

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

Date Received

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.

1 Name of Local Government Officer

Dr. Judith Solis

2 Office Held

Deputy Director-Division of Admin Leader, School, and Comm Supp

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

Novelty Behavioral Health

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

Alexia Anne Solis- Daughter

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 SIGNATURE

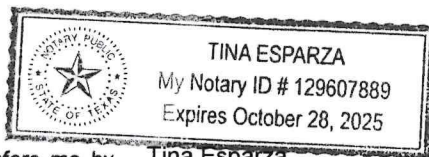
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Tina Esparza this the 30th day of July,

20 25, to certify which, witness my hand and seal of office.

Tina Esparza

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dr. Judith Solis, and my date of birth is _____.

My address is 7414 Bunker Dr., Palmview, Texas, 78572, United States.

(street)

(city)

(state)

(zip code)

(country)

Executed in Hidalgo County, State of Texas, on the 30th day of July, 20 25.

(month) (year)

Signature of Local Government Officer (Declarant)