LOCAL GOVERNMENT OFFICER FORM CIS CONFLICTS DISCLOSURE STATEMENT		
(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		OFFICE USE ONLY
	e local governmental entity that the following local e of facts that require the officer to file this state nept al Government Code.	Date Received
1 Name of Local Government Office	er [00_	[
Cynthia A. Gutierrez		JUN 27 2024
2 Office Held		CITY OF PHARR CITY CLERKS OFFICE
Director of Public Heal	lth	PHARR, TEXAS
³ Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code		
Bimbo Bakeries Inc.		
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.		
None		
 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 6/26/24 Description of Gift 2 pallets of Bimbo pastries 		
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 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.		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>QAMIA A AUMENCE</u> , this the <u>day</u> of <u>JUNE</u> , 20 <u>JU</u> , to certify which, witness my hand and seal of office.		
Mantza Sutiens	Maritza Auturnez	Public Notary
Signature of offider administering oath	Printed name of officer administering oath	Title of officer administering oath