LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

| 99.00 | |
|---|-----------------------------------|
| 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 | 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 |
| Name of Local Government Officer | |
| Mark Estrada | |
| 2 Office Held | |
| Superntendent | |
| 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/K | |
| 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 \(\sum_{A} \) | |
| Date Gift Accepted | |
| Date Gift AcceptedNA Description of GiftNA | |
| (attach additional forms as necessary) | |
| AFFIDAVIT | have and assessed to the state of |
| 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 Public, State of Texas | |
| Notary ID 10896220 | |
| Signature of Local C | Sovernment Officer |
| Signature of Local C | dovernment Onicer |
| AFFIX NOTARY STAMP / SEAL ABOVE | |
| Sworn to and subscribed before me, by the said Mark Estra da , this the 27 day | |
| of Feb, 20 19 , to certify which, witness my hand and seal of office. | |
| Jina Knudsen Tina Knudsen CFO | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | |