LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT	FORM CIS
(Instructions for completing and filing this form are provided on the next p	
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	
ZOCHARY YONTA 2 Office Held	
RISD School Board Vice-President	+
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code N/A District #1	
4 Description of the nature and extent of each employment or other business relationship	p and each family relationship
with vendor named in item 3.	
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	
NI/A	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of GiftN	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that this statement covers the 12-month period described by Section 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. Covernment Code	e) of this local government officer. I tion 176.003(a)(2)(B), Local
Please complete either option below:	
(1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Zachary Yanta this the 25	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	
My name is, and my date of birth is	
My address is,,	
(street) (city) (state	e) (zip code) (country)
Executed in County, State of , on the day of (month)	20
Signature of Local Gover	nment Officer (Declarant)

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LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT	FORM CIS	
(Instructions for completing and filing this form are provided on the next p	age.)	
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		
Robert Jones		
2 Office Held		
RISD School Board Trustee #2		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.		
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		
	σοσιοπ τι σισσο(α/(=/(=/)	
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of Gift		
Date Gift Accepted Description of GiftN		
(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.		
LILLY GUTIERREZ Notary Public, State of Texas Comm. Expires 03-02-2024 Notary ID 130563665 Notary ID 130563665 Signature of Local Please complete either option below:	Government Officer	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by Robert bnes this the 27 this this this the 27 this this this this the 27 this this this this this this the 27 this this this this this this this this	day of July,	
20, to certify which, witness my hand and seal of office.	•	
2111/2 CUTIERREZ LILLY GUTIERREZ	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	·	
My address is,,,,,,	(country)	
Executed in County, State of , on the day of (month)	, (1 , , , , , , , , , , , , , , , , ,	
Signature of Local Gover	nment Officer (Declarant)	

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DISCLOSURE STA	MENT OFFICER CO ATEMENT s for completing and filing this forn		FORM CIS
This questionnaire reflects chang	es made to the law by H.B. 23, 84t	h Leg., Regular Session.	OFFICE USE ONLY
	priate local governmental entity aware of facts that require the of Local Government Code.		Date Received
2 Office Held /	officer PRCal Card Prosida		
3 Name of vendor described by Code	r Sections 176.001(7) and 176.00	03(a), Local Government	
with vendor named in item 3	N/A		
from vendor named in item	cal government officer and any 3 exceeds \$100 during the 12-m	onth period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted	Description of Gift	N/A	
Date Gift Accepted	Description of Gift	N/A	
Date Gift Accepted	Description of Gift	V/A	
	(attach additional form		
to each famil	EZ	001(2), Local Government Code) of this local government officer. I ion 176.003(a)(2)(B), Local
Comm. Expires 03-0 Notary ID 130563 (1) Affidavit	²⁻²⁰²⁴ Please complete e	either option below:	
NOTARY STAMP/SEAL			Ho
Sworn to and subscribed before me	/	this the 25	day of UUIY,
20, to certify which, witne	iss my hand and seal of office.	EDDF7	Notaby
Signature of officer administering oath	Printed name of officer admi		Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is <u>Sandy Vill</u>	larreal	, and my date of birth is	July 4, 1955
My address is	(street)	Ruge, TX (city) (state	_, /p/5/_ , <u>//3/7</u> (zip code) (country)
Executed in <u>Karne5</u> C	` '	he 25 day of July (month) Sundy Vencura	, 20 <u>12</u> (year)
		Signature of Local Govern	ment Officer (Declarant)

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LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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 Christine Ramivez		
2 Office Held RISD School BoolRd TRustoc #4 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
N/A		
4 Description of the nature and extent of each employment or other business 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 GiftNA		
(attach additional forms as necessary)		
I swear under penalty of perjury that the above statement is true and correct. I ackrete 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 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 this statement covers the 12-month period described by Section 176.001(2), Local Government Code also acknowledge the 12-month period described by Section 176.001(2), Local Government Code a	e) of this local government officer. I	
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by <u>Christine Ramirez</u> this the <u>25</u> 20	th day of July,	
DILITA OUTURNET LILLY OUTIERREZ	Notary	
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 Executed in county, State of , on the day of (month)	e) (zip code) (country) , 20	
	nment Officer (Declarant)	

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LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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 Omnie Rios	
2 Office Held RISD School Board Sacretary #5	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	
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	pate 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 Notary ID 130563665 Please complete either option below:	
(1) Affidavit	
NOTARY STAMP/SEAL	·
Sworn to and subscribed before me by <u>Uamic Rios</u> this the <u>2</u>	day of UUIY,
20, to certify which, witness my hand and seal of office.	Notaby
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	HEALTH MADER SAME
(2) Unsworn Declaration	
My name is, and my date of birth is	·
My address is	
(street) (city) (state	, , , , , , , , , , , , , , , , , , , ,
Executed in County, State of , on the day of (month)	(year)
Signature of Local Gover	rnment Officer (Declarant)

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DISCLOSURE STATEMENT	FORM CIS
(Instructions for completing and filing this form are provided on the next p	age.)
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	
2 Office Held	
RISD School Book TRUSTOC # 6 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	
Code	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	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 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).	e) of this local government officer. I
LILLY GUTIERREZ Notary Public, State of Texas Comm. Expires 03-02-2024 Notary ID 130563665 Please complete either option below:	Government Officer
(1) Affidavit	
NOTARY STAMP/SEAL DANNY ESPARZA	-th
Sworn to and subscribed before me by Lilly Graffiches 19 this the 2	day of UUIY,
20, to certify which, witness my hand and seal of office.	Notaby
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	No. of the last of
(2) Unsworn Declaration	
My name is, and my date of birth is	·
My address is	
(street) (city) (state of, on the day of(month)	e) (zip code) (country), 20 (year)
Signature of Local Gover	rnment Officer (Declarant)
	Davida d 0/47/2020

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LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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	
2 Office Held	
RISD School Booked Trustoo #7	
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 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	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is true and correct. I ack to each family member (as defined by Section 176.001(2), Local Government Cod also acknowledge that this statement covers the 12-month period described by Sec	e) of this local government officer. I
Comm. Expires 03-02-2024	Government Officer
Please complete either option below:	
(1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by Cti Cuticvcz this the 2	day of UUY,
20, to certify which, witness my hand and seal of office.	Notaby
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	THE SECTION OF THE
(2) Unsworn Declaration	
My name is, and my date of birth is	
My address is,	
(street) (city) (state	
Executed in County, State of , on the day of (month)	(year)
Signature of Local Gove	nment Officer (Declarant)

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LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT (Instructions for completing and filing this form are provided on the next p	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 HCC+O2 Office Held	
RISD SUPERINTED AND S	
N/A	
4 Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
5 List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	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 ackrete 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 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 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 covers the 12-month period co	e) of this local government officer. I
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by HCCTOR Daningucz this the 25	day of July,
20	Modern
Signature of officer auministering 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 Executed in county, State of , on the day of (month)	e) (zip code) (country), 20 (year)
Signature of Local Gover	nment Officer (Declarant)

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