FORM CIS

government officer has become aware of facis that require the officer to file this statement in accordance with Chapter 176, Local Government Code. Name of Local Government Officer Cynthia Perez Office Held Secretary, Board of Trustees Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 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 (atlach 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 Code. Signature of Local Government Code of this local government of the complete either option below: OR ORETA S RAMSDELL Notary Public, State of Texas of Texas of Signature of Local Government Code. Signature of Local Government Code of this local government Code. Signature of Local Government Code of this local government Code. Signature of Local Government Code of this local government Code of this local government Code. Signature of Local Government Code of Comm. Expires 03-01-1205 Notary Expires 03-01-1205 Notary Expires 03-01-1205 Notary Expires 03-01-1205 RETA S RAMSDELL Notary Public, with which, witness my hand and seal of office. ALL Language Committee and ministering oath Title of officer administering oath Title of officer administering oath Title of officer administering oath OR 2) Unsworn Declaration	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 Cynthis Perez 2 Office Hold Secretary, Board of Trustees 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A 1 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift Description of Gift 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 Descript	This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regul	ar Session. OFFICE USE ONLY
Office Held Secretary, Board of Trustees Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 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	Cynthia Perez 2 Office Held Secretary, Board of Trustees 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 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	government officer has become aware of facts that require the officer to file th	T I Date Received
Office Held Secretary, Board of Trustees Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 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 Gatch 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. I also acknowledge that this statement covers the 14-month period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Code. Signature of Local Government Officer Ocomm. Expires 30-01-2025 Notary I/D 190352-3 NOTARY STAMP/SEAL wom to and subscribed before me by CYNTHIAPEREZ this the 30TH day of AUGUST Title of officer administering oath Ocomm. Expires 30-01-2025 Discription of Gifter administering oath Ocomm. Expires 30-01-2025 Ocomm. Expires 30-01-2025 Discription of Gifter administering oath Ocomm. Expires 30-01-2025 Discription of Gifter administering oath Ocomm. Expires 30-01-2025 Discription of Gifter 30-01-2025	Office Held Secretary, Board of Trusiees 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 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	Name of Local Government Officer	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the Amonth period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below: NOTARY SYAMP/SEAL NOTARY SYAMP/SEAL Worn to and subscribed before me by CYNTHIAPEREZ In this the 30TH day of AUGUST O 21	Secretary, Board of Trustees 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A 1 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 5 List glifs accepted by the local government officer and any family member, if aggregate value of the glifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Glift Accepted	Cynthia Perez	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code N/A Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 10-month period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer. I also acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Code) of this local government officer. I also acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Code) of this local government officer. I also acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)(2)(B), Local Government Code) of this local government officer. I also acknowledge that the disclosure applies the disclosure applies to each family member (as defined by Section 176.003(a)(2)(B). SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)(2)(B). Common Expression 176.003(a)(2)(B). SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each	A Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government N/A Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A List glits accepted by the local government officer and any family member, if aggregate value of the glits accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift (attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. GRETA S RAMSDELL Signature of Local Government Officer Oromn. Expires 30-30-12025 Notary ID 190352-3 NOTARY STAMI-I SEAL Swom to and subscribed before me by CYNTHIA PEREZ this the SUBJECT this the SUBJECT SUBJECT OR	2 Office Held	
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift	Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 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) Liswar 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 176.002(a)(2)(B). Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B). Local Government Code. Please complete either option below: Signature of Local Government Officer Please complete either option below: CYNTHIA PEREZ This the 30TH day of AUGUST Table of officer administering oath Table of officer administering oath OR CYNTHIA perez Unsworn Declaration My name is	Secretary, Board of Trustees	
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A 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 G	Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. N/A List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B). Date Gift Accepted Description of Gift Description of Gift Date Gift Accepted Description of Gift Date Gift Accepted Description of Gift Description of Gift Date Gift Accepted Description of Gift Description of Gift Date Gift Accepted Description of Gift Description of Gift Description of Gift Date Gift Description of Gift Description Description Description Description Description of Gift Description De	· · · · · · · · · · · · · · · · · · ·	Government
With vendor named in item 3. N/A 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	with vendor named in item 3. N/A 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	N/A	
Date Gift Accepted Description of Gift	Date Gift Accepted	with vendor named in item 3. N/A	
Date Gift Accepted Description of Gift	Date Gift Accepted Description of Gift		
Date Gift Accepted	Date Gift Accepted	Date Gift Accepted N/A 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. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below: Notary Public, State of Texas Comm. Expires 03-01-2025 Notary ID 190352-3 NOTARY STAMP/SEAL worn to and subscribed before me by	(attach additional forms as necessary) SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disciosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below: ONDIARY STAMP/SEAL Sworn to and subscribed before me by CYNTHIA PEREZ This the 30TH day of AUGUST OR ORETA'S RAMSDELL Sworn to and subscribed before me by CYNTHIA PEREZ This the 30TH day of AUGUST OR OR OR OR OR OR OR OR OR O	Date Gift Accepted Description of Gift	
SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer Please complete either option below: ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGUST AUGUST AUGUST AUGUST ORTHIN PEREZ This the 30TH day of AUGUST AUGU	SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. GRETA S RAMSDELL Signature of Local Government Officer OTHER STATE Please complete either option below: Please complete either option below: OTHER STATE STA	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. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code. Great State of Texas Signature of Local Government Officer	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	(attach additional forms as necessa	ry)
worn to and subscribed before me by	Sworn to and subscribed before me by	also acknowledge that this statement covers the 12-month period of Government Code. Government Code. GRETA S RAMSDELL Notary Public, State of Texas Comm. Expires 03-01-2025 Notary ID 190352-3	nature of Local Government Officer
GRETA S. RAMSDELL BUSINESS MANAGER GRETA S. RAMSDELL BUSINESS MANAGER Title of officer administering oath OR Unsworn Declaration y name is and my date of birth is	Such	CYNTHIA PEREZ	the the COTH dead MICHET
Sutro S. Karnella GRETA S. RAMSDELL BUSINESS MANAGER Ignature of officer administering oath Printed name of officer administering oath OR 2) Unsworn Declaration In and my date of birth is	Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is		_ uns une _SUITE day of _AUGUST,
OR Unsworn Declaration y name is and my date of birth is address is address is and my date of birth is and and and	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 20 (month) (year)		BUSINESS MANAGED
y name is and my date of birth is by address is and my date of birth is by address is	// 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		
y name is and my date of birth is	My name is and my date of birth is My address is	OR	
y address is	(street) (city) (state) (zip code) (country) Executed in County, State of on the day of 20	(2) Unsworn Declaration	
	(street) (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20	My name is, and my dat	e of birth is
(street) (ctv) (state) (zin code) (country)	Executed in County, State of on the day of 20	My address is	
		1	
	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 HEE ONLY
This is the notice to the appropriate lo		•	OFFICE USE ONLY
government officer has become aware	•	_	Date Received
in accordance with Chapter 176, Local (Government Code.		
1 Name of Local Government Officer			
Colby Bates			
2 Office Held			
Vice President, Board of Trustees			
3 Name of vendor described by Section Code	ns 176.001(7) and 176.003(a), L	ocal Government	
N/A			
4 Description of the nature and extent with vendor named in item 3. N/A			
5 List gifts accepted by the local government from vendor named in item 3 exceeds			
Date Gift Accepted N/A	Description of Gift	2012	
Date Gift Accepted	Description of Gift		
Date Gift Accepted	Description of Gift		
	(attach additional forms as ne	cessary)	
GRETA S RAMSDELL Notary Public, State of Texas Comm. Expires 03-01-2025	Please complete either	Signature of Local	Government Officer
Notary ID 190352-3			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by	DLBY BATES	this the 30	TH_ day of AUGUST,
20 21 to certify which, witness my han	d and seal of office.		· ·
Greta S Ramsdell	GRETA S. RAMSDELL	В	JSINESS MANAGER
Signature of officer administering oath	Printed name of officer administering of	path	Title of officer administering path
	OR		•
(2) Unsworn Declaration			
My name is	and r	my date of birth is	
My address is			<u></u>
(stree	•	12. **	(zip code) (country)
Executed in County, Sta	te of ; on the	day of(month)	20
		(1101)	(100.)
	Sig	nature of Local Govern	ment Officer (Declarant)

FORM CIS

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 approprovernment officer has become in accordance with Chapter 176,	aware of facts that require th			Date Received	
1 Name of Local Government (Officer				
Mason Martinez					
2 Office Held					
Member, Board of Trustees					
3 Name of vendor described by Code	Sections 176.001(7) and 17	76.003(a), Local Go	vernment		
N/A					
Description of the nature and with vendor named in item 3 N/A					
5 List gifts accepted by the loc from vendor named in item 3	exceeds \$100 during the 1	2-month period de	scribed by	Section 176.0	
Date Gift Accepted N/A	Description of Gift				
Date Gift Accepted	Description of Gift				
Date Gift Accepted	Description of Gift				
	(attach additional t	orms as necessary)			
· · · · · · · · · · · · · · · · · · ·	L exas D25 Please comple	e 12-month period desc	cure of Local (_	(B), Local
NOTARY STAMP/SEAL	AAA CON AAA DTINET				
Sworn to and subscribed before me to	MASON MARTINEZ		this the 301	TH_ day of Al	JGUST
20 21 to certify which, witness	s my hand and seal of office.				
Dutas Kansdell	GRETA S. R	AMSDELL	ВІ	JSINESS MANAC	
Signature of officer administering oath	Printed name of officer	administering oath		Title of office	r administering oath
	0	R		145 L	
(2) Unsworn Declaration					
My name is		and my date o	f birth is		·
My address is					
	(street)	(city)		(zip code)	(country)
Executed in Co	unty, State of	on the day of	(month)	20(year)	·
		Signature of	Local Govern	ment Officer (De	clarant)

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	
Peter Duran	
2 Office Held	
Title. Member, Board of Trustees	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code N/A	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3. N/A	p and each family relationship
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
to each family member (as defined by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section Government Code. Signature of Local Government Code. Signature of Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge that the 176.001(2), Local Government Code also acknowledge that the 176.001(2), Local Government Code also a	ion 176.003(a)(2)(B), Local
Notary ID 190352-3	
	he ^{14th} day of <u>September</u> ,
20 21 to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed pame of officer administering oath	Business Manager
	Title of officer administering oath
(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 (month)	, 20 (year)
Signature of Local Govern	

FORM CIS

This questionnaire reflects changes ma	de to the law by H.B. 23, 84th Leg., Re	gular 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 officer to file	~	Date Received	
1 Name of Local Government Office				
Shanna Castro				
2 Office Held				
President, Board of Trustees				
3 Name of vendor described by Sect Code	ions 176.001(7) and 176.003(a), Loc	al Government		
N/A				
with vendor named in item 3. N/A	nt of each employment or other bus			
	overnment officer and any family m eeds \$100 during the 12-month peri			
Date Gift Accepted N/A	Description of Gift			
Date Gift Accepted	Description of Gift			
Date Gift Accepted	Description of Gift			
	(attach additional forms as nece	ssary)		
	pleer (as defined by Section 176.001(2), Loc hat this statement covers the 12-month periods. Please complete either or	od described by Sec		
Notary ID 190352-3				
Sworn to and subscribed before me by	SHANNA CASTRO	this the 30	TH day of AUGUST ,	
20 21 , ta certify which, witness my	hand and seal of office.			
Guta Kansdell	GRETA S RAMSDELL		USINESS MANAGER	
Signature of officer administering oath	Printed name of officer administering oat	h	Title of officer administering oath	
(2) Unsworn Declaration				
My name is	and my	date of birth is		
My address is		· · · · · · · · · · · · · · · · · · ·		
(st	reet) (c	city) (state	(zip code) (country)	
Executed in County,	State of, on the	day of(month)		
	Signa	iture 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.				
Name of Local Government Officer	1			
John Jones				
2 Office Held				
Member, Board of Trustees				
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Governmen Code	t			
N/A				
4 Description of the nature and extent of each employment or other business relations with vendor named in item 3. N/A				
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				
Date Gift Accepted N/A Description of Gift				
Date Gift Accepted Description of Gift				
Date Gift Accepted Description of Gift				
(attach additional forms as necessary)				
to each family member (as defined by Section 176.001(2), Local Government Coda) 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. Bignature of Local Government Officer GRETA S RAMSDELL Notary Public, State of Texas lease complete either option below: Comm. Expires 03-01-2025				
Notary ID 190352-3				
NOTARY STAMP/SEAL Sworn to and subscribed before me by this the _3	BOTH day of AUGUST			
20 21 to certify which, witness my hand and seal of office.				
Sets Skamsder GRETAS RAMSDELL	BUSINESS MANAGER			
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath			
(2) Unsworn Declaration				
My name is, and my date of birth is _				
My address is,				
	ate) (zip code) (country)			
Executed in County, State of, on theday of(month)	, 20 (year)			
Cionatura of Local Co.	vernment Officer (Declarant)			

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	
1 Name of Local Government Officer	1 !
Brenda Mungia	
2 Office Held	1
Member, Board of Trustees	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	;
Mungia Southwest LLC	
Description of the nature and extent of each employment or other business relations with vendor named in item 3. Member of LLC; Husband Anthony Owner	hip and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggre	
from vendor named in item 3 exceeds \$100 during the 12-month period described by	y Section 176.003(a)(2)(B).
Date Gift Accepted N/A Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
to each family member (as defined by Section 176.001(2), Local Government Coalso acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Coalso Signature of Local Government Coalso Signature Octobro Signature Oct	
Comm. Expires 03-21-2025 NOTARY STAMPORD NOTAR	
Swom to and subscribed before me by this the _3	OTH day of AUGUST ,
20 21 , to certify which, witness my hand and seal of office. Elizabeth (ano Zopoto	Accounting Clark
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR OR OR OF THE RESERVE OF THE RESER	THE SECTION OF THE SE
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is	
	ate) (zip code) (country)
Executed in County, State of, on the day of (month)	, 20 (year)
Signature of Local Cov	ernment Officer (Declarant)

AFFIDAVIT DISCLOSING SUBSTANTIAL INTEREST IN A BUSINESS ENTITY OR REAL PROPERTY

STATE OF TEXAS COUNTY OF SUTTON

I, Brenda Mungia, as a local public official of Sonora ISD, make this affidavit and on my oath state the following:					
1.	I, or a person(s) related to me in the first degree, have a substantial interest in:				
		a business entity, as those terms are defined in Local Government Code Sections 171.001–.002, that would experience a special economic effect distinguishable from its effect on the public by a vote or decision of the Board.			
		OR			
		real property for which it is reasonably foreseeable that the Board's action or my action will have a special economic effect on the value of the property distinguishable from its effect on the public.			
2.		business entity or real property is. Mungla Southwart LLC ne/address of business or description of property).			
	(IIaII	("I" or name of relative and relationship) (have)(has) a			
	subs	stantial interest in this business entity or real property as follows:			
	(Che	eck all that apply.)			
		Ownership of ten percent or more of the voting stock or shares of the business entity.			
		Ownership of ten percent or more of the fair market value of the business entity.			
		Ownership of \$15,000 or more of the fair market value of the business entity.			
	Funds received from the business entity exceed ten percent of (my, her, his) gross income for the previous year.				
		Real property is involved and (<i>l</i> , she, he) (have)(has) an equitable or legal ownership with a fair market value of \$2,500 or more.			
3.	The statements in this affidavit are based on my personal knowledge and are true and correct.				
4.	Upon the filing of this affidavit with the Board's official record keeper, I affirm that I will abstain from participation in any decision involving this business entity or real property, unless permitted according to Local Government Code 171.004(c).				

Signed: 8-30-21 (date)

Signature of official: Your E Murgue Title: Member	
STATE OF TEXAS Suffor	_ (name)
Sworn to and subscribed before me on this 30 (date) day of _ (month), 2021 (year).	August
Motary Public, State of	of Texas

ELIZABETH CANO ZAPATA
Notary Public, State of Texas
Comm. Expires 03-21-2025
Notary ID 12473238-9

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th	Leg., Regular Session.	OFFICE USE ONLY	
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).			
By law this questionnaire must be filed with the records administrator of the local than the 7th business day after the date the vendor becomes aware of facts the filed. See Section 176.006(a-1), Local Government Code.			
A vendor commits an offense if the vendor knowingly violates Section 176.006 offense under this section is a misdemeanor.	, Local Government Code. An		
Name of vendor who has a business relationship with local gove	rnmental entity.		
Mungia Southwest LLC			
Check this box if you are filing an update to a previously file			
completed questionnaire with the appropriate filing authority r you became aware that the originally filed questionnaire was			
Name of local government officer about whom the information is	being disclosed.		
Brenda Mungia			
Name of Officer			
Describe each employment or other business relationship with officer, as described by Section 176.003(a)(2)(A). Also describe Complete subparts A and B for each employment or business rel CIQ as necessary. Brenda Mungia is a member of the Mungia Southween	any family relationship wit ationship described. Attac	h the local government officer.	
her husband, Anthony Mungia is the owner.			
A. Is the local government officer or a family member other than investment income, from the vendor?	of the officer receiving or li	kely to receive taxable income,	
X Yes No			
B. Is the vendor receiving or likely to receive taxable in of the local government officer or a family member of local governmental entity?			
Yes No			
Describe each employment or business relationship that the ve other business entity with respect to which the local governn ownership interest of one percent or more.			
Brenda Mungia is the wife of owner, Anthony Mungia, and is a Mungia Southwest LLC.	employed by		
Check this box if the vendor has given the local government as described in Section 176.003(a)(2)(B), excluding gifts			
Unthong Munger	8	20-2021	
Signature of vendor doing Musiness with the governmental entity	D	ate	