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	
DR. JAYME MATHIAS	
2 Office Held	
ALSO DISTRICT 2 TRUSTEE	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
E35	
Description of the nature and extent of each employment or other business relationshi with vendor named in item 3.	p and each family relationship
	E
CONSULTANT SERVICES PROVIDED BY THE GOVERNMENT OFFICER TO E35	
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	ate value of the gifts accepted
ment remain manual minem o exceeded \$100 daming the 12 month period described by	Section 170.003(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)	
AFFIDAVIT I swear under penalty of perjury that the above statement is	s true and correct. I acknowledge
that the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies to each family member (as defined as the disclosure applies are the disclosure applies and the disclosure applies are the disclosure applies are the disclosure applies and the disclosure applies are the disclosure applies and the disclosure applies are the disclosure app	ned by Section 176.001(2), Local
RUSA PALACIUS covers the 12-month period described by Section 176.003(a	a)(2)(B), Local Government Code.
ID# 12920664-2 State of Texas Comm. Exp. 11-15-2020	
Signature of Local of	Government Officer
	dovernment Onicer
AFFIX NOTARY STAMP / SEAL ABOVE	a H
Sworn to and subscribed before me, by the said Jayme Mathias of POV Mark 1, 20 8 to certify which witness my hand and seal of office	, this the day
of the value of the certify which, witness my hand and seal of office.	^
Kon the Kosh Thlaciss	th
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath

FORM CIS

(Instructions for completing and filing this form are pro-	rided 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 government officer has become aware of facts that recin accordance with Chapter 176, Local Government Comment Comm	puire the officer to file this statement Date Received		
Name of Local Government Officer			
DR. JAYME MA	THAS		
2 Office Held			
AISD DISTRICT 2	TRUSTEE		
Name of vendor described by Sections 176.001(7)	and 176.003(a), Local Government Code		
AECom			
with vendor named in item 3.	yment or other business relationship and each family relationship		
THE BROTHER OF THE G	OVERNMENT OFFICER IS m's office IN TOLEDO, OHO.		
EMPLOYED BY AECO	m's office IN TOLEDO, OHO.		
List gifts accepted by the local government office	er and any family member, if aggregate value of the gifts accepted to the transfer to the transfer and any family member, if aggregate value of the gifts accepted to the transfer to the transfer and any family member, if aggregate value of the gifts accepted to the transfer and the transfer and transfer		
	, me na memina penied decentical by Cootion 17 Cioco(a/(2/(2)).		
Date Gift Accepted Description of C	aift		
Date Gift Accepted Description of C	Bift		
Date Gift Accepted Description of C	Sift		
(attach additional forms as necessary)			
that the disclose Government Co	penalty of perjury that the above statement is true and correct. I acknowledge ure applies to each family member (as defined by Section 176.001(2), Local ode) of this local government officer. I also acknowledge that this statement nonth period described by Section 176.003(a)(2)(B), Local Government Code. Signature of Local Government Officer		
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said Jayme of February , 20 8 , to certify which, witness	mathias , this the aday as my hand and seal of office.		
Konta- Rosa	Palacios		
Signature of officer administering oath Printed na	ame of officer administering oath Title of officer administering oath		

FORM CIS

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

(instructions for completing and filling this for	of the provided of the flext page.)	
	the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local government officer has become aware of fain accordance with Chapter 176, Local Government	I governmental entity that the following local acts that require the officer to file this statement vernment Code.	Date Received
Name of Local Government Officer		1
DR. JAYME V	NATHIAS	
2 Office Held	22	1
ALSD DISTR	ICT 2 TRUSTEE	
Name of vendor described by Sections	176.001(7) and 176.003(a), Local Governmen	t Code
MEXICAN AMERICA	CAN SCHOOL BOARDS	ASSOCI ATION
15		
with vendor named in item 3.	each employment or other business relationsh	
	officer is employe	
EXECUTIVE DIRECT	OR OF THIS ORGAN	VIZATION.
List gifts accepted by the local govern	ment officer and any family member, if aggre \$100 during the 12-month period described by	gate value of the gifts accepted
nom vendor named in item o exceeds	proordaring the 12-month period described by	y Section 176.003(a)(2)(B).
Date Gift Accepted Des	cription of Gift	
Data Gift Assented Dec	eviption of City	2
Date Gilt Accepted Des	cription of Gift	y.
Date Gift Accepted Des	cription of Gift	
(attach additional forms as necessary)	
AFFIDAVIT	swear under penalty of perjury that the above statement	is true and correct Lacknowledge
th	at the disclosure applies to each family member (as de	fined by Section 176.001(2), Local
	overnment Code) of this local government office. I also overs the 12-month period described by Section 1 (6.003)	
ID# 12920664-2 State of Texas		
Comm. Exp. 11-15-2020 (1
	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	47	ノ
Sworn to and subscribed before me, by the said	By me Mathias	, this the H day
of February, 20 8, to certify	which, witness my hand and seal of office.	
the fle	Rosa Palacias	EX
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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		
DR. JAYME MATHIAS		
2 Office Held		
ALSO DISTRICT 2 TRUSTEE		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code	
JOIÉ I. GUERRA, INC.		
Description of the nature and extent of each employment or other business relationship with vendor named in item 3.	p and each family relationship	
CONSULTANT SERVICES PROVIDED BY THE	•	
GOVERNMENT OFFICER TO JOSÉ I. G.	VERRA INC.	
List gifts accepted by the local government officer and any family member, if aggreg from vendor named in item 3 exceeds \$100 during the 12-month period described by	ate 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)		
AFFIDAVIT		
I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined to be a considered to b	AND THE STATE OF T	
Government Code) of this local government officer. I also	acknowledge that this statement	
covers the 12-month period described by Section 176.003(a ROSA PALACIOS NOTARY PUBLIC ID# 12920664-2 State of Texas Comm. Exp. 11-15-2020	a)(2)(B), Local Government Code.	
	Government Officer	
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said Tame Wathras	, this the 4th day	
of telayer, 20 , to certify which, witness my hand and seal of office.		
Kontale Residencia	EA	
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath	