LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

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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 _N of Local Government Officer	
AARON GUNNED	
2 Office Held	
RCISD BOARD VILE PRESENT	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
RUSD	
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
EF CAMES 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	
Data Cift Asserted Description of Cift	
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 Code also acknowledge that this statement covers the 12-month period described by Section 176.001(2), Local Government Code.	e) of this local government officer. I
Signature of Local (Government Officer
CYNTHIA VERONICA HERNANDEZ Please complete either option below: Notary Public, State of Texas Comm. Expires 09-21-2025 Notary ID 133343899	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by <u>Qaron (Junnels</u> this the <u>F</u>	3th day of NOVEMBEY,
20 <u>23</u> , to certify which, witness my hand and seal of office.	
Cynthia Winander Cynthia v. Herriandez Si	upt Scretary
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	
(street) (city) (state)	' ' ' ' ' ' ' ' ' ' ' ' '
Executed in County, State of, on the day of	, 20 (year)
(monun) <u> </u>	(yoa!)
Signature of Local Govern	iment Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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	oter 176, Local Government	The second secon	to me triis stati	ement		
1 Name of Local Gover		2 12				
John.	Hodge, Jr			1 -		
Z Unice neio		7.				
School 15	Eard Mem	ber				
	ibed by Sections 176.001(), Local Gover	nment		
	sdge Tr			ļ		
4 Description of the nat	ture and extent of each em	ployment or othe	r business rela	tionship	and each fan	nily relationship
with vendor named in	item 3.	proyiment or other	. 5401110001010	oo	and cuon fun	my rolutionship
List gifts accounted by	the local government off	ioor and any fam	ily mombor if	og grogo	to value of th	a mitta accomtad
	n item 3 exceeds \$100 dur					
Date Gift Accepted	Description	of Gift				
Date Gift Accepted	Description	of Gift				
Date Gift Accepted	Description of	of Gift			***************************************	
	(attach ac	dditional forms as	necessary)			
also	ach family member (as defined be acknowledge that this statement ernment Code.	it covers the 12-mont	th period describe Signature	of Local Go	1	(B), Local
(1) Affidavit NOTARY STAMP/SEAL	6 Notary Public,	State of Texas os 09-21-2025 133343899	er option be		a 8	
Sworn to and subscribed before	ore me by John Hod	ge Vr.	this	the <u> </u>	day of 🙏	lovember.
20_24, to certify which	ch, witness my hand and seal of o	office.	, di		- 1 /	,
CHernande	& Unthe	a Hernand	2.62		Supt. 2	cretary
Signature of officer administering	path Printed nam	ne of officer administer	ing oath		Title of office	r administering oath
		OR		danagen		在10月 在15
(2) Unsworn Declaration						
My name is		, ar	nd my date of bir	th is		
				,		
	(street)		(city)	2.00	(zip code)	(country)
Executed in	County, State of	, on the	day of	onth)	, 20 (vear)	
		-	Signature of Loca		ent Officer (Do	
			Signature of Loca	AL COVERING	CIT CHICK (DE	Juranity

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Duba T M 1 2			
Rubea T Martinez 2 Office Held	ļ		
C :			
School Doard men be2 3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government			
Code			
Ruber T. Martine 2 4 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.	p and each family relationship		
Control of the Contro			
5 List gifts accepted by the local government officer and any family member, if aggreg			
from vendor named in item 3 exceeds \$100 during the 12-month period described by	Section 176.003(a)(2)(B).		
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
Date Gift Accepted Description of Gift			
(attach additional forms as necessary)			
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 Government Code. Signature of Local Government Code.	e) of this local government officer. I tion 176.003(a)(2)(B), Local		
Signature of Local (Government Officer		
Please complete either option below:			
(1) Affidavit CYNTHIA VERONICA HERNAND			
Notary Public, State of Texas			
NOTARY STAMP/SEAL NOTARY ID 133343299 Notary ID 13334329 Notary ID 13334429 Notary ID 13344429 Notary ID 133444429 Notary ID 133444429 Notary ID 133444429 Notary ID 13344449 Notary ID 1344449 Notary ID 144449 Notary ID 14444	n 14		
Sworn to and subscribed before me by Notary ID 133343899 Luben Martines the	day of November,		
20, to certify which, witness my hand and seal of office.			
Calernandes Cunthia Hernandez Su	ot. Secretary		
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath		
OR			
(2) Unsworn Declaration			
My name is, and my date of birth is	······································		
My address is,,,	<i></i>		
(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)		