SEP 3 PM3:19

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
Name of Local Government Officer	
Henry Yraquire	
2 Office Held	
Henry Yraquire 2 Office Held Superintendent of Schools	
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 relationship and each family relationship	
with vendor named in item 3.	
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)	
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	
My Notary ID # 130846940 Expires October 3, 2024 Please complete either option below:	
NOTARY STAMP/SEAL	M 0
Sworn to and subscribed before me by Henry Yraguirre this the	day of September,
NOTARY STAMP/SEAL Sworn to and subscribed before me by Henry Yzaguirre this the 20 24 , to certify which, witness my hand and seal of office. UTChelle Martner	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	e) (zip code) (country)
Executed in county, State of , on the day of (month)	, , , , , , , , , , , , , , , , , , , ,
(month) (year)	
Signature of Local Government Officer (Declarant)	