

# 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

*Yadira A. Barrera*

2 Office Held

*Roma ISD Board Trustee*

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

*Pediatric Practice Association*

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

*I am a provider at this medical clinic. I sign off on sports physicals, medical clearance, and on medication authorization*

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 \_\_\_\_\_

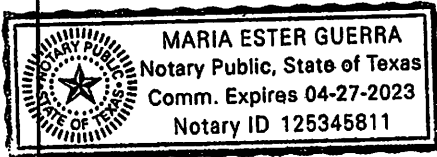
Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 **AFFIDAVIT**

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.



*Yadira A. Barrera*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Yadira A. Barrera*, this the 22 day of March, 2021, to certify which, witness my hand and seal of office.

*Maria Ester Guerra*  
Signature of officer administering oath

*Maria Ester Guerra*  
Printed name of officer administering oath

*Secretary*  
Title of officer administering oath

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**OFFICE USE ONLY**

Date Received

1 Name of Local Government Officer

Yadira A. Barrera

2 Office Held

Roma ISD Board Trustee

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

Las Altas Sports and Wings

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

my Father and my brother are the owners.

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 \_\_\_\_\_

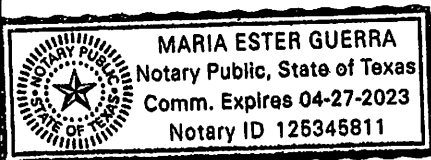
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*Yadira A. Barrera*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Yadira A. Barrera, this the 22 day of March, 2021, to certify which, witness my hand and seal of office.

*Maria Ester Guerra*  
Signature of officer administering oath

Maria Ester Guerra  
Printed name of officer administering oath

Secretary  
Title of officer administering oath