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.

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.

OFFICE USE ONLY

Date Received 2.24.2026

Clint Independent School District
Office of the Superintendent
14521 Horizon Blvd.
El Paso, Texas 79928

1 **Name of Local Government Officer**

CLAUDIA A.MARQUEZ

2 **Office Held**

CLINT ISD BOARD MEMBER - AT LARGE

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

NONE

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

NONE

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 NONE Description of Gift NONE

Date Gift Accepted NONE Description of Gift NONE

Date Gift Accepted NONE Description of Gift NONE

(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.

Claudia Marquez
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

Noemi Oropeza
My Commission Expires
2/1/2027
Notary ID 128435291
NOTARY STAMP / SEAL

Sworn to and subscribed before me by CLAUDIA A.MARQUEZ this the 24 day of FEBRUARY, 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	NOEMI OROPEZA	NOTARY

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Local Government Officer (Declarant)