## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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				
Inga Ash				
2 Office Held				
Procurement Coordinator				
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	RFQ#24/056TD			
N/A				
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship			
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).			
Date Gift Accepted Description of Gift				
Date Gift Accepted Description of Gift				
Date Gift Accepted Description of Gift				
(attach additional forms as necessary)				
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 02-11-2028  Notary ID 129458435				
Sworn to and subscribed before me by Inga Ash this the 20	an day of August.			
20, to certify which, witness my hand and seal of office.	61 1			
Deisy Rulio Deisy Rubio	Notary			
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	<u></u>			
My address is,				
	e) (zip code) (country)			
Executed in County, State of, on the day of (month)	, 20 (year)			
Signature of Local Gove	ernment Officer (Declarant)			

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

This questionnaire re	eflects changes made to the	law by H.B. 23, 84th Le	g., Regular Session.	OFFICE USE ONLY	
government officer	o the appropriate local go has become aware of facts Chapter 176, Local Govern	that require the officer		Date Received	
Name of Local G	overnment Officer \	0			
	Jov	ge Garen			
Office Held		•			
Spe	icial Projects Workflescribed by Sections 176	ow Specialist			
Name of vendor d	lescribed by Sections 176	.001(7) and 176.003(a	), Local Government	DEO#04/05CTD	
Code	NA			RFQ#24/056TD	
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 accept from vendor nan	ed by the local governme ned in item 3 exceeds \$10	nt officer and any fan 0 during the 12-mont	nily member, if aggreg h period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).	
Date Gift Accept	ed Desc	ription of Gift			
Date Gift Accept	ed Desc	ription of Gift			
Date Gift Accepte	ed Descrip	otion of Gift			
	(atta	ach additional forms as	necessary)		
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.    Signature or Local Government Officer   DEISY RUBIO   Please complete either option below:					
Comm Not	n. Expires 02-11-2028 lary ID 129456435	0	20	Ho A	
Sworn to and subscribe	ed before me by Jorge	Garza	this the $\frac{\mathcal{A}}{\mathcal{A}}$	th day of August,	
20 <u>24</u> , to cert	ify which, witness my hand and s		1	1 1 1 10	
Doing Rulio	Deisy			otary	
Signature of officer admini	stering oath Prin	ited name of officer administe	ring oath	Title of officer administering oath	
(0) 11		OR 			
(2) Unsworn Declara	ition				
My name is			and my date of birth is		
	(street)		(city) (state	e) (zip code) (country)	
Executed in	County, State of _	, on the _	day of(month)	, 20 (year)	
			Signature of Local Gover	nment Officer (Declarant)	

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

This questionnaire ref	ects changes made to the law by H.B. 23	3, 84th Leg., Regular Session.	OFFICE USE ONLY
government officer h	e to the appropriate local governmental entity that the following local er has become aware of facts that require the officer to file this statement h Chapter 176, Local Government Code.		Date Received
Name of Local Go	vernment Officer		
AV	rai Rodriaira		
2 Office Held	iai roarigue E		
Se	nai Rodriguez nior Accountar	7+	
Name of vendor de Code	escribed by Sections 176.001(7) and 1	76.003(a), Local Government	RFQ#24/056TD
	NA		
with vendor name			
5 List gifts accepte from vendor nam	d by the local government officer and ed in item 3 exceeds \$100 during the	d any family member, if aggreg 12-month period described by	pate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepte	d Description of Gift		
Date Gift Accepte	d Description of Gift		
Date Gift Accepte	d Description of Gift _		
	(attach additional	forms as necessary)	
	to each family member (as defined by Sectionalso acknowledge that this statement covers Government Code.  Please complement Code, Please complement Code, State of Texas	the 12-month period described by Sec	
Note Note	Expires 02-11-2028 ry ID 129458435	0	om A
2.1	d before me by <u>Anai Rodrigue</u>	this the	an day of August
20 4 to certi	y which, witness my hand and seal of office.		At to
Desig Kentro	Deisy Rubit	)	Notary
Signature of officer adminis	tering oath Printed name of offic	er administering oath	Title of officer administering oath
(2) Unsworn Declara	tion	OR	<b>可能的可能的问题的证明</b>
My name is		, and my date of birth is	
My address is			_,
	(street)	* **	e) (zip code) (country)
Executed in	County, State of	_ , on the day of(month)	, 20 (year)
		Signature of Local Gove	ernment Officer (Declarant)

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

FORM CIS

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY				
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received				
Name of Local Government Officer					
JULIA WATTS					
2 Office Held					
SENIOR ACCOUNTANT					
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	RFQ#24/056TD				
Code					
N/H	n and each family relationshin				
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.					
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by					
Tom vendor named in item o exceeds \$100 during the 12-month period described by	00011011 11 0.000(a)(2)(b).				
Date Gift Accepted Description of Gift	18X				
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 acker to each family member (as defined by Section 176.001(2), Local Government Codalso acknowledge that this statement covers the 12-month period described by Section 176.001 (2). Signature of Local Signature of Loca	e) of this local government officer. 1				
DEISY RUBIO Please complete either option below: Comm. Expires @2-11-2026 Notary ID 129458435					
Sworn to and subscribed before me by Julia Waffs this the 29	m day of August.  Notary				
20 24, to certify which, witness my hand and seal of office.					
Deisy Rubio	Notary				
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath				
OR	NO PERMIT				
(2) Unsworn Declaration					
My name is, and my date of birth is					
My address is,,,	e) (zip code) (country)				
· · · · · · · · · · · · · · · · · · ·					
Executed in County, State of, on the day of(month)	(year)				
Signature of Local Cours	roment Officer (Declarant)				