the contro	when Solis ffice. EPHANIE PUENTE	this the 1	Admin. Super
worn to and subscrib	STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 ed before me by tify which, witness my hand and seal of control of the contro	uhen SSIS ffice. EPHANIE PUENTE ne of officer administering oath	this the 1	day of December Admin. Superv Title of officer administering on
worn to and subscrib O	STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 ed before me by tify which, witness my hand and seal of contact the contact thas the contact the contact the contact the contact the contact th	when Solis ffice. EPHANIE PUENTE	this the 1	Admin. Super
NOTHER MANIFIS	STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 ed before me by tify which, witness my hand and seal of contact the contact thas the contact the contact the contact the contact the contact th	uhen SSIS ffice. EPHANIE PUENTE ne of officer administering oath	this the 1	Admin. Super
NOTE AND SUBSCIID to certify to certify and ignature of officer administration (2) Unsworn Declars	STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 ed before me by tify which, witness my hand and seal of continuous conti	ffice. EPHANIS PUBLIC THE of officer administering oath OR	this the 1	Admin Superv Title of officer administering of
NOTE AND SUBSCIBLE OF AND SUBSCIBLE OF OFFICER Administrators of officer administration of the control of the c	STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026 ed before me by tify which, witness my hand and seal of contact the contact thas the contact the contact the contact the contact the contact th	ffice. EPHANIS PUBLIC THE of officer administering oath OR	of birth is	Admin Superv Title of officer administering of

FORM CIS

This questionnaire refle	cts changes made to the law by H.B. 2	3, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has	he appropriate local governmental become aware of facts that require tapter 176, Local Government Code.		Date Received 12/6/2024
Name of Local Gove Ruben Solis	ernment Officer	Cit	Secretary's C
Office Held Fleet Operation	s Supervisor	U	Secretary's C Received Data 12/23/24
Name of vendor des Code Diesel Fleet C	cribed by Sections 176.001(7) and 1 are	76.003(a), Local Government	Dats 12 23 124
Description of the n with vendor named	ature and extent of each employment in item 3. VENDOR- Diese		p and each family relationshi
	by the local government officer and I in item 3 exceeds \$100 during the	12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted	12/6/2024 Description of Gift		Gift Card
Date Gift Accepted	Description of Gift	Pink Coffee Cup \$25 Visa Gift Card	
Date Gift Accepted	12/6/2024 Description of Gift	forms as necessary)	
	overnment Code.	Signature of Local	Government Officer
	Please comple	ete either option below:	
My Note	HANIE PUENTES ary ID # 125435224 November 6, 2026 Defore me by	Soh's this the 1	He day of December
20 34, to certify y	hich, witness my hand and seal of office.	NE GIANTE	Admin Super
Signature of officer administeri			Title of officer administering oat
		OR	
2) Unsworn Declaratio	n		
My name is		, and my date of birth is	
My address is			
Eventual in	(street)	(city) (state	z) (zip code) (country)
Executed in	County, State of	, on the day of(month)	, 20 (year)
		Signature of Local Gover	rnment Officer (Declarant)

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

This questionnaire reflect	ts changes made to the law by H.B.	. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer has	e appropriate local governmenta become aware of facts that require pter 176, Local Government Code	e the officer to file this statement	Date Received 12/6/2024
Name of Local Gove Ruben Solis	rnment Officer	Cut	u Secretary's C
Office Held Fleet Operations	Supprisor		y Secretary's C Reselved Date_12/23/24
	ribed by Sections 176.001(7) and	d 176.003(a), Local Government	Date 12/23/24
Description of the na with vendor named i		nent or other business relationshi sel Fleet Care	p and each family relationship
List gifts accepted by from vendor named	by the local government officer a in item 3 exceeds \$100 during the	and any family member, if aggreg ne 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted _		ift Mini Marshmallow Bask	ket with Coffee Cups
Date Gift Accepted _		ift	
Date Gift Accepted _		nal forms as necessary)	
Go	vernment Code.	rs the 12-month period described by Sec Signature of Local plete either option below:	
Expires No NOTARY STAMP/SEAL	Du barr 5	solis this the	He day of December
24	high, witness my hand and seal of office.	INIE PUBLIES	Admin Supervision
ignature of officer administering		fficer administering cath	Title of officer administering oats
2) Unsworn Declaration	1	OR	1
ly name is		, and my date of birth is	
Ny address is			
executed in	(street) County, State of		, 20
		(month)	(year)
		Signature of Local Govern	rnment Officer (Declarant)

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

overnment officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code. Name of Local Government Officer Ruben Solis Office Held Fleet Operation Supervisor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Southern Tire Mart Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. VENDOR- TIRE SHOP 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 12/5/2024 Description of Gift MAGELLAN ICE CHEST 65QT Date Gift Accepted 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift BLUETHOOTH SPEAKER (attach additional forms a necessary) SIGNATURE I swear under penalty of perjury that the above stateinshmis-give and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(a), Local Government Code) of this local government officer. Please complete either option below: Afficiarity Services November 6, 2026 Figure 10 and subscribed before me by Service 10 and subscribed by Government Officer administering oath Title of oath Title of oath	This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
Ruben Solis Office Held Fleet Operation Supervisor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Southern Tire Mart Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. VENDOR-TIRE SHOP 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 12/5/2024 Description of Gift 29 Description of Gift 29 Description of Gift 30 PARTY BALL BBQ PITS BLUETHOOTH SPEAKER (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statements to each family member (as defined by Section 176.001(a), Local Government Code) of this local government officer. also acknowledge that this statement covers the 12-month period described by Station 176.003(a)(2)(B), Local Government Code). Please complete either option below: Affidate: STEPHANIE PUENTES Wy Notary D # 125435224 Notary Description of Gift 29 Description of G	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.	1777 AMEMBER 1
Office Held Fleet Operation Supervisor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Southern Tire Mart Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. VENDOR- TIRE SHOP 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 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift BLUETHOOTH SPEAKER (altach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statements give and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code. SIGNATURE I swear under penalty of perjury that the above statements give and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code. SIGNATURE I swear under penalty of perjury that the above statements give and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a) (2)(B), Local Government Code. SIGNATURE I swear under penalty of perjury that the above statement period described by Section 176.003(a) (2)(B), Local Government Code. SIGNATURE I swear under penalty of perjury that the above statement period described by Section 176.003(a) (2)(B), Local Government Code. SIGNATURE I swear under penalty of perjury that the above statement period described by Section 176.003(a) (2)(B), Local Government Code. SIGNATURE I skear under penalty of perjury that the above statement period described by Section 176.003(a) (2)(B), Local Government Code. SIGNATURE I skear under penalty of perjury that the above statement period described by Section 176.003(a) (2)(B), Local Government Code.	Name of Local Government Officer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Southern Tire Mart	Ruben Solis	0 , 10
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Southern Tire Mart Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. VENDOR- TIRE SHOP 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 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift 3 BLUETHOOTH SPEAKER (altach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statements give and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.0012), Local Government Code. SIGNATURE Government Code. SIGNATURE I swear under penalty of perjury that the above statements give and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below: Afficiary is the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer Please complete either option below: Afficiary is the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer administering oath Signature of Local Government Officer Please complete either option below: Afficiary is the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer administering oath Signature of Local Government Officer administering oath Title of officer administering oath Title of officer administering oath OR Unsworn Declaration County, State of on the day of 20	Office Held	der- mis U
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Southern Tire Mart Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. VENDOR- TIRE SHOP 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 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift 3 BLUETHOOTH SPEAKER (altach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statements give and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.0012), Local Government Code. SIGNATURE Government Code. SIGNATURE I swear under penalty of perjury that the above statements give and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below: Afficiary is the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer Please complete either option below: Afficiary is the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer administering oath Signature of Local Government Officer Please complete either option below: Afficiary is the statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Officer administering oath Signature of Local Government Officer administering oath Title of officer administering oath Title of officer administering oath OR Unsworn Declaration County, State of on the day of 20	Fleet Operation Supervisor	of without
Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. VENDOR-TIRE SHOP 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 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift BLUETHOOTH SPEAKER (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement-is rue 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 Officer Please complete either option below: Affidavit: STEPHANIE PUENTES My Notary ID # 125435224 NOTARY STAMP / SEptes November 6, 2028 Finded name of officer administering oath Title of officer administering oath Original Country (city) (city) (state) (zip code) (country) sected in Country State of country State of country on the day of 20 country)	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	Date 12/23/24
with vendor named in item 3. VENDOR- TIRE SHOP List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted movernor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted	Southern Tire Mart	
Date Gift Accepted 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift 3 PARTY BALL BBQ PITS Date Gift Accepted 12/5/2024 Description of Gift BLUETHOOTH SPEAKER (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement-is rue 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. Please complete either option below: Affidavit: STEPHANIE PUENTES My Notary ID # 125433524 NOTAR STEPHANIE PUENTES My Notary ID # 125433524 NOTAR STEPHANIE PUENTES Adv. STEPHANI	with vendor named in item 3. VENDOR- TIRE SHOP	
Date Gift Accepted 12/5/2024 Description of Gift BLUETHOOTH SPEAKER (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statements rue 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. STEPHANIE PUENTES My Notary ID # 125435224 NOTARY STEPHANIE PUENTES My notary ID # 125435224 MY notary ID # 125435224 NOTARY STEPHANIE PUENTES My notary ID # 125435224 MY notary ID #	from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted 12/5/2024 Description of Gift (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is rue 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. Signature of Local Government Officer Please complete either option below: STEPHANIE PUENTES My Notary ID # 125435224 NOTARY STAMP / STAYES November 6, 2026 NOTARY STAYER STAYES November 6, 2026 Title of officer administering oath Printed name of officer administering oath Printed name of officer administering oath Title of officer administering oath County, State of on the day of 20	12/5/2024	
SIGNATURE I swear under penalty of perjury that the above statements 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. Signature of Local Government Officer Please complete either option below: STEPHANIE PUENTES My Notary ID # 125435224 NOTARY STAMP / EXPLES November 6, 2026 From to and subscribed before me by Kubus Solus this the Stady of December of the control of the state of the control o	DI UETUOOTU SPEAK	(ER
Signature I swear under penalty of perjury that the above statement is true and correct. 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. Signature of Local Government Officer	Date Gitt Accepted 12/3/2024 Description of Gitt	
Please complete either option below: Afficiant STEPHANIE PUENTES My Notary ID # 125435224 NOTAR STAMP / STAMP	10-	FU TV IV
Affidavit STEPHANIE PUENTES My Notary ID # 125435224 NOTAR STEPHANIE PUENTES Norm to and subscribed before me by Ruber Solis this the Stay of December of December of the stay of December of the stay of December of December of the stay of December of December of the stay of December of December of December of the stay of December	Signature of Local	Government Officer
My Notary ID # 125435224 NOTARY STAMP / STAMP	Please complete either option below:	
Admin. Super VI Sunture of officer administering oath Printed name of officer administering oath OR Unsworn Declaration name is	My Notary ID # 125435224 NOTARY STAMP / SExpires November 6, 2026	-14
OR Unsworn Declaration name is	worn to and subscribed before me by Kuben Solis this the	day of December
OR Unsworn Declaration name is	o, to certify which, witness my hand and seal of office.	
Printed name of officer administering oath OR Unsworn Declaration name is	Stephanie hents STEPHANIE PUENTES	Admin. Supervisor
name is, and my date of birth is, address is, (city) (state) (zip code) (country) ecuted in County, State of on the day of .20		Title of officer administering oath
name is, and my date of birth is, address is, (city) (state) (zip code) (country) ecuted in County, State of on the day of .20	OR	
(street) (city) (state) (zip code) (country)	Unsworn Declaration	
(street) (city) (state) (zip code) (country)		
(street) (city) (state) (zip code) (country)		
ecuted in County. State of on the day of .20	CONTRACTOR	a) (zin code) (country)
(month) (year)		
	(month)	(year)

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

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 12/10/2024
Name of Local Government Officer Ruben Solis	
Office Held	My Secret
Fleet Operations Supervisor	0 000000
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Mobile Services LLC	ty Secretary's (Received Date 12/23/24
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. VENDOR- Mobile Services LLC	
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 Accepted12/10/2024 Description of Gift\$50 Visa Gift Card	ate value of the gifts accepted Section 176.003(a)(2)(B).
12/10/2024	
Description of Giff Description of Giff	
Date Gift Accepted 12/10/2024 Description of Gift \$50 Visa Gift Card (attach additional forms as necessary)	
Government Code. Signature of Local	
Please complete either option below:	
STEPHANIE PUENTES My Notary ID # 125435224 Worn to and subscribed before me by this the	the day of December.
to certify, which, witness my hand and seal of office.	Admin Supervi
gnature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR OR	
) Unsworn Declaration	
/ name is, and my date of birth is	
address is	
(street) (city) (state	(zip code) (country)
cecuted in County, State of, on the day of(month)	, 20 (year)
Signature of Local Govern	ment Officer (Declarant)

FORM CIS

	flects changes made to				OFFICE	ISE ONLY
government officer h	o the appropriate loca has become aware of fa Chapter 176, Local Gov	acts that require t			Date Received 12/10/202	4
Name of Local G	overnment Officer			ne		wham is a
Office Held					$y \rightarrow \varepsilon c \tau$	etary's (Ruivid
	ons Supervisor					And the second
	escribed by Sections	176 001(7) and 1	76 003(a) Local Gov	ernment	Dote 12	123/24
Code Mobile Ser		770.001(77 and 1	70.000(a), E00ai G0V	remment		
	e nature and extent of	each employmen	t or other business r	elationship	and each fami	ly relationship
with vendor nam		ENDOR- Mob	ile Services LLC			
from vendor nam Date Gift Accepte	ed by the local govern led in item 3 exceeds ed 12/10/2024 De	\$100 during the	any family member 12-month period des \$50 Visa Gift Ca	scribed by S	e value of the ection 176,00	gifts accepted 3(a)(2)(B).
Date Gift Accepte	AND A PERSON OF THE PERSON OF		\$50 Visa Gift Ca			
	12/10/2024		\$50 Visa Gift Ca	ard		
Date Gift Accepte	u Des	cription of Gift	forms as necessary)	91.9		
	Government Code.		Sionali	12-13-24 Ire of Local Go	overnment Office	
My No OTARY STAMP SE	PHANIE PUENTES stary ID # 125435224 ss November 6, 2026	Please comple	te either option		a. T	o comber
Sworn to and subscribe	y which, witness my hand a			this the 13	day of	Supervi
Le phano	1	STEPHANIE	PUINTES		Admin	Suponil
ignature of officer adminis	3. 11. 17. 19. 19. 19	Printed name of office	A STATE OF THE PARTY OF THE PAR			administering oath
THE STATE	-100	G	OR .	100000		TE STATE
2) Unsworn Declara	tion					
ly name is			, and my date of	f birth is		
Ny address is						
	(street)		(city)	(state)	(zip code)	(country)
xecuted in	County, State	of	, on the day of	(month)	, 20 (year)	
			Signature of	Local Governm	nent Officer (Decl	arant)
			THE VIEW OF THE PARTY OF THE PA			

FORM CIS

This questionnaire ref	ects changes made to the law	by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer h		nmental entity that the following loca t require the officer to file this statemen nt Code.	
Name of Local Go Ruben Solis	vernment Officer	Citi	Secretary's Off
Office Held		-	Reseived
Fleet Operation	ons Supervisor		Socia 12/23/24
Name of vendor de Code Mobile Serv		(7) and 176.003(a), Local Governmen	Pars 1.231.29
Description of the with vendor name	d in item 3.	nployment or other business relations PR- Mobile Services LLC	hip and each family relationship
	ed in item 3 exceeds \$100 du	fficer and any family member, if aggr uring the 12-month period described on of Gift _\$50 Visa Gift Card	
		on of Gift \$50 Master Card Gift	Card
Date Gift Accepte	12/10/2024	\$100 Visa Gift Card	The second secon
Date Gift Accepted		additional forms as necessary)	
	also acknowledge that this stateme Government Code.		Section 176.003(a)(2)(B), Local 1-11-3-4 al Government Officer
NOTARY STAMP / SEP worn to and subscribed	EPHANIE PUENTES Notary ID # 125435224 ires November 6, 2026 before me by Ruber which, witness my hand and seal of	complete either option below: N Solis this the	1He day of <u>December</u>
Lephane		EPHANIE PUBLICS	Hernin, System
gnature of officer administ	aring dath Printed na	ame of officer administering oath OR	Title of officer administering oath
) Unsworn Declarat	ion	OK .	
y name is		, and my date of birth is	
address is		A STATE OF S	
	(street)	(city) (st	ate) (zip code) (country)
ecuted in	County, State of	, on the day of(month)	, 20 (year)

FORM CIS

This questionnaire ref	lects changes made to the law	by H.B. 23, 84th Leg	g., Regular Session	OFFICE	USE ONLY
government officer h	the appropriate local gover as become aware of facts tha hapter 176, Local Governme	t require the officer		Date Received	4
Name of Local Go Ruben Solis	vernment Officer		(Thy Secr	storu's (
2 Office Held	lana ()			de	easived 2
	ions Supervisor			Data 12	123/24
Code	escribed by Sections 176,00° Tire Service	1(7) and 176.003(a)	, Local Governme	ont	2129
	nature and extent of each er	mployment or other		nship and each fan	nily relationship
from vendor nam	d by the local government of the distribution		period described	by Section 176.0	
		on of Gift			
Date Gift Accepte	d Description	The State of the S	CONTRACTOR AND THE PARTY OF THE		
6 SIGNATURE	(attach I swear under penalty of perjury th	additional forms as	A STATE OF THE PARTY OF THE PAR		
	to each family member (as defined also acknowledge that this statem Government Code,		h period described by		(B), Local
(1) A Field MV N	otary ID # 125435224 es November 6, 2026	complete eithe	er option belov		
Sworn to and subscribed	O. h.	, 80 his	this the	I He day of I	December
	which, witness my hand and seal of		- 905	Adn	december in Superns
Signature of officer administ	lents ST	EPHANIE PU			er administering oath
Signature of officer administ	ering dath Printed n	ame of officer administer	ing oath	Title of office	er administering oath
(2) Unawara Daalarat	ion	OR			
(2) Unsworn Declarat	ion				
My name is		, a	nd my date of birth is		
My address is					-
	(street)		(city)	(state) (zip code)	(country)
Executed in	County, State of	, on the	day of(mont	h) 20	-0.
		-	Signature of Local G	overnment Officer (De	eclarant)
and the second s	MADE AND ADDRESS OF THE STATE O	The section of the section of	ALCO A CONTRACT OF THE PARTY OF		

FORM CIS

This questionnaire re	flects changes made to	the law by H.B. 2	3, 84th Leg.	, Regular Sess	ion.	OFFICE	JSE ONLY
government officer h	o the appropriate local las become aware of l Chapter 176, Local Go	acts that require t				Date Received 12/11/202	4
Name of Local Go Ruben Solis	overnment Officer				CH	y Secr	stanj's C
2 Office Held	THE STREET					4	a citted
Fleet Operation	ons Supervisor					Date 12	B/24
3 Name of vendor de Code		176.001(7) and 1	76.003(a),	Local Govern	ment		
J's Hydraulics			3.500 by	Control			2.1.2.2.2.2.2.2.2
4 Description of the with vendor name	e nature and extent of ed in item 3. VEND	each employmer OR- J's Hydrai		ousiness rela	tionship a	and each fami	ly relationship
	d by the local gover ed in item 3 exceeds						
Date Gift Accepte	d 12/11/2024 D	escription of Gift	Member	's Mark Inf	rared To	ower Heate	r
Date Gift Accepte	d 12/11/2024 D	escription of Gift	LG 55"	Smart TV			
Date Gift Accepte	d 12/11/2024 De	scription of Gift	Samsun	g 50" Sma	rt TV		
para antituopio		(attach additional					
	Government Code,			Signature of		-11-24 vernment Office	r
(1) Affidavi	Notary ID # 125435224 lires November 6, 2026	Please comple		option be			
Sworn to and subscribed	before me by	uben So	lis	this	the 1He	day of	recember
ALL	hich, witness my hand a					_ 00, 01	vecember.
Stephanu	hents	STEPHAN	IE Puc	ENTES		Admin.	Supernson
Signature of officer administ	ering oath	Printed name of office	The second second second second	1 T LW. 11		Title of officer	administering oath
		(OR				
(2) Unsworn Declarat	ion						
My name is			and	my date of bird	h is		
My address is				7 7212 31 0111			
	(street)	3.2.30		(city)	(state)	(zip code)	(country)
Executed in	County, State	of	, on the	day of	onth)	, 20 (year)	
			S	ignature of Loca	al Governm	ent Officer (Dec	larant)

FORM CIS

This questionnaire refle	cts changes made to	the law by H.B. 2	3, 84th Leg., Regular Session.	OFFICE USE ONLY
	s become aware of f	acts that require t	entity that the following local he officer to file this statement	Date Received 12/11/2024
1 Name of Local Gov				
Ruben Solis				Per C ,
2 Office Held				ay Occretary's
Fleet Operation	ns Supervisor		La Carlo de la Car	Necetord
Code		176.001(7) and 1	76.003(a), Local Government	Pity Szcretary's Received Date 12/23/24
J's Hydraulics II				
4 Description of the r with vendor named	in item 3.	each employmer OR- J's Hydrai	nt or other business relationshi ulics	p and each family relationship
from vendor name	d in item 3 exceeds	\$100 during the	d any family member, if aggreg 12-month period described by Ninja Coffee Marker	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted				
Date Gift Accepted	12/11/2024 D	escription of Gift	Ninja Blender	
Date Gift Accepted			Ninja Food Grill forms as necessary)	
	overnment Code.	Please comple		リース以 Government Officer
err Apar Strami Mystkota Expires	IANIE PUENTES ry ID # 125435224 November 6, 2026	Ruhen	Car	He day of December
20 94 to certify	which, witness my hand a		100	10.
Liphanie	MINTE	STEPHAN	JIE PLENTS	Admin. Supervi
Signature of officer administer	ing oath	Printed name of office	er administering oath	Title of officer administering oath
			DR	
(2) Unsworn Declaration	on			
My name is			, and my date of birth is	
My address is				
N. S. CONTRACTOR IN	(street)		(city) (state	(zip code) (country)
Executed in	County, State	of	, on the day of(month)	, 20 (year)
			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.	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 12/11/2024
Name of Local Government Officer	
Ruben Solis	0 100
2 Office Held	Dear thry's Off
Fleet Operations Supervisor	Marind "
	pats 12/23/24
J's Hydraulics INC.	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. VENDOR- J's Hydraulics	p and each family relationship
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted 12/11/2024 Description of Gift Bushnell 24 Can Backpt	Section 176.003(a)(2)(B).
Date Gift Accepted 12/11/2024 Description of Gift 5- \$50 Gift Cards	
Date Gift Accepted 12/11/2024 Description of Gift 2-\$25 Gift Cards	
(attach additional forms as necessary)	
	·II-a식 Government Officer
Please complete either option below:	
STEPHANIE PUENTES STEPHANIE PUENTES Expires November 6, 2026 Sworm to and subscribed before me by this the 11 The property which, witness my hand and seal of office. The property which witness my hand and seal of office.	Admin Superus
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	(country)
Executed in County, State of , on the day of (month)	20
Signature of Local Gover	nment Officer (Declarant)

(Instructions for completing and filing this form are pro	ovided on the next page.)
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
Name of Local Government Officer	My Secretary's
Ruben Solis	Cly Secretary's Received
Office Held	1 2 2 4
Fleet Operations Supervisor	The state of the s
Name of vendor described by Sections 176.001(7) and 176.003(a), Locode Rush Truck Center	ocal Government
Description of the nature and extent of each employment or other but with vendor named in item 3. VENDOR- Rush Truck Center	
List gifts accepted by the local government officer and any family from vendor named in item 3 exceeds \$100 during the 12-month pe	member, if aggregate value of the gifts accepted eriod described by Section 176.003(a)(2)(B).
Date Gift Accepted 12/10/2024 Description of Gift Tote Bag	Sport Cooler
Date Gift Accepted 12/10/2024 Description of Gift 24-Rush	Truck Center Caps
Date Gift Accepted 12/10/2024 Description of Gift	
(attach additional forms as neo	pessary)
Government Code.	Signature of Local Government Officer
STEPHANIE PUENTES Please complete either of My Notary ID # 125435224 Expires November 6, 2026	option below:
worn to and subscribed before me by	this the 1 HR day of December
to certify which, witness my hand and seal of office. STEPHANE PUt That the of officer administering of officer adminis	ath Title of officer administering oath
OR	am The of officer administering oath
Unsworn Declaration	
name is, and m	ny date of birth is
address is	* 778 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	(city) (state) (zip code) (country)
ecuted in, on the, on the	day of, 20 (year)
Sigr	nature of Local Government Officer (Declarant)
TO THE A REPORT WAY A SIDE OF THE PROPERTY OF	

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

(instructions for completing and ming the	s form are provided on the next p	age.)
This questionnaire reflects changes made to the law by H.B. 2	3, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental of government officer has become aware of facts that require to accordance with Chapter 176, Local Government Code.	the officer to file this statement	Date Received
Name of Local Government Officer Ruben Solis	C	by Secretary's Received Date 12/23/24
Office Held		Kecelved
Fleet Operations Supervisor		a. 12/23/24
Name of vendor described by Sections 176,001(7) and 1 Code	76.003(a), Local Government	Date
Capital Towing LLC		
Description of the nature and extent of each employmen with vendor named in item 3. VENDOR- Capital		p and each family relationship
List gifts accepted by the local government officer and	l any family member, if aggreg	ate 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 12/11/2024 Description of Gift	11- Stanley Cups	
Date Gift Accepted 12/11/2024 Description of Gift		
Date Gift Accepted 12/11/2024 Description of Gift	A AND THE STATE OF ST	
	forms as necessary)	
Government Code.	Signature of Local C	12-11-24
	Signature of Local C	advernment Officer
STEPHANIE PUENTES My Notary ID # 125435224 Expires November 6, 2026	te either option below:	
orn to and subscribed before me by Ruhen S	this the 1	He day of December
to certify which, witness my hand and seal of office.		
ephaniements STEPHANIE	PLENTES	Admin. Superur
nurd of officer administering oath Printed name of officer		Title of officer administering oath
0	R	
Jnsworn Declaration		
ame is	, and my date of birth is	
ddress is	, and my date of billi is	
(street)	(city) (state)	(zip code) (country)
	on the day of(month)	, 20 (year)
	Signature of Local Govern	ment Officer (Declarant)
A PLANTAGE OF THE STATE OF THE		

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided or

vere	Selected and research and the			4.0		2
			, 84th Leg., Regular Sess		OFFICE	USE ONLY
government officer	to the appropriate I has become aware Chapter 176, Local	of facts that require the	entity that the following ne officer to file this state	local ement	Date Received	
	Sovernment Officer	dovernment Code.			12/11/20	24
Ruben Solis	A commente atea.			- 10	-	20
Office Held				di	by Sec	reliantly &
Fleet Operat	ions Supervisor			Control	B	Missional
Name of vendor of Code	described by Section	ns 176.001(7) and 17	76.003(a), Local Govern	nment	Date 12	123124
Stewart &	P. 111 3. 3. 111 12 3. 14.		Land to the same			
Description of the with vendor nan	ned in item 3.	of each employmen IDOR- Stewart S	t or other business rela tevenson	tionship a	and each fami	ly relationshi
List gifts accept	ed by the local gov	ernment officer and	any family member, if	aggregat	e value of the	gifts accepte
from vendor nar	ned in item 3 excee	ds \$100 during the 1	2-month period descri	bed by Se	ection 176.00	3(a)(2)(B).
Date Gift Accept	ed 12/11/2024	Description of Gift	8-\$25 Gift Cards			
Date Gift Accept	ed					
Data Citt Assess						
Date Gift Accept	l be	Description of Gift				
SIGNATURE	I swear under penalty to each family membe also acknowledge that	(attach additional f of perjury that the above r (as defined by Section	orms as necessary) statement is true and correct 176.001(2), Local Government e 12-month period described	ct, I acknow ent Code) c	ledge that the d	rnment officer.
	I swear under penalty to each family membe	(attach additional f of perjury that the above r (as defined by Section	orms as necessary) statement is true and correc 176.001(2), Local Government	ct, I acknow ent Code) c	eledge that the door this local gove	rnment officer.
	I swear under penalty to each family membe also acknowledge that	(attach additional f of perjury that the above r (as defined by Section	orms as necessary) statement is true and correct 176.001(2), Local Government e 12-month period described	ct, I acknow ent Code) of by Section	vledge that the door this local gove	ernment officer. 3), Local
	I swear under penalty to each family membe also acknowledge that	(attach additional f of perjury that the above r (as defined by Section this statement covers th	orms as necessary) statement is true and correct 176.001(2), Local Government e 12-month period described	ct, I acknow ent Code) of d by Section 2-11- of Local Go	vledge that the dof this local gove in 176.003(a)(2)(E	ernment officer. 3), Local
A fidavit ST My NUT STAMP (SE	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 if es November 6, 2026 d before me by	(attach additional for perjury that the above representation (as defined by Section this statement covers the stat	statement is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option bel	ct, I acknow ent Code) of d by Section 2-11- of Local Go	viedge that the doff this local gove in 176,003(a)(2)(E -24 vernment Officer	ernment officer. 3), Local
SIGNATURE My No Talk My orn to and subscribe to certi	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 iftes November 6, 2026 d before me by	(attach additional for perjury that the above reason (as defined by Section this statement covers the statement co	statement is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below.	ct, I acknow ent Code) of d by Section 2-11- of Local Go	viedge that the doff this local gove in 176,003(a)(2)(E -24 vernment Officer	emment officer.
SIGNATURE Affidavit ST My No Table A My orn to and subscribe To certify the company of the company of the certify of the certify of the certify of the certify of the certification of the certif	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 iffes November 6, 2026 d before me by fy which, witness my har	(attach additional for perjury that the above reason defined by Section this statement covers the statement covers	statement is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below. Wie Putates	ct, I acknow ent Code) of d by Section 2-11- of Local Go	dedge that the dof this local gove in 176,003(a)(2)(E-24) vernment Officer day of	emment officer. B), Local
SIGNATURE A fidavit ST My NUTAMP (SE orn to and subscribe to certify	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 iffes November 6, 2026 d before me by fy which, witness my har	(attach additional for perjury that the above reas defined by Section this statement covers the statement covers t	statement is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below. The Public administering oath	ct, I acknow ent Code) of d by Section 2-11- of Local Go	dedge that the dof this local gove in 176,003(a)(2)(E-24) vernment Officer day of	emment officer. B), Local
Affidavit ST My My Corn to and subscribe to certification of officer adminis	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 ines November 6, 2026 d before me by ty which, witness my han tering oath	(attach additional for perjury that the above reason defined by Section this statement covers the statement covers	statement is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below. The Public administering oath	ct, I acknow ent Code) of d by Section 2-11- of Local Go	dedge that the dof this local gove in 176,003(a)(2)(E-24) vernment Officer day of	emment officer. B), Local
Affidavit ST My My MP ST MP ST TO CERTIFICATION OF THE ST TO CERTIFICATION	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 ines November 6, 2026 d before me by ty which, witness my han tering oath	(attach additional for perjury that the above reas defined by Section this statement covers the statement covers t	statement is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below. The Public administering oath	ct, I acknow ent Code) of d by Section 2-11- of Local Go	dedge that the dof this local gove in 176,003(a)(2)(E-24) vernment Officer day of	emment officer. B), Local
Affidavit ST My My Drn to and subscribe to certical to	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 ines November 6, 2026 d before me by ty which, witness my han tering oath	(attach additional for perjury that the above reas defined by Section this statement covers the statement covers t	statement is true and correct 176.001(2), Local Government is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below the either option below the public public administering oath	ct, I acknow ent Code) of d by Section 12-11- of Local Good	dedge that the dof this local gove in 176,003(a)(2)(E-24) vernment Officer day of	emment officer. B), Local
SIGNATURE Affidavit My My Orn to and subscribe The certification of officer administration	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 ines November 6, 2026 d before me by ty which, witness my han tering oath	(attach additional for perjury that the above reas defined by Section this statement covers the statement covers t	statement is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below. The Public administering oath	ct, I acknow ent Code) of d by Section 12-11- of Local Good	dedge that the dof this local gove in 176,003(a)(2)(E-24) vernment Officer day of	emment officer. B), Local
A fidavit ST My My Orn to and subscribe to certifications.	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 ines November 6, 2026 d before me by ty which, witness my han tering oath	(attach additional for perjury that the above reas defined by Section this statement covers the statement covers t	statement is true and correct 176.001(2), Local Government is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below the either option below the public public administering oath	ct, I acknow ent Code) of d by Section 12-11- of Local Good	dedge that the dof this local gove in 176,003(a)(2)(E-24) vernment Officer day of	emment officer.
SIGNATURE A fidavit My Number of officer administrature of officer administration Unsworn Declaration	I swear under penalty to each family membe also acknowledge that Government Code. TEPHANIE PUENTES Notary ID # 125435224 iffes November 6, 2026 d before me by fy which, witness my har tering oath	(attach additional for perjury that the above reason (as defined by Section this statement covers the statement co	statement is true and correct 176.001(2), Local Government is true and correct 176.001(2), Local Government is 12-month period described Signature of the either option below the either option below the either option below is administering oath is and my date of birth (city) on the day of	ct, I acknowent Code) of by Section I 2-II-of Local Gordon:	day of	emment officer. Blue Superior of the second

FORM CIS

This questionnaire re	eflects changes made to	the law by H.B. 23	3, 84th Leg.	, Regular Session.	OFFICE USE	ONLY
government officer	o the appropriate loca has become aware of f Chapter 176, Local Go	acts that require t				
Name of Local G Ruben Solis	overnment Officer					
Office Held				(ity Secretar	11's (5
Fleet Operati	ons Supervisor				Reneline	7-
Code	lescribed by Sections	176.001(7) and 1	76.003(a),	Local Governme	ity Secretor Received Date 12/23/29	/
All playing the hard of	ipment Pros		446		ahin and anah familia sal	ation abin
Description of the with vendor name	ed in item 3.	NDOR- RMS			iship and each family rel	ationship
					regate value of the gifts	
from vendor nar				100	•	2)(6).
Date Gift Accept		escription of Gift				
Date Gift Accept	ed 12/6/2024 D	escription of Gift	2- 7 Pie	ce Car Wash	Kit	
Date Gift Accepte	12/6/2024	scription of Gift		Grilling Set	~ ~~~	
4.00		(attach additional	forms as r	ecessary)		
The state of the s	TEPHANIE PUENTES	Please comple	ete eithe		ocal Government Officer	
NOTARY STAMP/SE	pires November 6, 2026	1			110	
	ed before me by	Ruben S	solis	this the	1Ha day of Deca	ember
20 24 , to cert	fy which, witness my hand a	and seal of office.	n L		Admin.	
Stephane	hents	STEPHA	NIE PU	5NTGS	Admin.	Super
ignature of officer admin	stering oath	Printed name of office	r administerir	g oath	Title of officer admin	istering oath
			OR			
2) Unsworn Declara	tion					
Av name is			. an	d my date of birth is		
My address is			, , ,	2.024.000000000000000000000000000000000		
r promotocando ((street)			(city) (state) (zip code) (cou	intry)
Executed in	County, State	of	, on the	day of(monti	, 20 (year)	
				tilotta	(7555)	
				Signature of Local G	overnment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Le	g., Regular Session. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity the government officer has become aware of facts that require the officer in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer Ruben Solis	City Secretary's C
Office Held	Reactived
Fleet Operations Supervisor	Date 12/23/24
Name of vendor described by Sections 176.001(7) and 176.003(a Code), Local Government
RMS & Equipment Pros	
Description of the nature and extent of each employment or othe with vendor named in item 3. VENDOR- RMS & Equip	
List gifts accepted by the local government officer and any fam	
from vendor named in item 3 exceeds \$100 during the 12-month	n period described by Section 176.003(a)(2)(B).
Date Gill Accepted Describition of Gill	gic Bullet Blender
Date Gift Accepted 12/6/2024 Description of Gift 2- Oza	ark Trail Tabletop Stove
	Knives Set
(attach additional forms as	nanassan/\
	Signature of Local Government Officer
Please complete eith	er option below:
My Notary ID # 125435224 NOTARY STAMP Expires November 6, 2026	i He T
	this the day of December
to certify which, witness my hand and seal of office.	Admin Surew
gnature of lofficer administering cath Printed name of officer administer	
OR	
t) Unsworn Declaration	
y name is, a	and my date of birth is
y address is,	
(street)	(city) (state) (zip code) (country)
xecuted in county, State of , on the _	day of, 20 (month) (year)
	Signature of Local Government Officer (Declarant)
	Cignature of Local Government Officer (Declaratil)

This is the notice to the appropriate local governmental entity that the following local	OFFICE USE ONLY
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 12/6/2024
Name of Local Government Officer Ruben Solis	
Office Held Fleet Operations Supervisor	y Secretary's C
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code RMS & Equipment Pros	y Secretary's (Restord Details 12/13/14
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. VENDOR- RMS & Equipment Pros	
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 12/6/2024 Description of Gift Kershaw Knives Set 3 F	iece
Date Gift Accepted 12/6/2024 Description of Gift 2- SLM 30oz Cups	
Date Gift Accepted 12/6/2024 Description of Gift 2- Ozark 64oz Jug (attach additional forms as necessary)	
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 Sec	e) of this local government officer. ction 176.003(a)(2)(B), Local
Government Code.	
Signature of Local	Government Officer
Please complete either option below:	
STEPHANIE PUENTES STAM Mys Volgry ID # 125435224 Expires November 6, 2026	yer day of December
STEPHANIE PUENTES STEPHANIE PUENTES Expires November 6, 2026 Sworn to and subscribed before me by this the	
STEPHANIE PUENTES STEPHANIE PUENTES Expires November 6, 2026 Sworn to and subscribed before me by to certify which, witness my hand and seal of office. STEPHANIE PUENTES this the	
STEPHANIE PUENTES Expires November 6, 2026 Sworn to and subscribed before me by to certify which, witness my hand and seal of office. STEPHANIE PUENTES this the STEPHANIE PUENTES	Admin-Superus
STEPHANIE PUENTES Expires November 6, 2026 Admin-Superus	
STEPHANIE PUENTES Expires November 6, 2026 Admin Superior Title of officer administering oa	
STEPHANIE PUENTES Expires November 6, 2026 Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Signature of officer administering oath OR (2) Unsworn Declaration My name is	Admin - Superior
STEPHANIE PUENTES Expires November 6, 2026 Sworn to and subscribed before me by this the	Admin - Superior

FORM CIS

This questionnaire refle						OFFICE US	EONLY
This is the notice to government officer ha n accordance with Ch	s become aware of f	acts that require th	ntity that the ne officer to fil	following lo e this statem	ent	Received 2/6/2024	
Name of Local Gov Ruben Solis	vernment Officer			6	City .	Secreta Recet	aru's O
Office Held	Tradition .					Reast	oed
Fleet Operation	The Control of the Co				2	12/2	121
Name of vendor des Code RMS & Equip		176.001(7) and 17	76.003(a), Lo	cal Governm	nent	. 120	31 C]
	nature and extent of d in item 3.	each employmen			onship an	d each family	relationship
from vendor name	by the local governed in item 3 exceeds	\$100 during the	12-month per	riod describe	ed by Sec	tion 176.003(a	ifts accepted a)(2)(B).
Date Gift Accepted		escription of Gift			on Crait i	NIC .	
Date Gift Accepted	40/6/2024	escription of Gift			oo Make	r	
Date Gift Accepted	12/6/2024 De	scription of Gift (attach additional		Serve Coffe	ee wane	10	
	Government Code.	Please comple	ete either o	Lucia de L		rnment Officer	
My No	PHANIE PUENTES otary ID # 125435224 des November 6, 2026 pefore me by	Ruhen		this th	1 1400	day of De	cember.
to certify	which, witness my hand	and seal of office.	IE PUG	NTB		Admin.	Superus
gnature of officer administr	ering oath	Printed name of office	AND	ath		Title of officer ad	lministering oath
			OR				
2) Unsworn Declarati	on						
y name is			, and r	ny date of birth	ı is		
y address is							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Service and	(state)	(zip code)	Detroit, ed. St.
	(street)			(city)	(State)	(zip code)	(country)
xecuted in	(street)County, State		, on the	day of	onth)	, 20 (year)	(country)

FORM CIS

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 Ruben Solis Office Held Fleet Operations Supervisor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code RMS & Equipment Pros Description of the nature and extent of each employment or other business relationship and each family relations with vendor named in item 3. VENDOR-RMS & Equipment Pros List gifts accepted by the local government officer and any family member, if aggregate value of the gifts acceptrom 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 12/6/2024 Description of Gift Coleman Backpack Cooler 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 application and provides that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code). SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure application of Gift (accept administer) (a		de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
Name of Local Government Officer Ruben Solis Office Held Fleet Operations Supervisor Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code RMS & Equipment Pros Description of the nature and extent of each employment or other business relationship and each family relations with vendor named in item 3. VENDOR- RMS & Equipment Pros 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 12/6/2024 Description of Gift Coleman Backpack Cooler Crockpot 7qt 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 application each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure application each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure application each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. SIGNATURE SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure application each family member (as defined by Section 176.001(2), Local Government Code) of this local government Officer. SIGNATURE SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure application each family member. Signature of Local Government Officer. Signature of Local Government Officer. Signature of Local Government Officer. Advanced Signature o	jovernment officer has become awar	re of facts that require the officer to file this statement	12/6/2024
RMS & Equipment Pros Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- RMS & Equipment Pros 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 12/6/2024 Description of Gift Coleman Backpack Cooler Date Gift Accepted 12/6/2024 Description of Gift Crockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Catach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applied to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. SIGNATURE Government Code. Please complete either option below: Please complete either option below: Addayut: Stephanie Puentes My Notary ID # 125435224 November 6, 2026 Please complete either option below: Addayut: Stephanie Puentes My Notary ID # 125435224 November 6, 2026 Printed name of officer administering oath Printed name of officer administering oath Title of officer administering oath Title of officer administering oath	Name of Local Government Office	Pit.	Scoretory's O
RMS & Equipment Pros Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- RMS & Equipment Pros 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 12/6/2024 Description of Gift Coleman Backpack Cooler Date Gift Accepted 12/6/2024 Description of Gift Crockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Crockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Cockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Gate Post of Gift Cockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Gate Post of Ga	Office Held		Received
RMS & Equipment Pros Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- RMS & Equipment Pros 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 12/6/2024 Description of Gift Coleman Backpack Cooler Date Gift Accepted 12/6/2024 Description of Gift Crockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Crockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Cockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Gatach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applied to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applied to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. Signature of Local Government Officer Please complete either option below: Affidavity Strephanic Pubnics My Notary ID # 125435224 With Strephanic Pubnics My Notary ID # 125435224 The day of Decumber of this the day of Decumber of this time of officer administering oath officer administering oath Printed name of officer administering oath Title of officer administering oath or officer administering oath officer administering oath or officer administ	Fleet Operations Superviso	r	12/22/24
Description of the nature and extent of each employment or other business relationship and each family relationsh with vendor named in item 3. VENDOR- RMS & Equipment Pros 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 12/6/2024 Description of Gift Coleman Backpack Cooler Date Gift Accepted 12/6/2024 Description of Gift Crockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Crockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Cookpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Cookpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Cookpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Cookpot 7qt Description of	Code	ions 176,001(7) and 176,003(a), Local Government	Dalz
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 12/6/2024 Description of Gift Coleman Backpack Cooler Date Gift Accepted 12/6/2024 Description of Gift Grockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Grockpot 7qt Date Gift Accepted 12/6/2024 Description of Gift Grockpot 7qt SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applied 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. Please complete either option below: Please complete either option below: Affidavit: STEPHANIE PUENTES My Notary ID # 125435224 My Notary ID # 1	Description of the nature and exte with vendor named in item 3.		p and each family relationship
Date Gift Accepted 12/6/2024 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 applied 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. STEPHANIE PUENTES My Notary ID # 125435224 My Notary ID # 12	Date Gift Accepted 12/6/2024	eeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).
Date Gift Accepted	Date Gift Accepted12/6/2024	Description of Gift Crockpot 7qt	
(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 applied 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 Please complete either option below: STEPHANIE PUENTES My Notary ID # 125435224 MT to and subscribed before me by this the day of December Admin - Super Admin - S	Date Gift Accepted 12/6/2024		
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applied 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. Please complete either option below: STEPHANIE PUENTES My Notary ID # 125435224 My			
A fidavit STEPHANIE PUENTES My Notary ID # 125435224 NoTA STAMP / Expires November 6, 2026 Orn to and subscribed before me by Luhen Solis this the day of December day of December this the day of December day of December day of December day of December		Signature of Local	
A THOMAS SIEVITANIE PUBLIS FORMA - SUPEN A Title of officer administering oath Printed name of officer administering oath OR	My Notary ID # 125435224 NOTABLE TO MY Notary ID # 125435224 NOTABLE TO MY NOTABLE TO BE NOTABLE T	Ruhen Solis this the 11	ter day of December
OR	Egglilling fromt	STEPHANE PUBLIES	Hamin-Superri
	Services administrating party		Title of officer administering oath
	Unsworn Declaration	OR	
name is, and my date of birth is	name is	, and my date of birth is	
address is,,	address is		,
(street) (city) (state) (zip code) (country)	A CONTRACTOR OF THE CONTRACTOR		(zip code) (country)
cuted in County, State of, on the day of, 20 (month) (year)	cuted in County, S	State of on the day of	. 20
Signature of Local Government Officer (Declarant)			(year)

CONFLICT DISCLOSURE STATEMENTS (CIS FORMS)

January 2025

(Inst	ructions for completing and f	filing this form are provided on the	next page.)
This questionnaire reflects	changes made to the law by	H.B. 23, 84th Leg., Regular Sessi	on. OFFICE USE ONLY
government officer has b		nental entity that the following fequire the officer to file this statent Code.	ocal Data Regulard
Name of Local Govern			
EDUARDO MENDOZA			100
Office Held			Itu Secretary's C
ENGINEER			checenno.
Name of vendor descri ode BROWNSTONE		r) and 176.003(a), Local Govern	ity Secretary's C
Description of the nate with vendor named in	ire and extent of each emplitem 3. ENGINEERING CO	loyment or other business relati DNSULTING SERVICES	onship and each family relationship
from vendor named in	item 3 exceeds \$100 duri	ng the 12-month period describ	ggregate value of the gifts accepted ed by Section 176.003(a)(2)(B).
Date Gift Accepted		of Gift FOOD WARMER	
Date Gift Accepted		of Gift	
Date Gift Accepted	Description of	Gift	
	(attach add	ditional forms as necessary)	
NOTARY BU STATE OF TE MY COMM. EXP. NOTARY ID 131	XAS 10/26/25 33076-3	Signature of Signa	Local Government Officer DW:
Amazic			
NOTARY STAMP/SE	EAL		
Sworn to and subscribe	ed before me by this which	h, witnesstheday_ofDECEMB	ER, 20 <u>2</u> 4, to certify
my hand and seal of office.	\(\) .	. A	
Main Il I	Habrie	la Carre	Morris
insture of officer administering of	Olympia Series	e of officer administering oath	Title of officer administering oath
Tytale of difficer administrating t	Printed name		The or officer administrating bath
Uncuren Declaration		OR	<u> </u>
Unsworn Declaration			
name is		, and my date of birth	is
address is		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
2 2 4 2 7 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(street)	(city)	(state) (zip code) (country)
ecuted in	County, State of	, on the day of	, 20
7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10		(mo	
		Signature of Local	Government Officer (Declarant)
		Signature of Local	Severaline in Childer (Decial at it)

(Instructions to	r completing and tiling this form a	are provided on the next pa	ige.)
This questionnaire reflects changes in	nade to the law by H.B. 23, 84th	Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropria government officer has become aw in accordance with Chapter 176, Lo	are of facts that require the office	hat the following local er to file this statement	Date Received
Name of Local Government Offi			
JORGE GUTIERREZ		VI.	C L
Office Held		City	DECRETARY 1
DESIGNER		A Thomas of The	Kecewed
Name of vendor described by Se Code MFE INSP. SOLUTION	ctions 176.001(7) and 176.003	(a), Local Government	Secretary's GRECEWIA
Description of the nature and exwith vendor named in item 3.	ent of each employment or oth RONE SUPPLIER	ner business relationship	and each family relationship
List gifts accepted by the local	government officer and any fa	mily member, if aggrega	ite value of the gifts accepte
from vendor named in item 3 ex	ceeds \$100 during the 12-mor	nth period described by s	Section 176.003(a)(2)(B).
	Description of Gift 2 CHRIS		
Date Gift Accepted 1/08/2025 CANDIES	Description of Gift _CUSSY	HOLDERS, TAPE MEAS	URES, STICKERS,
JANUILO			
SIGNATURE I swear under pen	(attach additional form	s as necessary)	
GABRIEL GOVERNMENT Code NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/26/25 NOTARY ID 13133076-3) Affidavit	Please complete eith	Signature of Local G	overnment Officer
NOTARY STAMP/SEAL			
worn to and subscribed before me by _	JORGE GUTIERREZ		this the 8TH day of
NUARY, 2925, to certify	which, witness my hand and seal of o	ffiqe.	101
JUMAN	Balle	Cantle	Notcens
nature of officer administering cath	Printed name of officer administ	ering oath	Title of officer administering oath
	OR	DESCRIPTION OF THE PARTY OF THE	
Unsworn Declaration			
name is		and my date of birth is	
address is			
	treel)	(city) (state)	(zip code) (country)
ecuted in County,	State of, on the _	day of (month)	, 20 (year)
		X.12.1114	Marrie
		Signature of Local Government	nent Officer (Declarant)

This questionnaire reflects changes ma	ade to the law by H.B. 23, 84th Leg., Regular Session	OFFICE USE ONLY
	e local governmental entity that the following loc re of facts that require the officer to file this statement al Government Code.	cal Data Beceived
Name of Local Government Office	O.T.	ity Secretary's C
2 Office Held Coordinator		ent Date 114/2025
Name of vendor described by Sec Code Karen Valdez	tions 176.001(7) and 176.003(a), Local Governme	ent Date 1147.00
with vendor named in item 3. Karen Valdez serves as	ent of each employment or other business relations a member of the Community Develop	oment Board.
from vendor named in item 3 exc Date Gift Accepted 12/17/24	overnment officer and any family member, if age seeds \$100 during the 12-month period described Description of Gift Associated Ras	d by Section 176.003(a)(2)(B).
Date Gift Accepted		
Date Gift Accepted		
Date districtoried	(attach additional forms as necessary)	
Government Code.	-tm	ocal Government Officer
	Please complete either option below	w:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by	this the	day of,
20, 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
	OR	
(2) Unsworn Declaration	n	May 314 1998
My name is Ryan Ratia My address is Z003 Webst	er Dr Edinbulg	May 31d, 1993 14 , 78542, U.S.
My address is We 637	treet) (city)	(state) (zip code) (country)
Executed in H:Jalgo County,	State of Texas on the 14 day of Jan	(state) (zip code) (country) (tual y , 20 2.5 (year)
and the second second	signature of Local G	Government Officer (Declarant)

This questionnaire re	eflects changes ma	de to the law by H.E	B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	has become awar	e of facts that requi	tal entity that the following loca ire the officer to file this statemen le.	I Date Beceived
Name of Local G	iovernment Office Patlan			Sanataru's O
Office Hold	inator		City	Secretary's Of
Code	described by Sect	ions 176.001(7) an	nd 176.003(a), Local Governmen	Date 114/2025
Description of the with vendor nam	ne nature and extended in item 3.	nt of each employs ness that the G	ment or other business relations clock depilment uses to publish	ship and each family relationship internation lotally.
from vendor nar Date Gift Accept	ned in item 3 exc	eeds \$100 during t	and any family member, if aggr the 12-month period described Gift Box of Chocolates	egate value of the gifts accepted by Section 176.003(a)(2)(B).
Date Gift Accept			Gift	
Date Gift Accepte		Description of Gif		
Date Gill Accept			nal forms as necessary)	
	Government Code.		ers the 12-month period described by S	cal Government Officer
		Please com	plete either option below	:
1) Affidavit				
NOTARY STAMP/SE	EAL			
Sworn to and subscribe	ed before me by		this the _	day of,
20, to cert	ify which, witness my I	nand and seal of office.		
Signature of officer admini	stering oath	Printed name of c	officer administering oath	Title of officer administering oath
			OR	
2) Unsworn Declara				1 26 1007
My name is Lyd	n ratium	D =	and my date of birth is	1 70/10 11 C
My address is ZDO	3 Webster	Dr	Elinburg T	(country)
Executed in Hida I	County,	reet) State of <i>Texas</i>	on the 14th day of Janua (month)	
			Signature of Local Go	vernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes m	ade to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	te local governmental entity that the following local are of facts that require the officer to file this statement cal Government Code.	Date Received
Name of Local Government Office Ryan Pattan	cer	
2 Office Held Loofdinator	City	Secretary's Of
Name of vendor described by Sec Code Affoldable Homes of South	tions 176.001(7) and 176.003(a), Local Government Texas , nc	Date 1114/2025
with vendor named in Item 3. AHSTI is a subsectipient of t	ent of each employment or other business relationsh Home glants and a community pather that Mo	wides howing options to the needy
List gifts accepted by the local g	government officer and any family member, it aggrees seeds \$100 during the 12-month period described by	y Section 176.003(a)(2)(B).
Date Gift Accepted	6	
Date Gift Accepted	Description of Gift	
Government Code.	M	Government Officer
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by	this the	day of,
20, 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
	OR	
(2) Unsworn Declaration		. ald 1097
My name is Ryan Patlan My address is 2003 Webste	, and my date of birth is	
		78542 U.S.
Executed in Hidalgo County	street) (city) (state of Texas , on the 14th day of lands) (month)	e) (zip code) (country) y ,20 <u>Z 5</u> (year)
	Signature of Local Gove	mment Officer (Declarant)

his questionnaire re	flects changes mad	e to the law by H.B. 23	, 84th Leg., Regular Sess	ion.	OFFICE US	EONLY
overnment officer	has become aware		entity that the following ne officer to file this state		le Received	
Name of Local G	overnment Officer			17.0	5	
EVEN GONZALEZ			(ity E	Secretar	u's
Office Held				-3-	Receive	d
DEVELOPMENTER						7-0-
Name of vendor d Code	escribed by Section	ons 176.001(7) and 17	76.003(a), Local Govern	ment Dat		2025
M2 ENGINEERING		t of each omplaymen	t as athas business sale		d cook fourth.	
with vendor nam	ed in item 3.	i oi each employmen	t or other business rela	tionship ar	ia each family	relations
ENGINEERING C		11.00 (1.0)	Long. pur			OLIVATIA.
from vendor nam	ned in item 3 exce	eds \$100 during the 1	any family member, if 2-month period descri	bed by Sed	tion 176.003(a)(2)(B).
Date Gift Accepte	ed <u>01-14-25</u>	Description of Gift	ARTIC EVERYDAY TUMBL	ER-WILL RA	FFLE FOR STAF	F
Date Gift Accepte	ed	Description of Gift				
Date Gift Accepte	d	Department of City				
		Description of Giff				
SIGNATURE	I swear under penalty to each family memb also acknowledge that	(attach additional to of perjury that the above er (as defined by Section	forms as necessary) statement is true and correct 176.001(2), Local Government 12-month period describer	ct. I acknowle ent Code) of	dge that the disc	ment office
GABRIELA NOTARY STATE OI MY COMM. E NOTARY ID	I swear under penalty to each family memb also acknowledge that Gogernment Code. PUBLIC FTEXAS EXP. 10/26/25	(attach additional to of perjury that the above er (as defined by Section at this statement covers the	forms as necessary) statement is true and correct 176.001(2), Local Government 12-month period described	ct. I acknowle ent Code) of d by Section of Local Gove	dge that the disc	ment office
GABRIELA NOTARY STATE OF	I swear under penalty to each family memb also acknowledge that Gogernment Code. PUBLIC FTEXAS EXP. 10/26/25	(attach additional to of perjury that the above er (as defined by Section at this statement covers the	forms as necessary) statement is true and correct 176.001(2), Local Government 12-month period described Signature of	ct. I acknowle ent Code) of d by Section of Local Gove	edge that the disc this local govern 176.003(a)(2)(B),	ment offic
GABRIELA NOTARY STATE OI MY COMM. E NOTARY ID	I swear under penalty to each family memb also acknowledge that Government Code. PUBLIC F TEXAS EXP. 10/26/25 13133076-3	(attach additional to of perjury that the above er (as defined by Section at this statement covers the	forms as necessary) statement is true and correct 176.001(2), Local Government 12-month period described Signature of	ct. I acknowle ent Code) of d by Section of Local Gove	edge that the disc this local govern 176.003(a)(2)(B),	ment office
GABRIEL/ NOTARY STATE OF MY COMM. E NOTARY ID Affidavit NOTARY STAMP/SE	I swear under penalty to each family memb also acknowledge that Government Code. PUBLIC F TEXAS EXP. 10/26/25 13133076-3	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple	statement is true and correct 176.001(2), Local Government 12-month period described Signature of the either option be	ct. I acknowled ent Code) of d by Section of Local Government	edge that the disc this local govern 176.003(a)(2)(B),	ment office Local
GABRIEL/ NOTARY STATE OF MY COMM. E NOTARY ID Affidavit NOTARY STAMP/SE orn to and subscribe	I swear under penalty to each family memb also acknowledge that Government Code. PUBLIC F TEXAS EXP. 10/26/25 13133076-3	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple	statement is true and correct 176.001(2), Local Government 12-month period described Signature of the either option be	ct. I acknowled ent Code) of d by Section of Local Government	dge that the disc this local govern 176.003(a)(2)(B), ernment Officer	ment office
GABRIEL/ NOTARY STATE OF MY COMM. E NOTARY ID Affidavit NOTARY STAMP/SE orn to and subscribe	I swear under penalty to each family memb also acknowledge tha Government Code. PUBLIC F TEXAS EXP. 10/26/25 13133076-3 AL d before me by _EVE	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple	statement is true and correct 176.001(2). Local Government 12-month period described Signature of the either option be	ct. I acknowled ent Code) of d by Section of Local Government	dge that the disc this local govern 176.003(a)(2)(B), ernment Officer	MARY
GABRIELA NOTARY STATE OI MY COMM. E NOTARY ID Affidavit NOTARY STAMP/SE orn to and subscribe	I swear under penalty to each family memb also acknowledge tha Government Code. PUBLIC F TEXAS EXP. 10/26/25 13133076-3 AL d before me by _EVE	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple	statement is true and correct 176.001(2), Local Government 12-month period described Signature of the either option be the administering oath	ct. I acknowled ent Code) of d by Section of Local Government	day ofIANL	Ment official Local
GABRIELA NOTARY STATE OI MY COMM. E NOTARY ID Affidavit NOTARY STAMP/SE orn to and subscribe	I swear under penalty to each family memb also acknowledge that a Government Code. PUBLIC F TEXAS EXP. 10/26/25 13133076-3 AL d before me by _EVE fy which, witness my hat a control of the code.	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple and and seal of officer Printed name of officer	statement is true and correct 176.001(2), Local Government 12-month period described Signature of the either option be the administering oath	ct. I acknowled ent Code) of d by Section of Local Government	day ofIANL	Local
GABRIELA NOTARY STATE OF MY COMM. E NOTARY ID Affidavit NOTARY STAMP/SE orn to and subscribe 25 to cesti	I swear under penalty to each family memb also acknowledge tha Gevenment Code. PUBLIC F TEXAS EXP 10/26/25 13133076-3 AL d before me by _EVE fy which, witness my ha stering oath	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple and and seal of officer Printed name of officer of the printed name of the pr	statement is true and correct 176.001(2), Local Government 12-month period described Signature of the either option be the administering oath	ct. I acknowled ent Code) of dispression of Local Government Iow:	day of JANL	MARY
GABRIEL NOTARY STATE OF MY COMM. EN NOTARY ID Affidavit NOTARY STAMP/SE orn to and subscribe to and subscribe of officer administrative of officer	I swear under penalty to each family memb also acknowledge tha Gevenment Code. PUBLIC F TEXAS EXP 10/26/25 13133076-3 AL d before me by _EVE fy which, witness my ha stering oath	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple and and seal of officer Printed name of officer of the printed name of the pr	statement is true and correct 176.001(2), Local Government 12-month period described Signature of the either option be the administering oath	ct. I acknowled ent Code) of dispression of Local Government Iow:	day of JANL	Local
GABRIELA NOTARY STATE OF MY COMM. E NOTARY ID Affidavit NOTARY STAMP/SE orn to and subscribe 25 to cesti	I swear under penalty to each family memb also acknowledge tha Gevenment Code. PUBLIC F TEXAS EXP 10/26/25 13133076-3 AL d before me by _EVE fy which, witness my ha stering oath	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple and seal of officer Printed name of officer of the printed name of the pr	statement is true and correct 176.001(2), Local Government 12-month period described Signature of the either option be the administering oath	ct. I acknowled ent Code) of dispression of Local Government Iow: the	day ofIANL	Local
GABRIEL NOTARY STATE OF MY COMM. EN NOTARY ID Affidavit NOTARY STAMP/SE orn to and subscribe to and subscribe of officer administrative of officer	I swear under penalty to each family memb also acknowledge that Gevernment Code. PUBLIC FTEXAS EXP 10/26/25 13133076-3 AL d before me by EVE for which, witness my had bettering oath (street)	(attach additional to of perjury that the above er (as defined by Section at this statement covers the Please comple and and seal of officer Printed name of officer Printed name of officer each)	statement is true and correct 176.001(2), Local Government 12-month period described Signature of the either option be the either option be administering oath R (city), on the day of	ct. I acknowled ent Code) of dispression of Local Government Iow: the	day ofIANL	JARY

FORM CIS

ias

Victor Rodriguez - McAllen Police Department Office Held Chief of Police Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Christmas Card from Joe and Alma Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Received in Christmas Card Elist 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 Date Gift Accepted Description of Gift Oate Gift Accepted Oate G	This questionnaire reflec					A-50 A 5 B 5 B	E USE ONLY
Name of Local Government Officer	government officer has	become aware	of facts that require	the officer to file			
Victor Rodriguez - McAllen Police Department 2 Office Held Chief of Police 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Christmas Card from Joe and Alma 4 Description of the nature and extent of each employment or other business relationship and each family relationshi with vendor named in item 3. Received in Christmas Card 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					1/11	- Some	Lamis (1)
Notary STAMP/SEAL Swom to and subscribed before me by Victor Rodriguez Victor Rodriguez Vistaer of metal range of state of the state o	Victor Rodrigue	ez - McAllen	Police Departm	ent		9 -2016	Lury 2
Notary STAMP/SEAL Swom to and subscribed before me by Victor Rodriguez Victor Rodriguez Vistaer of metal range of state of the state o		The state of the s	1.740.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	4111		1 / 1	deliced
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Christmas Card from Joe and Alma 4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Received in Christmas Card 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	Chief of Police					Date /- 1.	5 - 25
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Received in Christmas Card 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	3 Name of vendor desc	ribed by Section	ons 176.001(7) and	176.003(a), Loc	al Government		
Received in Christmas Card Second Christmas Card	Christmas Card	from Joe an	d Alma				
Date Gift Accepted	4 Description of the na with vendor named	in item 3.			iness relations	hip and each fai	mily relationship
Date Gift Accepted Description of Gift	from vendor named	in item 3 excee	eds \$100 during the	12-month peri	iod described b	y Section 176.0	he gifts accepte)03(a)(2)(B).
Date Gift Accepted							
(attach additional forms as necessary) **Will be raffled to police employees. 5 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. 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 Officer Please complete either option Penalty Please	Date Gift Accepted		Description of Gif	t			
I swear under penalty of perjury that the above statement is true and correct. 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	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 Please complete either option Please complete either option Signature of Local Government Officer Notary Public Save Taxte Of Texas Notary ID# 1224147-0 My Comm. Exp. 07-26-2025 Which, witness my hand and seal of office. Javier Rodriguez Notary Public/Admn. Title of officer administering oath OR Printed name of officer administering oath OR (2) Unsworn Declaration (street) (city) (state) (city) (state) (country) Executed in County, State of On the day of 20 Country (country)			(attach additiona	I forms as nece	ssary) ***Will be	e raffled to police	employees.
NOTARY STAMP/SEAL Swom to and subscribed before me by	Go	vernment Code.			Signature of Loca	d Government Offi	cer
NOTARY STAMP/SEAL Swom to and subscribed before me by			Please compl	ete either op	otion pergum	IAVIER I	PODDIGUEZ
Swom to and subscribed before me by				V 300 X 300 A	***	Nota STATE Notary ID	ry Public OF TEXAS 0# 1224147-0
	Swom to and subscribed he	ofore me by	Victor Ro	driguez		5000	
Javier Rodriguez Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is (street) (city) (state) (country) Executed in County, State of, on the day of Javier Rodriguez Notary Public/Admn. Title of officer administering oath OR (city) (state) (city) (country) And my date of birth is (city) (country)				III GUOL	this the	day or	January .
Signature of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is (street) (city) (state) (zip code) (country) Executed in County, State of, on the day of 7 Ittle of officer administering oath Title of officer administering oath OR (city) (state) (zip code) (country)	20 25 to certify wr	ich, witness my hai		· Haddana		Notan	- Dublin/Admin
Country Coun	Signature of officer administerin	1 cecy			Q =		
(2) Unsworn Declaration My name is, and my date of birth is My address is, (city) (state) (zip code) (country) Executed in, County, State of, on the, day of, 20	aduate or omeer summatering	g datii 🔾	- 17/100000000000000000000000000000000000	A STATE OF THE STA	.h	Title of onice	er administering oatr
(street) (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20 .	2) Unsworn Declaration			OR			
(street) (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20 .	VIv name is			and my	date of birth is		
(street) (city) (state) (zip code) (country) Executed in County, State of, on the day of 20					-		
Executed in County, State of, on the day of, 20 .						SA SEASON CONTRACTOR	
		(stree	et)	(c	ity) (stat	te) (zip code)	(country)
	executed in		No.	The state of the s	day of		(country)

Ţ	This questionnaire reflects changes m	ade to the law by H.B. 23	3, 84th Leg., Regular Session.	OFFICE USE ONLY
g	This is the notice to the appropriat government officer has become awa n accordance with Chapter 176, Loc	are of facts that require the		
1	Name of Local Government Office	er	0	TO THE STATE OF TH
	Sarai Garcia		City	Secretary's Office
2	Office Held			Secretary's Office Received 1-16-26
	Deputy Director of Ope	ration		1-11-20
3	Name of vendor described by Sec Code	ctions 176.001(7) and 17	76.003(a), Local Governmen	1 10-25
	Home Depot			
4	Description of the nature and ext with vendor named in item 3. Donation Christmas pa	arty raffle		
5	List gifts accepted by the local g from vendor named in item 3 exc Date Gift Accepted 12/6/24	povernment officer and ceeds \$100 during the 1 Description of Gift	2-month period described \$189.66(charcoal gr	ill, tumbler, screw driver set)
	Date Gift Accepted	 Description of Gift _ 		
	Date Gift Accepted	_ Description of Gift		
		(attach additional f	orms as necessary)	
	Government Code.		Signature of Locate either option below:	al Government Officer
(1)	Affidavit		to charer option below.	
510		MARY ANN JUAREZ otary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2		
Sw	orn to and subscribed before me by	AND DESCRIPTION OF THE PERSON	this the	14 day of January
20	25, to certify which, witness my	hand and seal of office.		9
_	Maria ama	Mary Ann Juai	rez	Accounting Supervisor
Sigi	nature of officer administering oath	Printed name of officer	Anna Verna State	Title of officer administering oath
		OI		
(2)	Unsworn Declaration		1.1.4.10	
Иу	name is		, and my date of birth is _	3
Иγ	address is			
	(st	reet)	(city) (sta	ate) (zip code) (country)
xe	ecuted in County,	State of,	on the day of(month)	, 20

			Signature of Local Gov	ernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes m	ade to the law by H.B. 23, 84th Leg., Regu	lar Session. OFFICE USE ONLY
	e local governmental entity that the four of facts that require the officer to file the lovernment Code.	
Name of Local Government Office	and the second s	
Sarai Garcia		Och Sandania Olle
2 Office Held		City Secretary's Office Received 1-16-25
	ration	S (EARLIZED
Deputy Director of Ope	tions 176.001(7) and 176.003(a), Local	Government 1-16-25
Code	mons 170.001(1) and 170.000(a), Eduar	GOVERNMENT
Park Place		
Description of the nature and ext with vendor named in item 3. Donation Christmas page		ess relationship and each family relationship
5 List gifts accepted by the local g	overnment officer and any family mem seeds \$100 during the 12-month period	iber, if aggregate value of the gifts accepted described by Section 176.003(a)(2)(B). almart \$300.00
Date Gift Accepted		
Date Gift Accepted	Description of Gift (attach additional forms as necessa	
SIGNATURE I swear under pena		nd correct. I acknowledge that the disclosure applies
Government Code.	Sig	gnature of Local Government Officer
material pour	Please complete either option	on below:
(1) Affidavit NOTARY STAMP/SEAL	MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	
Sworn to and subscribed before me by _	Sarai Garcia	_ this the 14 day of January.
20 25 to certify which, witness my	hand and seal of office.	0
Mary ang	Mary Ann Juarez	Accounting Supervisor
Signature of officer administering bath	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is	, and my da	te of birth is
My address is		
(s	treet) (city)	(state) (zip code) (country)
Executed in County,	State of, on the da	y of, 20 (year)
	The Name of State of	
	Signature	e of Local Government Officer (Declarant)

CONTRACTOR MADE TO A SECURITION OF THE SECURITION OF THE SECURITIES.	nges made to the law by H.B. 23, 84th Le		OFFICE USE ONLY
government officer has become in accordance with Chapter 17	ropriate local governmental entity that the aware of facts that require the officer (6. Local Government Code	t the following local to file this statement	Date Received
1 Name of Local Governmen			
Sarai Garcia			The Same
2 Office Held		-	ity Secretary! Received
Deputy Director of	Operation		Keceived
3 Name of vendor described be Code	by Sections 176.001(7) and 176.003(a	, Local Government	Date 1-16-25
	niversal Repair & Sales	Name and Address of	
Donation Christma	as party raffle		
5 List gifts accepted by the lo from vendor named in item	ocal government officer and any fam 3 exceeds \$100 during the 12-month	period described by	ate value of the gifts accepte Section 176.003(a)(2)(B).
Date Gift Accepted12/1	6/24 Description of Gift \$52.	00 tamales	
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
to each fami	(attach additional forms as er penalty of perjury that the above statement ily member (as defined by Section 176.001(2 dedge that this statement covers the 12-mont Code.	is true and correct. I acknowledge	of this local government officer
to each fami also acknow	er penalty of perjury that the above statement ily member (as defined by Section 176.001(2 dedge that this statement covers the 12-mont	is true and correct. I acknowledge	of this local government officer. on 176.003(a)(2)(B), Local
to each fami also acknow	er penalty of perjury that the above statement ily member (as defined by Section 176.001(2 dedge that this statement covers the 12-mont	is true and correct. I acknow, Local Government Code) period described by Section Signature of Local G	of this local government officer. on 176.003(a)(2)(B), Local
to each fami also acknow	er penalty of perjury that the above statement ily member (as defined by Section 176.001(2 pledge that this statement covers the 12-mont Code. Please complete either MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027	is true and correct. I acknow, Local Government Code) period described by Section Signature of Local G	of this local government officer. on 176.003(a)(2)(B), Local
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL	er penalty of perjury that the above statement ily member (as defined by Section 176.001(2 pledge that this statement covers the 12-mont Code. Please complete either MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	is true and correct. I acknow, Local Government Code), Local Government Code), period described by Section Signature of Local Government Code (Signature of Local Government).	of this local government officer. on 176.003(a)(2)(B), Local lovetoment Officer
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me	er penalty of perjury that the above statement ily member (as defined by Section 176.001(2) ledge that this statement covers the 12-mont Code. Please complete either MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia	is true and correct. I acknow, Local Government Code) period described by Section Signature of Local G	of this local government officer. on 176.003(a)(2)(B), Local
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me	Please complete eithe MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia ers penalty of perjury that the above statement element in the above statement of the statement of the statement covers the 12-mont of the statement of the stat	is true and correct. I acknow, Local Government Code), Local Government Code), period described by Section Signature of Local Correction below:	day of Journary,
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me 20 25, to certify which, witner	Please complete eithe MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia Mary Ann Juarez Mary Ann Juarez	is true and correct. I acknow, Local Government Code), period described by Section Signature of Local Government Code) Signature of Local Government Code) This the	day of Sources, Accounting Supervisor
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me	Please complete eithe MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia ess my hand and seal of office. Mary Ann Juarez Printed name of officer administeric	is true and correct. I acknow, Local Government Code), period described by Section Signature of Local Government Code) Signature of Local Government Code) This the	day of Sources, Accounting Supervisor
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me 20 25 , to certify which, witner to a continuous administer of sales and subscribed sales and subscribed before me 20 25 , to certify which, witner to a certify which, witner to a certify which and subscribed sales and subscribed sales are a certify which and subscribed sales are a certify which a certify which are a certify which a certify sales are a certification and subscribed	Please complete eithe MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia Mary Ann Juarez Mary Ann Juarez	is true and correct. I acknow, Local Government Code), period described by Section Signature of Local Government Code) Signature of Local Government Code) This the	day of Sources, Accounting Supervisor
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me 20 25, to certify which, witner	Please complete either MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia ess my hand and seal of office. Mary Ann Juarez Printed name of officer administeric	is true and correct. I acknow, Local Government Code), Local Government Code), period described by Section Signature of Local Government Code) is signature of Local Government Code of Local Govern	day of Sources, Accounting Supervisor
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me 20, to certify which, witner administering path Signature of officer administering path	Please complete either MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia ess my hand and seal of office. Mary Ann Juarez Printed name of officer administeric	is true and correct. I acknow, Local Government Code), period described by Section Signature of Local Government Code) Signature of Local Government Code) This the	day of Sources, Accounting Supervisor
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me 20, to certify which, witner Signature of official administering gain	Please complete either MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia ess my hand and seal of office. Mary Ann Juarez Printed name of officer administeric	is true and correct. I acknow, Local Government Code), Local Government Code), period described by Section Signature of Local Government Code) is signature of Local Government Code of Local Govern	day of Sources. Accounting Supervisor Title of officer administering oath
to each fami also acknow Government (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me 20, to certify which, witner Signature of officer administering gath 2) Unsworn Declaration My name is My address is	Please complete either MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2 by Sarai Garcia ess my hand and seal of office. Mary Ann Juarez Printed name of officer administeric	is true and correct. I acknow, Local Government Code), Local Government Code), period described by Section Signature of Local Government Code) with this the	day of Sources, Accounting Supervisor Title of officer administering oath

1.0	ets changes made to the law by H.B. 23, 84th		OFFICE US	EONLY
This is the notice to the	he appropriate local governmental entity become aware of facts that require the off apter 176, Local Government Code.	that the following local	Date Received	Ollege
Name of Local Gov		City 2	ecretary:	Muse
Sarai Garcia		J	Received	1
Office Held	ctor of Operation	Date	ecretory's Received 1-16-1	5
Name of vendor des	cribed by Sections 176.001(7) and 176.00	3(a), Local Government		
Code Poves Tar	rne.			
Description of the r with vendor named	nature and extent of each employment or of it is in item 3.			
	by the local government officer and any d in item 3 exceeds \$100 during the 12-m	family member, if aggreg conth period described by 6) \$25 Starbucks gifto		gifts accepted (a)(2)(B).
Date Gift Accepted				
	Description of Gift (attach additional form swear under penalty of perjury that the above state	s as necessary)		
	Government Code.		Government Officer	
	Please complete	either option below:		
(1) Affidavit	Communication .		, i	Craw Later
Sworn to and subscribed	before me by <u>Sarai Garcia</u>	this the	day of	annay
20 25 , to certify	which, witness my hand and seal of office.		Accounting	Supervisor
Mary ar				administering oath
Signature of officeradminist		ministering oath		
	OR			
(2) Unsworn Declarat	ion			
My name is		, and my date of birth is _		
My address is				Victoria A
100 777 777 77	(street)		ate) (zip code)	(country)
Executed in	County, State of, o	n the day of(month)	, 20 (year)	
		Signature of Local Gov	vernment Officer (De	clarant)
	TOTAL	othics state ty us		Revised 8/17/20

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
The Control of the Co	1.00
Sarai Garcia City a	ecrebary's Office Received 11612025
2 Office Held	Received
Deputy Director of Operation	1/1// 1200 5
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	(/IB12020
BSN	Little In the Control of the Control
Description of the nature and extent of each employment or other business relationsh with vendor named in item 3. Donation Christmas party raffle	
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 12/2/24 Description of Gift basketball, blanket, ba	y Section 176.003(a)(2)(B).
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift (attach additional forms as necessary)	
Government Code.	Government Officer
Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEAL MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	
Sworn to and subscribed before me by Sarai Garcia this the	14 day of Jamuary.
20 25, to certify which, witness my hand and seal of office.	0
Mary Ann Juarez	Accounting Supervisor
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
My name is, and my date of birth is _	
My address is	
(street) (city) (sta	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 ref	lects changes made	to the law by H.B. 23,	84th Leg., Regular Ses	sion.	OFFICE U	SE ONLY
This is the notice to government officer h in accordance with C	as become aware o	f facts that require th	ntity that the following e officer to file this state	local Da	ate Received	
Name of Local Go	vernment Officer					
Sarai Garo	ia		0	700 C	,	1 000
2 Office Held			C	cry a	ecretar	45 Offi
Deputy Di	ector of Operati	on		4	Received	7
Name of vendor de Code	escribed by Section	ns 176.001(7) and 17	6.003(a), Local Gover	nment	Ecretor Received	025
O'Reily A						
with vendor name	ed in item 3. Christmas party	raffle	or other business rela			
from vendor nam	ed in item 3 exceed	is \$100 during the 1	any family member, if 2-month period descr 2 car wash kits	aggregate ibed by Se	value of the ction 176.003	gifts accepted (a)(2)(B).
Date Gift Accepte	ed	Description of Gift _				
Date Gift Accepte						
and anticeasure			orms as necessary)			
		Please comple	Signature te either option be		vernment Officer	
(1) Affidavit	AL AL	MARY ANN JUAR Notary Public, State of Expires 06/02/202 I.D.# 12429211-	Texas			
Sworn to and subscribe	d before me by Sa			the \\	_ day of <u></u>	many.
20 <u>25</u> , to certif	y which, witness my han			15	State of Acres	
Mary a	mego	Mary Ann Jua		A	ccounting S	The Court of the C
Signature of office adminis	tering oath/	Printed name of officer	administering oath		Title of officer	administering oath
		Ö	R			
(2) Unsworn Declarat	tion					
My name is			, and my date of bi	rth is		
My address is						
	(stree	t)	(city)	(state)	(zip code)	(country)
Executed in	County, Sta	ite of	on the day of	month)	, 20 (year)	
			Signature of Loc	7 - 27 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		arant\
			orginature of Loc	our Covering	Omour (Deci	at arry

This questionnaire ref	lects changes made t	to the law by H.B. 23	3, 84th Leg.,	Regular Ses	sion.	OFFICE	USEONLY
This is the notice to government officer has in accordance with C	as become aware of	facts that require the				Date Received	
Name of Local Go	areas and a second of the second	overnment odde.		-		2	1.00
Sarai Garci				C	ity a	ecreta	ry's Offi id 1 <u>2025</u>
2 Office Held					U	Reacto	ed II
Deputy Dir	ector of Operation	on				1116	12025
Name of vendor de Code			76.003(a), L	ocal Gover	nment		1000
SiteOne							
with vendor name	nature and extent of d in item 3. Christmas party		t or other b	usiness rela	ationship	and each fan	nily relationship
5 List gifts accepted from vendor name	d by the local gove ed in item 3 exceed	rnment officer and	12-month p	eriod descr	ibed by S	e value of th ection 176.0	e gifts accepted 03(a)(2)(B).
Date Gift Accepted							
Date Gift Accepted	d t	Description of Gift	_				
Date Gift Accepted	. De	escription of Gift					
		(attach additional	forms as ne	cessary)			
	Government Code.	1	9	Signature	of Local Go	overnment Office	er
	Color was a	Please comple	te either	option be	low:		
(1) Affidavit NOTARY STAMP/SEA	L S	MARY ANN JUARE Notary Public, State of T Expires 06/02/2027 I.D.# 12429211-2	exas				
Sworn to and subscribed	hefore me by Sal			thic	the 14	day of	January
0	which, witness my hand					_ day or	0
maris an	_	Mary Ann Jua	rez		1	Accounting	Supervisor
Signature of officer administe	1120	Printed name of officer		oath			r administering oath
		ō		770			
(2) Unsworn Declarati	on						
My name is			, and	my date of bi	th is	_	
My address is			3=720	ALL VALUE VI			
	(street)			(city)	(state)	(zip code)	(country)
Executed in	County, State	e of	, on the	day of		, 20	
				(r	nonth)	(year)	
			Sic	nature of Loc	al Governm	ent Officer (De	clarant)

FORM CIS

(10)	Structions for co	ompleting and filing this	form are provided on	the next pag	e.)	
This questionnaire reflec	ts changes mad	e to the law by H.B. 23	, 84th Leg., Regular So	ession.	OFFICE	USE ONLY
This is the notice to the government officer has in accordance with Cha	become aware	of facts that require th	entity that the following officer to file this sta	ng local atement	ate Received	COLONE
Name of Local Gove			0	0	P 16	1000
Sarai Garcia			City	Section	2021 S. C. 1024 <u> 16 202</u>	JITCE
2 Office Held			J	Rose	ived	**
	tor of Onora	41			116/202	5
Deputy Direct Name of vendor desc	and the second s		Da	te	1 10 202	_
Code Valley Outo		ons 176.001(7) and 17	6.003(a), Local Gove	rnment		
		t of each ampleument		100		1.3
Description of the na with vendor named i Donation Ch	n item 3.		or other business re	lationship a	nd each fam	ily relationship
List gifts accepted b from vendor named	y the local gov	ernment officer and	any family member, 2-month period desc	if aggregate ribed by Se	value of the	e gifts accepte 03(a)(2)(B).
Date Gift Accepted _	12/9/24	Description of Gift _	9 set of package	ed tools		1
Date Gift Accepted _		Description of Gift _				
Date Gift Accepted		Description of Gift				
		(attach additional fo	orms as necessary)			
			Signature	of Local Gov	ernment Office	r
	position the same of the same	Please complet	e either option b	elow:		
1) Affidavit NOTARY STAMP/SEAL	N N	MARY ANN JUAREZ lotary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2				
worn to and subscribed bef	ore me by Sa	THE PERSON NAMED IN	4	s the \L		
o 25_, to certify whi			this	the the	_ day of	anuary.
Maray Drug	Δ	Mary Ann Juan	ez	Ac	counting	Supervisor
gnature of officer administering	oal	Printed name of officer a	CONTRACTOR OF STREET		SERVICE TO STATE OF THE STATE O	administering oath
		OR				
) Unsworn Declaration						
name is			, and my date of bi	irth is		
address is					700	
721	(street	1)	(city)	(state)	(zip code)	(country)
ecuted in	County, Sta		on the day of	ACTOR STATE	. 20	
		10		month)	(year)	
			Signature of Loc	cal Governmen	t Officer /Dool	arant)
			- G. Interior at Mark			ART SALES I

	ects changes made to the law by H.B. 23, 84		OFFICE USE ONLY
government officer ha	the appropriate local governmental entit as become aware of facts that require the o hapter 176, Local Government Code.	y that the following local fficer to file this statement	Date Received
Name of Local Go		Mits Si	exchange Office
Sarai Garci	a	cuy c	Process of the
Office Held			O (ECELUEA
Deputy Dir	ector of Operation	Date	cretary's Offics Received 111612025
Code	scribed by Sections 176.001(7) and 176.00	03(a), Local Government	
Sherwin V			
Donation (Christmas party raffle		
from vendor name Date Gift Accepted	by the local government officer and any d in item 3 exceeds \$100 during the 12-m	family member, if aggreg onth period described by 2) \$10 Starbucks gift of	Section 176.003(a)(2)(B).
Date Gift Accepted			
Date Gift Accepted			
SIGNATURE	attach additional forms) (attach additional forms) (attach additional forms)	and the second s	
	Places complete a	Signature of Local	Government Officer
() A 60 J	Flease complete e	ither option below:	
1) Affidavit NOTARY STAMP/SEAL	MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2		
worn to and subscribed	before me by Sarai Garcia	this the	1 day of January
o 25_, to certify v	which, witness my hand and seal of office.		0
Mare an	Mary Ann Juarez		Accounting Supervisor
gnature of officer administer	ing oath Printed name of officer admir	nistering oath	Title of officer administering oath
	OR		
) Unsworn Declaratio	n		
y name is		_, and my date of birth is	
y address is			
	(street)	(city) (state)	(zip code) (country)
recuted in	County, State of, on th	e day of(month)	, 20
		Signature of Local Govern	ment Officer (Declarant)

This questionnaire re				어린이 그러워진 사람들이다.	3,000	OFFIC	EUSE ONLY
This is the notice to government officer in in accordance with (nas become aware	of facts that requ	ire the office	at the following to file this sta	ng local atement	Date Received	
	overnment Officer				0		
Sarai Gard	ia				City	Secre	taru's ()
2 Office Held						Re	selved.
Deputy Di	rector of Opera	tion				111	tary's O elved 612025
3 Name of vendor d Code		ns 176.001(7) ar	id 176.003(a), Local Gove	rnment	Date	612025
Razo Au				A Committee of			
Donation	Christmas part	v raffle					
5 List gifts accepte	d by the local gov ed in item 3 excee	ernment officer	the 12-mont	h period desc	ribed by S	te value of t Section 176.0	he gifts accepte 003(a)(2)(B).
	d						
	d I						
Date dill'Accepted	'	attach additio	As a firm of the firm	12 44 54 570 7			
	Government Code.			Signature	of Local G	overnment Office	er
(1) Affidavit	L Comment	Please corn MARY ANN . Notary Public, St Expires 06/02 1.D.# 1242	ate of Texas 2/2027	er option b	elow:		
Sworn to and subscribed	before me by Sa	rai Garcia		this	the 12	day of	Tanuanz.
20_{25} , to certify	which, witness my han	d and seal of office.				71111	0
Marey as		Mary Ann J	uarez		1	Accounting	Supervisor
signature of officer administr	ring oat) 3	Printed name of of	ficer administer	ing oath		Title of office	er administering oath
			OR				3 - 3 - 5 × 1
2) Unsworn Declarati	on						
fy name is							
My address is			, ar	nd my date of bi	rth is		
ny dadress is	(street			(cita)	/atatal	/ain and-1	(agusts)
xecuted in	County, Sta		, on the	(city) day of (i	(state)	(zip code) , 20 (year)	(country)
				Signature of Loc	al Governm	ent Officer (De	clarant)

	(manuchona loi c	completing and liling	inis form are pro	vided on the nex	t page.)	
This questionnaire re	eflects changes ma	de to the law by H.B.	. 23, 84th Leg., R	egular Session.	OFFIC	E USE ONLY
government officer	has become awar	e local governmentare of facts that requiral Government Code	e the officer to fil	following loca this statemen		E BOE ONE!
	overnment Office					
Sarai Gara						
2 Office Held				Pita	Secretary	13 Office
Deputy Di	rector of Oper	ation			Rensisted	,,,,,,,,
		ions 176.001(7) and	176.003(a), Lo	cal Governmen Date	1/16/2	y's Office <u>1015</u>
Donation	ed in item 3. Christmas pai	nt of each employm				
5 List gifts accepte from vendor nam	ed by the local go led in item 3 exce	overnment officer a eeds \$100 during th	nd any family m e 12-month per	ember, if aggre iod described b	egate value of t by Section 176.	he gifts accepted 003(a)(2)(B).
Date Gift Accepte	ed 12/10/24	Description of Gi	ft(5) \$10 V	Vhataburger	gift card	
Date Gift Accepte	ed	Description of Gi	ft			
Date Gift Accepte	d	Description of Gift				
		(attach additiona				
	Government Code.			Signature of Loca	al Government Office	cer
		Please comp	lete either or	tion below:		
(1) Affidavit		1000 - 200 - 250 - 100 -	610 SIBIN 16			
NOTARY STAMP/SEA	iL.					
Sworn to and subscribed	before me byS	Sarai Garcia		this the	4 day of	January
20 <u>25</u> , to certify	which, witness my ha	and and seal of office.		- 702074		0
	vu Do	Mary Ann Ju	arez		Accounting	Supervisor
Signature of officer administe	oring oath	Printed name of office		1	Total America Calarina	er administering oath
			OR			
2) Unsworn Declarati	on					
Au water to						
My name is			, and my	date of birth is		
My address is	(stre	eti		4.4		9. November 2
xecuted in				ty) (state		(country)
11.10.0.10.0 lag	ounty, of	Marie OI	, on the	day of(month)	, 20	4
			Signat	ure of Local Gove	rnment Officer (De	clarant)
			-3,00	THE PERSON NAMED IN	WINDER LDG	WINTER CALILY

L	(Instructions for completing and filing this form are provide	ed on the next p	page.)
T	This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regu	The state of the s	OFFICE USE ONLY
g	This is the notice to the appropriate local governmental entity that the fo government officer has become aware of facts that require the officer to file the in accordance with Chapter 176, Local Government Code.	ollowing local his statement	Date Received
1	Name of Local Government Officer		
	Sarai Garcia		4 4 4
2	Office Held	Thu SE	erstorus Office
	Deputy Director of Operation	7	Received
3	Name of vendor described by Sections 176.001(7) and 176.003(a), Local Code	Government	cretary's Office Received 111612025
	Rodz Landscaping		
4	Description of the nature and extent of each employment or other busine with vendor named in item 3. Donation Christmas party raffle		
5	List gifts accepted by the local government officer and any family mem from vendor named in item 3 exceeds \$100 during the 12-month period	ber, if aggreg described by	ate value of the gifts accepte Section 176.003(a)(2)(B).
	Date Gift Accepted 12/11/24 Description of Gift (10) \$50 VI	SA gift card	
	Date Gift Accepted Description of Gift		
	(attach additional forms as necessa	irv)	
	Sig	mature of Local C	Government Officer
	Please complete either option	on below:	
	Affidavit MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2		
wo	orn to and subscribed before me by <u>Sarai Garcia</u>	N	, Ta
	25 , to certify which, witness my hand and seal of office.	_ this the _t_	1 day of January
ب	Mary Ann Juarez		Accounting Supervisor
gna	nature of officer administering oath	×	Title of officer administering oath
	OR		
2) L	Unsworn Declaration		
у п	name is, and my date	e of birth is	
y a	address is,		
	(street) (city)	(state)	(zip code) (country)
œc	cuted in, on the day	of	, 20 (year)
	Signature	of Local Govern	ment Officer (Declarant)
_	Gignature		mont officer (Decidiality)

FORM CIS

			3, 84th Leg., Regular S	No. of the Control of	OFFICE USE ONLY
government officer	o the appropriate in has become aware of Chapter 176, Local (of facts that require the	entity that the followine officer to file this st	ng local atement	Date Received
	overnment Officer				
Sarai Gar	cia		no.	C	-tonic of
2 Office Held			Cit	y OEC	retary 2 C
Deputy Di	rector of Operat	ion		1	Keceived
		ns 176.001(7) and 17	76.003(a), Local Gov	engment	retary's Cfica Received 1116/2025
	ndscaping				The second secon
Donation	ed in item 3. Christmas party	raffle			and each family relationship
5 List gifts accepte	ed by the local gove	ernment officer and	any family member, 2-month period des	if aggregat	te value of the gifts accepted section 176.003(a)(2)(B).
			(5) \$75 VISA gi		
Date Gift Accepte	ed	Description of Gift			
			orms as necessary)		
	Government Code.				overnment Officer
			te either option b	elow:	
(1) Affidavit NOTARY STAMP/SE/	(a) (a)	MARY ANN JUAREZ Notary Public, State of Texa Expires 06/02/2027 I.D.# 12429211-2	as		
Sworn to and subscribed	before me by Sa	rai Garcia	th	is the 14	_ day of January
0	which, witness my hand		.,,,,	10 1110	_ 447 61
YNNA A	mQ.	Mary Ann Juar	ez	4	Accounting Supervisor
Signature of officer administ	Abr	Printed name of officer	A STATE OF THE STA		Title of officer administering oath
The same of		OF			
(2) Unsworn Declarat	ion				
My name is			, and my date of b	oirth is	
My address is				10,122	
	(street)		(city)	(state)	(zip code) (country)
Executed in	County, Stat	e of	on the day of _	(month)	, 20 (year)
			Signature of Lo	ocal Governm	ent Officer (Declarant)

FORM CIS

	eflects changes made				OFFICE USE ONLY
government officer l	o the appropriate lo has become aware o Chapter 176, Local G	of facts that require t	entity that the follo the officer to file this	owing local s statement	Date Received
	overnment Officer	Statistical control			
Sarai Gard	cia			0.1	1 - Colle
2 Office Held			-	ty a	cretary's Office
Deputy Di	rector of Operation	on			Keastred
Code	escribed by Section	is 176.001(7) and 1	76.003(a), Local G	overnment	ecretary's Office Received 111612025
	ndscaping	-51		1.02.47	
with vendor nam Donation	ed in item 3. Christmas party	raffle			and each family relationshi
from vendor nam	ed by the local gove ned in item 3 exceed	ernment officer and ds \$100 during the	12-month period d	lescribed by S	te value of the gifts accepte Section 176.003(a)(2)(B).
Date Gift Accepte		Description of Gift			
Date Gift Accepte	ed I	Description of Gift			
Date Gift Accepte	d D	escription of Gift _			
a ladgetter kend an		(attach additional	forms as necessary	/)	
		L. was Links			overnment Officer
S. LEW YO	Company Spring		ete either option	n below:	
1) Affidavit NOTARY STAMP/SEA	0	MARY ANN JUAREZ lotary Public, State of Texa Expires 06/02/2027 I.D.# 12429211-2	as		
Sworn to and subscribed	before me by Sat			this the	_ day of January
05	y which, witness my hand			_ 1110 1110	_ day or
Maries as	119h	Mary Ann Jua	rez		Accounting Supervisor
ignature of officer administ	ering oath	Printed name of officer			Title of officer administering oat
		C	OR		
2) Unsworn Declarati	on				
ly name is					
ly address is			, and my date	of birth is	
IV addition in	F #107773			(atata)	The sold of the sold of
V (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(street)	Y L	(city)	(State)	(zin code) (country)
xecuted in	(street) County, State		(city) , on the day of	(state) of	(zip code) (country)
	Same and the State				(zip code) (country) (year)

FORM CIS

			i, 84th Leg., Regular Se		FFICE USE ONLY
This is the notice t government officer in accordance with (has become aware	of facts that require th	entity that the following ne officer to file this sta	g local tement	ceived
	overnment Officer				
Sarai Gard	cia				. 00
2 Office Held	V FRANKY		Citi	DECTE	ary's Office
Deputy Di	rector of Opera	tion		Rec	eloca
Code			6.003(a), Local Gove	Date 11	cary's Offics stord 6/2025
	Bolts & Screv	ALL REAL PROPERTY.			
with vendor nam	e nature and extent ed in item 3. Christmas part		t or other business rel	ationship and ea	ach family relationship
from vendor nam	ed by the local gov	ernment officer and	2-month period desc	ribed by Section	ue of the gifts accepted n 176.003(a)(2)(B).
	ed12/11/24		Grinder \$53.00		
		Description of Gift	Childer \$55.00		
Date ditt Accepte			orms as necessary)		
	Government Code.) -	e 12-month period describe	of Local Governme	1h.
1) Affidavit NOTARY STAMP/SEA	AL CONTRACTOR	MARY ANN JUAREZ ary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	e either option be	elow:	
Sworn to and subscribed $20_{-}25_{-}$, to certify	before me by <u>Sa</u> which, witness my har	4 1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	this	the 14 da	vor January
1-0	miQ2	Mary Ann Juar	ez	Accou	inting Supervisor
ignature of officer administ	ering oath	Printed name of officer	administering oath		of officer administering oath
		OF			
2) Unsworn Declarat	ion				
fy name is			, and my date of bi	rth is	3
ly address is					
	(stree	t)	(city)	(state) (zip c	ode) (country)
xecuted in	County, Sta	ate of,	on the day of	nonth) , 20	(year)
			Signature of Loc	al Government Offi	cer (Declarant)

This questionnaire reflects change	s made to the law by H.B. 23, 84th Leg.	, Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate government officer has become in accordance with Chapter 176,	oriate local governmental entity that aware of facts that require the officer to Local Government Code.	the following local of file this statement	Date Received
1 Name of Local Government (Officer	Cit	J. Trong have to will
Sarai Garcia		C	
2 Office Held			Szarbanja () Reduzi Dz. 1/16/2025
Deputy Director of C	peration		Date 1116/2025
Code	Sections 176.001(7) and 176.003(a),	Local Government	
KBW			
Description of the nature and with vendor named in item 3. Donation Christmas	extent of each employment or other to party raffle	ousiness relationshi	p and each family relationship
5 List gifts accepted by the loc	al government officer and any famil exceeds \$100 during the 12-month p	period described by	Section 176.003(a)(2)(B).
Date Gift Accepted			
Date Gift Accepted			
Date diffricopted	(attach additional forms as ne	artar da la la companya da la compan	
Government C	ode.	Signature of Local	Góvernment-Officer
(1) Affidavit NOTARY STAMP/SEAL	Please complete either MARY ANN JUANEZ Notary Public, State of Texas Expires 06/02/2027 1.D.# 12429211-2		
Sworn to and subscribed before me b	Sarai Garcia	this the	4 day of January
20 <u>25</u> , to certify which, witness	s my hand and seal of office.		0
Maryania	Mary Ann Juarez		Accounting Supervisor
Signature of office administering of the	Printed name of officer administering	oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration		311 - 35	
My name is	, and	my date of birth is	
My address is			-
5.2.2.2 C	(street)	(city) (state	
Executed in Cou	inty, State of, on the	day of (month)	, 20 (year)
	Si	gnature of Local Govern	nment Officer (Declarant)

FORM CIS

This questionnaire reflects	changes made to the law by H.B. 23,	84th Leg., Regular Session.	OFFICE USE ONLY
government officer has be	appropriate local governmental en ecome aware of facts that require the er 176, Local Government Code.		Date Received
1 Name of Local Govern			1 00
Sarai Garcia	and a state of	City SE	cretary's Office Rusina 1/16/2015
2 Office Held			Resslored
	O		111112000
Deputy Directo	or or Operation bed by Sections 176.001(7) and 176	000(0) 1 00010 000	1116/2025
Code	bed by Sections 176.001(7) and 176	.003(a), Local Government	A STATE OF THE STA
Tellus		The state of the state of the state of	
with vendor named in	ire and extent of each employment o item 3. istmas party raffle	or other business relationsh	ip and each family relationship
5 List gifts accepted by	the local government officer and a item 3 exceeds \$100 during the 12-	ny family member, if aggreg -month period described by Belt Buckle, 2 Pocket k	Section 176.003(a)(2)(B).
			417.4.704.777
Date Gift Accepted	Description of Gift		
Date Gift Accepted		me as necessary	
6 SIGNATURE I swea	attach additional for ar under penalty of perjury that the above st	average of the second second	
	cknowledge that this statement covers the nment Code.	Signature of Local	Government Officer
		either option below:	V VIII
(1) Affidavit NOTARY STAMP/SEAL	MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 1.D.# 12429211-2	s	
0	Sarai Garcia	n. n. 11	4
0	re me_by <u>Sarai Garcia</u> n, witness my hand and seal of office.	this the	1 day of January
Mary any	Mary Ann Juare	z	Accounting Supervisor
Signature of officer administering o			Title of officer administering oath
	OR		
(2) Unsworn Declaration		1	
My name is		, and my date of birth is	
My address is		1	
7. 1000	(street)	(city) (state	(country)
Executed in		n the day of(month)	, 20 (year)
<u> </u>		Signature of Local Gover	nment Officer (Declarant)

FORM CIS

	(mandetions for completing and iming this form are provided of the flext p.	age.)
Th	is questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
go	his is the notice to the appropriate local governmental entity that the following local overnment officer has become aware of facts that require the officer to file this statement accordance with Chapter 176, Local Government Code.	Date Received
1	Name of Local Government Officer	Miles I I I I I
	Sarai Garcia	Titu Senzetonia
2	Office Held	ord Control of
	Deputy Director of Operation	C Vice-in-
	lame of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code Mission Auto Electric	lity Secretary's Resident Date 111612021
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	Donation Christmas party raffle List gifts accepted by the local government officer and any family member, if aggreg	ate value of the gifte accepte
	from vendor named in item 3 exceeds \$100 during the 12-month period described by Date Gift Accepted12/11/24 Description of Gift Clothing Accessories, C	
	Date Gift Accepted Description of Gift	
	Date Gift Accepted Description of Gift	
	(attach additional forms as necessary)	
(1)	Please complete either option below: MARY ANN JUAREZ	Government Officer
	Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	
Swo	rn to and subscribed before me by <u>Sarai Garcia</u> this the <u>1</u>	1 day of January
20	25 , to certify which, witness my hand and seal of office.	O
7		Accounting Supervisor
ign	ature of officer administering oath	Title of officer administering oath
	OR	
2) (Jnsworn Declaration	
/ly r	name is, and my date of birth is	
/ly a	ddress is,,,	
	(street) (city) (state)	(zip code) (country)
xec	uted in County, State of , on the day of (month)	, 20 (year)
	Signature of Local Govern	ment Officer (Declarant)
7.7	11 14 15 15 15 15 15 15 15 15 15 15 15 15 15	

FORM CIS

This questionnaire	e reflects changes mad	e to the law by H.B. 23	3, 84th Leg., Regular Session.	OFFICE USE ONLY
government offic		of facts that require the	entity that the following local ne officer to file this statement	Date Received
1 Name of Loca	Government Office			
Sarai G	arcia		not.	000
2 Office Held			Cay c	ecretary s Office
Deputy	Director of Opera	ition		Received
		the state of the s	76.003(a), Local Government,	ecretary's Office Received 111612025
Bright	view			
with vendor n	the nature and exter amed in item 3. on Christmas par		t or other business relationsh	ip and each family relationship
5 List gifts acce from vendor n Date Gift Acce	pted by the local go	vernment officer and eds \$100 during the 1 Description of Gift	any family member, if aggre 12-month period described by 2 Tool set, 2 flash ligh	ts \$100.00
Date Gift Acce	pted			
6 SIGNATURE			forms as necessary)	nowledge that the disclosure applies
	Government Code.	-	ne 12 month period described by Sel	Government Officer
		Please comple	te either option below:	
(1) Affidavit	SEAL	MARY ANN JUAREZ Notary Public, State of Tex- Expires 06/02/2027 I.D.# 12429211-2	as	3
Sworn to and subscr	ibed before me by S	arai Garcia	this the	4 day of Juneary
	ertify which, witness my ha			
Maria)	Mary Ann Jua	rez	Accounting Supervisor
Signature of officer adm	inistering oats	Printed name of officer		Title of officer administering oath
	. 0	Ö	The state of the s	
(2) Unsworn Decla	ration			
(2) Gliswolli Becia	iation			
My name is			, and my date of birth is	
My address is				
	(stre	et)	(city) (state	e) (zip code) (country)
Executed in	County, S	ate of	on the day of(month)	, 20
			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 appropri government officer has become av in accordance with Chapter 176, L	vare of facts that require th		Date Received
Name of Local Government Off	and the state of t		The state of the state of
Sarai Garcia		not.	Constant's Office
2 Office Held		$ c_{ipj}$ $<$	Carinal Carina
Deputy Director of Op	peration		CI (ECCULARIA
3 Name of vendor described by S Code		6.003(a), Local Government	Secretary's Office Received 111612025
Uline			
Description of the nature and e with vendor named in item 3. Donation Christmas	party raffle		
from vendor named in item 3 e Date Gift Accepted12/11/2	xceeds \$100 during the 1	any family member, if aggree 2-month period described by BBQ pit \$45.00	gate value of the gifts accepted y Section 176.003(a)(2)(B).
Date Gift Accepted12/11/2		Rolling Cooler \$35.00	
Date Gift Accepted			
SIGNATURE I swear under pe		orms as necessary)	nowledge that the disclosure applies
Government Coo	-		Government Officer
Je	Please complet	e either option below:	
(1) Affidavit NOTARY STAMP/SEAL	MARY ANN JUARE Notary Public, State of Expires 06/02/2027 I.D.# 12429211-2	Texas	
Sworn to and subscribed before me by		this the	4 day of Jaconeany
20 <u>25</u> , to certify, which, witness n	ny hand and seal of office.		0
Maris and	/ Mary Ann Juar	ez	Accounting Supervisor
Signature of officer administering oath	Printed name of officer		Title of officer administering oath
	OF		
2) Unsworn Declaration			
My name is		, and my date of birth is	· · · · · · · · · · · · · · · · · · ·
My address is		A STORY AND AND THE	
	(street)	(city) (state	e) (zip code) (country)
Executed in Coun	ty, State of,	on the day of(month)	, 20 (year)
			rnment Officer (Declarant)

FORM CIS

	State that the control of the contro
This questionnaire reflects changes made to the law by H.B. 23,	OFFICE USE ONLY
This is the notice to the appropriate local governmental en government officer has become aware of facts that require the in accordance with Chapter 176, Local Government Code.	
Name of Local Government Officer Name of Local Government Officer	
Sarai Garcia	100
2 Office Held	C. C. C. C.
	City Decretary & Office
Deputy Director of Operation	Received
Name of vendor described by Sections 176.001(7) and 176 Code	City Secretary's Office Received 5.003(a), Local Government Date 11612025
Prestige Chemicals	
with vendor named in item 3. Donation Christmas party raffle	or other business relationship and each family relationship
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 aggregate value of the gifts accepted -month period described by Section 176.003(a)(2)(B). (1) \$75.00 Home Depot Gift Card
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional for	rms as necessary)
(1) Affidavit MARY ANN JUAREZ Notary Public, State of Texas	Signature of Local Government Officer either option below:
NOTARY STAMP/SEAL Expires 06/02/2027 1.D.# 12429211-2	
Sworn to and subscribed before me by <u>Sarai Garcia</u> 20, to certify which, witness my hand and seal of office.	this the 14 day of January,
4 V Laux (June) Mary Ann Juare	ez Accounting Supervisor
Signature of officer administering oath Printed name of officer administering	dministering 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) (zip code) (country)
	n the day of, 20 (year)
	Signature of Local Government Officer (Declarant)

FORM CIS

This questionnaire reflects change	ges made to the law by H.B. 23, 84	th Leg., Regular Session.	OFFICE USE ONLY
	opriate local governmental entity e aware of facts that require the or b. Local Government Code		Date Received
Name of Local Government	A LICENSE DE LA CONTRACTOR DE LA CONTRAC		
Sarai Garcia			
2 Office Held		Mrs. Same	1.1.00
	Operation	Guy DECTE	eary a Office
Deputy Director of	Operation y Sections 176.001(7) and 176.0	O2/a) Lacal Covernment	celocal
Code	y Sections 176.001(7) and 176.0	os(a), Local Government	1/16/2025
MYSA			LIGILOLS
Description of the nature an with vendor named in item Donation Christma		otber business relationshi	p and each family relationship
5 List gifts accepted by the long	cal government officer and any 3 exceeds \$100 during the 12-m	r family member, if aggreg nonth period described by 1) \$50.00 Salt Grass (Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional form	s as necessary)	
(1) Affidavit	Please complete of MARY ANN JUAREZ Notary Public, State of Texas Expires 06/02/2027 I.D.# 12429211-2	Signature of Local sither option below:	Government Officer
NOTARY STAMP/SEAL	I.D.# 12429211-2		
Sworn to and subscribed before me	by Sarai Garcia	this the	4 day of January
20 25, to certify which, witne	ess my hand and seal of office.	7/1/1/2/	0
Mar. Om	Mary Ann Juarez		Accounting Supervisor
Signature of officer administering oath	Printed name of officer admi	inistering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration		1 . 1.7771.	
My name is		, and my date of birth is	
My address is		TANDO A AFRICA DA CARA CO	,,
	(street)	(city) (state) (zip code) (country)
Executed in C	ounty, State of, on t	he day of	, 20
		(month)	(year)
		Signature of Local Govern	nment Officer (Declarant)

FORM CIS

This questionnair	e reflects changes made	to the law by H.B. 23	, 84th Leg., Regular Se	ession. OFFI	CE USE ONLY
government offic	ce to the appropriate cer has become aware ith Chapter 176, Local	of facts that require th		Date Peccive	d
	I Government Officer	Control of the contro		1 1 1 1 2	1.000
Sarai G			19	L. Secreta	ry's Office 12025
2 Office Held				Receive	jed .
Deputy	Director of Opera	tion		1111	12025
3 Name of vendo Code	or described by Section	ons 176.001(7) and 17	76.003(a), Local Gove	ernmenta s	
	Equipment Ren	Control of the Contro	4-1-1-1-1-1		
with vendor n	f the nature and extent named in item 3. ion Christmas part		t or other business re	lationship and each t	family relationship
5 List gifts acce	epted by the local gov named in item 3 excee	ernment officer and ds \$100 during the 1	any family member, 2-month period desc (2) \$50.00 Chilis	cribed by Section 176	f the gifts accepted 5.003(a)(2)(B).
Date Gift Acc	epted				
		Description of Gift			
Date Cili Acce	pied		orms as necessary)		
	Government Code.		Signature	e of Local Government O	Officer
(1) Affidavit		Please comple MARY ANN JUAREZ Notary Public, State of Texa Expires 06/02/2027 I.D.# 12429211-2	te either option b	elow:	
Sworn to and subsc	ribed before me byS	arai Garcia	thi	is the <u>UU</u> day of	January
20 25 to	certify which, witness my ha	nd and seal of office.			O
Signature of officer adm	Onu On	Mary Ann Jua			ng Supervisor
	0	o once	Section 19	Title of or	nicer administering cath
(2) Unsworn Decl	aration			7.	
My name is			, and my date of t	pirth is	
My address is			The state of the s		
	(stree	et)	(city)	(state) (zip code)	(country)
Executed in	County, St	ate of	on the day of	(month) , 20 (year	ir)
			Signature of Lo	ocal Government Officer ((Declarant)

FORM CIS

This is the notice to			Ith Leg., Regular Session.	OFFICE USE ONLY
	as become aware o	f facts that require the c	ty that the following local officer to file this statement	Date Received
Name of Local Go	The state of the s	and the second s	12 (1) 1	
Sarai Garc	ia		City S	1 0 00
Office Held			44	eterary's Office
Deputy Dir	ector of Operati	on		Kecelored II was a
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			03(a), Local Government	eretary's Office Rectord 1116/2025
Central F	ence			
with vendor name Donation	ed in item 3. Christmas party	raffle		ip and each family relationship gate value of the gifts accepte
from vendor name	ed in item 3 exceed	s \$100 during the 12-n	nonth period described by 2) \$50.00 Walmart gif	Section 176.003(a)(2)(B).
			,	
Date Gift Accepted	D	escription of Gift (attach additional form	ns as necessary)	
SIGNATURE				nowledge that the disclosure applies
	A CONTRACTOR	MARY ANN JUAREZ	Signature of Local either option below:	Government Officer
1) Affidavit		Expires 06/02/2027		
1) Affidavit NOTARY STAMP/SEA		Expires 06/02/2027 I.D.# 12429211-2		
NOTARY STAMP/SEA	before me by <u>Sal</u>	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia	this the	4 day of Japuary
NOTARY STAMP/SEA	L Lieuwa	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia		0
NOTARY STAMP/SEA Sworn to and subscribed 20	before me by <u>Sal</u>	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia		Accounting Supervisor
NOTARY STAMP/SEA	before me by <u>Sal</u>	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia and seal of office. Mary Ann Juarez Printed name of officer adm		() Accounting Supervisor
NOTARY STAMP/SEA Sworn to and subscribed 20	before me by <u>Sal</u> which, witness my hand	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia Land seal of office. Mary Ann Juarez		() Accounting Supervisor
NOTARY STAMP/SEA Sworn to and subscribed 20	before me by <u>Sal</u> which, witness my hand	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia and seal of office. Mary Ann Juarez Printed name of officer adm		() Accounting Supervisor
NOTARY STAMP/SEA Sworn to and subscribed 20	before me by <u>Sal</u> which, witness my hand	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia and seal of office. Mary Ann Juarez Printed name of officer adm	ninistering oath	() Accounting Supervisor
NOTARY STAMP/SEA Sworn to and subscribed 20	before me by <u>Sal</u> which, witness my hand	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia I and seal of office. Mary Ann Juarez Printed name of officer adm OR	ninistering oath	Accounting Supervisor Title of officer administering oath
NOTARY STAMP/SEA Sworn to and subscribed 20	before me by <u>Sal</u> which, witness my hand bering oath	Expires 06/02/2027 I.D.# 12429211-2 rai Garcia land seal of office. Mary Ann Juarez Printed name of officer adm OR	ninistering oath, and my date of birth is	Accounting Supervisor Title of officer administering oath

This questionnaire	reflects changes made	to the law by H.B	. 23, 84th Le	g., Regular Ses	sion.	OFFICE	USE ONLY
government office	to the appropriate I r has become aware n Chapter 176, Local (of facts that requir	re the officer			Date Received	
	Government Officer	X					
Sarai Ga	rcia			0.	0		
2 Office Held				City .	DECT	etaru's	OCC
Deputy [Director of Operat	ion			U	Received .	MILLE
the state of the s	described by Sectio		d 176.003(a)		nment	1/16/20	Office 25
Winsup	ply						
with vendor na	he nature and extent med in item 3. in Christmas party		ent or other	r business rela	tionship	and each fam	ily relationship
5 List gifts accep from vendor na	oted by the local governed in item 3 exceed the tended 12/13/24	ernment officer a	ne 12-month	period descr	ibed by S	te value of th section 176.00	e gifts accepted 03(a)(2)(B).
	oted	Description of G	ift				
	ted [
Date Official		(attach addition	TO 1759 A 1 1 A 2150	Free to the Principle			
	Government Code.	2.000.00000	1 4/1 12			overnment Office	er
		Please comp		er option be	low:		
(1) Affidavit NOTARY STAMP/S	la la	MARY ANN JUARE Notary Public, State of Expires 06/02/2027 I.D.# 12429211-3	Texas 7				
Sworn to and subscrib	ed before me by Sa	rai Garcia		this	the 14	day of	January
~ ~	tify which, witness my han			- "	7		9
(acar	m. a.	Mary Ann Ju	uarez		A	Accounting	Supervisor
Signature of officer admin	istering oath 3	Printed name of off		ng oath			administering oath
			OR				
(2) Unsworn Declar	ation			17.77.77			
My name is			, ar	nd my date of bir	th is		
My address is							
	(stree)		(city)	(state)	(zip code)	(country)
Executed in	County, Sta	te of	, on the		nonth)	, 20	
			-	Signature of Loc	al Governm	ent Officer (Dec	clarant)

FORM CIS

Т	his questionnaire reflects changes ma	ade to the law by H.B. 23	, 84th Leg., Regular Session.	OFFICE USE ONLY
g	his is the notice to the appropriat overnment officer has become awa accordance with Chapter 176, Loc	re of facts that require th		
1	Name of Local Government Offic			
	Sarai Garcia			Secretary's Office Received 11612025
2	Office Held	·	Ath &	SECTETURE
7		de la co		Renework
_	Deputy Director of Ope Name of vendor described by Sec		(C 000/-) C	11612025
3	Code	tions 176.001(7) and 17	6.003(a), Local Governmen	
	Tenzo			
4	Description of the nature and extended with vendor named in item 3. Donation Christmas pa		or other business relations	ship and each family relationship
5	List gifts accepted by the local g	overnment officer and		egate value of the gifts accepted
	from vendor named in item 3 exc			
	Date Gift Accepted	Description of Gift	(4) \$25.00 Starbucks	gift card
	Date Gift Accepted	_ Description of Gift _		
	Date Gift Accepted	Description of Gift		
			orms as necessary)	
(1)	Affidavit	MARY ANN JUAREZ Notary Public, State of Texas	te either option below:	cal Government Officer
	NOTARY STAMP/SEAL	Expires 06/02/2027 I.D.# 12429211-2		
Sw	orn to and subscribed before me by	Sarai Garcia	this the	14 day of January.
20	25 to certify which, witness my	hand and seal of office.		٥
L	manes anes	Mary Ann Juai	rez	Accounting Supervisor
Sig	nature of officer administering oath	Printed name of officer		Title of officer administering oath
		o	R	
(2)	Unsworn Declaration		Tallaba	
Му	name is		, and my date of birth is _	
Му	address is			
	(s	treet)	(city) (sta	ate) (zip code) (country)
Ξxe	ecuted in County,	State of	on the day of(month)	, 20
			Signature of Local Gov	vernment Officer (Declarant)

FORM CIS

This questionnaire reflects changes made to the law by	OFFICE USE ONLY
This is the notice to the appropriate local governm government officer has become aware of facts that re in accordance with Chapter 176, Local Government C	quire the officer to file this statement
Name of Local Government Officer	SCALL COLUMN TO THE SECOND TO
Sarai Garcia	City Secretary's Office
2 Office Held	Received
Deputy Director of Operation	Date 1/16/2000
3 Name of vendor described by Sections 176.001(7) Code	and 176.003(a), Local Government
Tenzo	
Description of the nature and extent of each employers with vendor named in item 3. Donation Christmas party raffle	pyment or other business relationship and each family relationship
5 List gifts accepted by the local government offic	er and any family member, if aggregate value of the gifts accepted
	g the 12-month period described by Section 176.003(a)(2)(B).
Date Gift Accepted Description of	(4) \$50.00 VISA gift card
Date Gift Accepted12/13/24 Description of	f Gift (3) \$30.00 Amazon gift card
Date Gift Accepted 12/13/24 Description of	Gift (4) \$25.00 Target gift card
	tional forms as necessary)
	Signature of Local Government Officer
(1) Affidavit NOTARY STAMP/SEAL Please co MARY ANN Notary Public, St Expires 06/02 I.D.# 1242	2/2027
Sworn to and subscribed before me by Sarai Garcia	this the 14 day of January
20_25_, to certify which, witness my hand and seal of office	
Mary Ani	
D.	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	
My address is(street)	(city) (state) (zip code) (country)
	(city) (state) (zip code) (country), on the day of, 20 (month) (year)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.				on. OFFICE USE ONLY
government offic		of facts that require the	entity that the following lone officer to file this statem	nent Date Received
1 Name of Loca	I Government Officer			Segral .
Sarai G	arcia			0 20150
2 Office Held	100000000000000000000000000000000000000			of the state of
Deputy	Director of Opera	ation		Date 1/16/2025
Code	AND STREET, STREET,	ons 176.001(7) and 1	76.003(a), Local Governm	nent
Musco	A CONTRACT OF THE PARTY OF THE			
with vendor n	amed in item 3. ion Christmas par	ty raffle		onship and each family relationship
5 List gifts acc from vendor	epted by the local go	vernment officer and eds \$100 during the		ggregate value of the gifts accepted ed by Section 176.003(a)(2)(B). gift card
	epted			
	101.504			
Date Gift Acce	ертеа		nani ii iniliaina	
6 SIGNATURE			forms as necessary)	. I acknowledge that the disclosure applies
	Government Code.		Signature of	by Section 176.003(a)(2)(B), Local Local (Government Officer
(1) Affidavit	/SEAL	MARY ANN JUAREZ Notary Public, State of Texa Expires 06/02/2027 1.D.# 12429211-2	te either option belo	ow:
Sworn to and subse	cribed before me by	Saria Garcia	this th	ne 14 day of January
0	certify which, witness my ha			0
mail	A	Mary Ann Jua	rez	Accounting Supervisor
Signature of officer add	ministering oath	Printed name of officer		Title of officer administering oath
		ō	The Control of the Co	
(2) Unsworn Decl	aration		17.36	The state of the s
My name is			, and my date of birth	is
My address is				
	(stre	et)	(city)	(state) (zip code) (country)
Executed in	County, S	tate of	on the day of(mor	nth) , 20
a and			Signature of Local	Government Officer (Declarant)

	eflects changes made					E USE ONLY
government officer	to the appropriate lo has become aware o Chapter 176, Local G	f facts that require t		file this statemen	it Date Received	
	overnment Officer	o o o o o o o o o o o o o o o o o o o		Oil. S	-00000000	s Office 2025
Sarai Gar				City O	Quelon Con	
2 Office Held					RECEIVEA	2-2-
	irector of Operation	on		O de	1/16/2	2025
	lescribed by Section		76.003(a), L	ocal Governmen	nt	
Golf Cou	urse				all ordered to	
with vendor nam	e nature and extent of red in item 3. Thristmas party		nt or other bu	usiness relations	ship and each fa	mily relationship
from vendor nan	ed by the local gove ned in item 3 exceed	rnment officer and s \$100 during the	12-month pe	eriod described		
Date Gift Accept	ed 12/13/24	Description of Gift	nat, ves	St \$35.00		
Date Gift Accept	ed	Description of Gift				
Date Gift Accepte	edD	escription of Gift_				
(activities of a color		(attach additional	forms as ne	cessary)		
(1) Affidavit	Not	Please comple MARY ANN JUAREZ ary Public, State of Texas Expires 06/02/2027			cal Government Off	icer
NOTARY STAMP/SE	AL SEOF	I.D.# 12429211-2				
Sworn to and subscribe	ed before me by Sai	rai Garcia		this the	14 day of	January
0.5	fy which, witness my hand					0
5000	Om L	Mary Ann Jua	rez		Accountin	g Supervisor
Signature of officer adminis		Printed name of office		oath		cer administering oath
a this tab.		- Control of the Control	OR		- X V - V W - Z	
(2) Unsworn Declara	tion					
My name is			, and r	my date of birth is _		
My address is				Market de como		
24 724 774 1	(street)			(city) (st	ate) (zip code)	(country)
Executed in	County, Stat	e of	, on the	day of	, 20	_1 *********
				(month)	(year)	
			Sig	nature of Local Gov	vernment Officer (E	Declarant)

	(matractions for completing a	and mining this form are provided on the	Hext page.)
This questionnaire ret	lects changes made to the lav	v by H.B. 23, 84th Leg., Regular Sess	ion. OFFICE USE ONLY
government officer h		ernmental entity that the following at require the officer to file this state ent Code.	ment Date Received
	vernment Officer	70.222	Tity Secretary's Off
. Maine of Local oc		t_	- Provident
N	Angel El		Systemed
2 Office Held	IT Project	Manager	Date 1-21-25
3 Name of vendor de	escribed by Sections 176.00	1(7) and 176.003(a), Local Govern	ment
Code	lepro		
		mployment or other business relat	tionship and each family relationship
with vendor name	ed in item 3.		
	Distriction of the last	the second of the last second of the second	
			aggregate value of the gifts accepted
		luring the 12-month period describ	
D-1- 0:4 A	10/1/25	Lunch out	Charlers
Date Gift Accepte	d Off of the Descript	ion of Gift Lunch out	2.621.47
Date Gift Accepte	d Descript	ion of Gift	
Date Gift Accepte	d Descriptio	n of Gift	
a contract to the		additional forms as necessary)	
6 SIGNATURE			t. I acknowledge that the disclosure applies
(1) Affidavit NOTARY STAMP (SE) Sworn to and subscribed	Jose Angel Trujillo III Notary ID# 134912987 My Comm. Exp.	complete either option bel	of Local Government Officer
Signature of officer administ	ering oath Printed	name of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	ion	O.	
My name is		, and my date of birt	h is
ANALON S		, 5.15 117 5515 51 511	77
My address is	/		(atata) (ala codo) (acciota)
a / 100 ()	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of	onth) , 20

		Signature of Loca	d Government Officer (Declarant)