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 Office	r	
Christi Lyn Esquivel		
2 Office Held		
SE Compliance Specialist		
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
T M		
Travis Medical Supply		
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.		
My husband, Samuel Esquivel, works as an ATP at Travis Medical Sales Corp.		
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).		
nom vendor named in item 3 exce	seas \$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	(attach additional forms as necessary)	
6 AFFIDAVIT	I swear under penalty of perjury that the above statement i	s true and correct. I acknowledge
	that the disclosure applies to each family member (as defi	
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.		
Notary Public, State of Texas		
Comm. Expires 01-25-2024 Notary ID 130509831		
White World I To Tools of		Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said Christi Esquivel , this the day		
of April , 20 23 , to certify which, witness my hand and seal of office.		
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Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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