(Instructions for completing and filing th	is form are provided on the next page.)	
This questionnaire reflects changes made	to the law by H.B. 1491, 80th 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
1 Name of Local Government Officer		
Conrado Alvarado		
2 Office Held		
Board of Trustees President		
3 Name of person described by Secti	ons 176.002(a) and 176.003(a), Local Government	Code
Conrado Alvarado		
Description of the nature and exten	t of employment or other business relationship w Board Meeting - Item 9C-1 - Final Payment to	ith person named in item 3 Hellas Construction for ICA
	FOR, TEXAS HEALTH PLAN, UNITED HE.	
List gifts accepted by the local go 176.003(a-1), if aggregate value of t period described by Section 176.00	vernment officer and any family member, exclud he gifts accepted from person named in item 3 ex 3(a)(2)(B)	ing gifts described by Section ceed \$250 during the 12-month
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
AFFIX NOTARY STAMPE SEAL ABOV	-	ned by Section 176.001(2), Local o acknowledge that this statement
Sworn to and subscribed before me, by the		, this the day
of July . 20/6, to 00	ertify which, witness my hand and seal of office.	
Matala Doy	Natalia Goza Secreta	ry Bolof Trustees Title of officer administering oath

(Instructions for completing and filing thi	s form are provided on the next page.)	
This questionnaire reflects changes made	to the law by H.B. 1491, 80th Leg., Regular Session.	OFFICE USE ONLY
	ocal governmental entity that the following local of facts that require the officer to file this statement Government Code.	Date Received
1 Name of Local Government Officer		
Conrado Alvarado		
2 Office Held		
Board of Trustees President		
3 Name of person described by Section	ons 176.002(a) and 176.003(a), Local Government	Code
Conrado Alvarado		
May 23, 2016 5:00 P.M. Regular E	of employment or other business relationship we do not be some of the sound of the sound item 9B-1 Workers Compensation Stop Louisian, UNITED HEALTH CARE	#2015-117 Special Education
5 List gifts accepted by the local gov 176.003(a-1), if aggregate value of the period described by Section 176.003	rernment officer and any family member, exclud ne gifts accepted from person named in item 3 ex 3(a)(2)(B)	ing gifts described by Section ceed \$250 during the 12-month
Date Gift Accepted	Description of Gift	
Date Gift Accepted [	Description of Gift	
Date Gift Accepted E	Description of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT  ALIA GO  ARY PUBLIC  FOR ITEM  21 20	I swear under penalty of perjury that the above statement that the disclosure applies to a family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003.	ned by Section 176.001(2), Local o acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE	said Conrado alvarado	, this the $25^{+h}$ day
	rtify which, witness my hand and seal of office.	
Signature of officer administering path	Natalia Goza  Printed name of officer administering oath	etara Bd of Truster Title of Officer administering oath

(Instructions for completing and filing	g this form are provided on the next page.)	
This questionnaire reflects changes m	ade to the law by H.B. 1491, 80th 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
1 Name of Local Government Office	er	
Conrado Alvarado		
2 Office Held		
Board of Trustees Preside	ent	
3 Name of person described by Se	ections 176.002(a) and 176.003(a), Local Government	Code
Conrado Alvarado		
May 09, 2016 5:00 P.M. Regul	tent of employment or other business relationship war Board Meeting - Item 9B-1 - Approval of Requiled Proposal #2015-136 EXECUTIVE DIRECTURE	uest for Proposal 2015-130 -
5 List gifts accepted by the local	government officer and any family member, exclud	ing gifts described by Section
176.003(a-1), if aggregate value period described by Section 176	of the gifts accepted from person named in item 3 ex	ceed \$250 during the 12-month
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Hanan	(attach additional forms as necessary)	
ALIA GOLARY PUBLICA	I swear under penalty of perjury that the above statement that the disclosure applies to a family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003.	ned by Section 176.001(2), Local o acknowledge that this statement
FOFTE	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SEAL AS		12th
9//	the said on all old of office.	, this the day
notalia Gon	- Natalia Goza	Leidary Bod of Trust
Signature of officer administering oa	h Printed name of officer administering oath	Title of officer administering oath

FORM CIS

ampleting and filing this form are provided on the part

(Instructions for completing and filing this form are provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regul	ar Session. OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the follo government officer has become aware of facts that require the officer to file this in accordance with Chapter 176, Local Government Code.	wing local statement Date Received
Name of Local Government Officer	
Conrado Alvarado	
Office Held	
Board of Trustees President	
Name of person described by Sections 176.002(a) and 176.003(a), Local (	Government Code
Conrado Alvarado	
Description of the nature and extent of employment or other business re	lationship with person named in item 3
March 28, 2016 5:00 P.M. Regular Board Meeting - Item 12C-4 - Apand Resolution for Scoreboard for McAllen Veterans Memorial Stadi	
HEALTH PLAN, UNITED HEALTH CARE	uni. LALCOTTYL DIRECTOR, TEAAS
List gifts accepted by the local government officer and any family mem 176.003(a-1), if aggregate value of the gifts accepted from person named period described by Section 176.003(a)(2)(B)	nber, excluding gifts described by Section in item 3 exceed \$250 during the 12-month
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessar	у)
that the disclosure applies to a family me Government Code) of this local government	nove statement is true and correct. I acknowledge amber (as defined by Section 176.001(2), Local at officer. I also acknowledge that this statement section 176.003(a), Local Government Code.
AFFIX NOTARY STAMP / SEAL ABOVE	nature of Local Government Officer
Sworn to and subscribed before me, by the said Conrado Alvarado	, this the 5th day
of April, 20 16, to certify which, witness my hand and seal of office	e.
Applia Aon Natalia Gora	Searchary Board of Trustees
Signature of officer administering oath Printed name of officer administering	oathfitle of officer ddministering oath

FORM CIS

(matractions for completing and filling	this form are provided on the flext page.)	
This questionnaire reflects changes ma	de to the law by H.B. 1491, 80th 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
1 Name of Local Government Office	er	2.5
Conrado Alvarado		
2 Office Held		
Board of Trustees Preside	nt	
Name of person described by Se	ctions 176.002(a) and 176.003(a), Local Government	Code
Conrado Alvarado		
	ent of employment or other business relationship wi egular Board Meeting - Item 2 - Approval of Re	
	grance & Employee Benefits Consulting Services	-
•	PLAN, UNITED HEALTH CARE	
	government officer and any family member, excludi f the gifts accepted from person named in item 3 exc 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 a family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(	ed by Section 176.001(2), Local acknowledge that this statement
AFFIX NOTAR STAMP EAL ABO	he said Conrado Alvarado	, this the <i>November</i> day
20 15	certify which, witness my hand and seal of office.	
Adalia Josh Signature of officer administering oath	Natalia Goza Secret  Printed name of officer administering oath	ary Brand of Tuestee
	rance tiente et enteet administering eaut	J chical dominationing cath

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(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.	
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	
government officer has become aware of facts that require the officer to file this statement 📗 Date Received	DNLY
Name of Local Government Officer	
Conrado Alvarado	
Office Held	
Board of Trustees President	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code	
Texas Health Plan, United Health Care (EXECUTIVE DIRECTOR)	
Description of the nature and extent of employment or other business relationship with vendor named in i	item 3
lovember 16, 2015 Item#10C6 "Approval of RFQ#2015-071 - Insurance & Employee Benef	
Consulting Services	
List gifts accepted by the local government officer and any family member, if aggregate value of the gifts from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)	accepted
from vendor named in item 5 exceeds \$100 during the 12-month period described by essential instance and	-/(-/-
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
December 1997	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
	2), Local
I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001). Government Code) of this local government officer. I also acknowledge that this statement is true and correct. I acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001). Government Code) of this local government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001).	
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(3)) 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) of this local government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(3)).	
I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001(2) Government Code) of this local government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct applies to each family member (as defined by Section 176.003(a)). I also acknowledge that this statement is true and correct applies to each family member (as defined by Section 176.003(a)). I also acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)). I also acknowledge that the	
I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001(2) Government Code) of this local government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)). I also acknowledge that this statement is true and correct applies to each family member (as defined by Section 176.003(a)). I also acknowledge that this statement is true and correct applies to each family member (as defined by Section 176.003(a)). I also acknowledge that the disclosure applies to each family member (as defined by Section 176.003(a)). I also acknowledge that the	
I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001(2) Government Code) of this local government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government Code) of this local government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement is true and correct applies to each family member (as defined by Section 176.003(a)) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ent Code.
I swear under penalty of perjury that the above statement is true and correct. I acknow that the disclosure applies to each family member (as defined by Section 176.001(2) Government Code) of this local government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2)) Government officer. I also acknowledge that this statement of the section 176.003(a)(2)(B), Local Government officer. I also acknowledge that this statement of the section 176.003(a)(2)(B), Local Government officer. I also acknowledge that this statement of the section 176.003(a)(2)(B), Local Government of the section 176.003(a)(2)(B), Local Government of Local G	ent Code.

(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	
Conrado Alvarado	
2 Office Held	
Board of Trustees President	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
Texas Health Plan, United Health Care (EXECUTIVE DIRECTOR)	
Description of the nature and extent of employment or other business relationship wi	
October 13, 2015 5:00 P.M. Regular Board Meeting - Item 9C-3 - Approval of Inte Agreement between McAllen ISD and the City of McAllen for Medical Services p	
Preventative Care Institute (PCI)	
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 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)	
21 20100	ined by Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by the said Conrado Alvavado of October, 20 5, to certify which, witness my hand and seal of office.  Signature of officer administering oath  Printed name of officer administering oath	this the day

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This questionnaire reflects changes made	de to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	local governmental entity that the following local e of facts that require the officer to file this statement all Government Code.	Date Received
1 Name of Local Government Office	r	
Conrado Alvarado		
2 Office Held		
Board of Trustees President	t	
3 Name of vendor described by Sec	tions 176.001(7) and 176.003(a), Local Government	Code
Texas Health Plan, United H	lealth Care (EXECUTIVE DIRECTOR)	
<b>_</b>	ent of employment or other business relationship wigular Board Meeting - Item 8C-5 - Approval of A Medical PPO Network	
	overnment officer and any family member, if aggreg	
from vendor named in item 3 exce	eeds \$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)	
AFFIX NOTARY SEAL ABO	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defined overnment Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)  Signature of Local of the content of	ned by Section 176.001(2), Local acknowledge that this statement a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by th	ne said <u>Conrado Qlvarado</u> certify which, witness my hand and seal of office.  Natalia Goza Sccr	, this the day  refary Bol of Trustees  Title of oblicer administering oath

(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.	
Name of Local Government Officer	]
Conrado Alvarado	
2 Office Held	
Board of Trustees President	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	nt Code
Texas Health Plan, United Health Care (EXECUTIVE DIRECTOR)	
Description of the nature and extent of employment or other business relationship	
September 28, 2015 5:00 P.M. Regular Board Meeting - Item 10E - Approval of #2015-042 Employer Direct Medical PPO Network	Agreement(s) for KrQ
#2013-042 Employer Direct Medical 11 O Network	
List gifts accepted by the local government officer and any family member, if aggre from vendor named in item 3 exceeds \$100 during the 12-month period described in	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIX NOTARY STAMP SEAL ABOVE	efined by Section 176.001(2), Local so acknowledge that this statement 3(a)(2)(B), Local Government Code.
Sworn to and subscribed before me, by the said on rado Alvarado of September, 20 15, to certify which, witness my hand and seal of office.	, this the day
Signature of officer administering oath  Notatia Goza  Sometime of officer administering oath	Tretura Bland of Trustes
The state of the s	The second second second second

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This questionnaire reflects changes made to the law by H.B. 1491, 80th 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.	t Date Received
Name of Local Government Officer	
Conrado Alvarado	
2 Office Held	
Board of Trustees President	
Name of person described by Sections 176.002(a) and 176.003(a), Local Governme	ent Code
Conrado Alvarado	
Description of the nature and extent of employment or other business relationship August 24, 2015 5:00 P.M. Regular Board Meeting - Item 10Q - Approval of Finect Medical PPO Network. EXECUTIVE DIRECTOR, TEXAS HEALTH CARF	RFQ #2015-042 Employer
5 List gifts accepted by the local government officer and any family member, excl 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 period described by Section 176.003(a)(2)(B)	uding gifts described by Section exceed \$250 during the 12-month
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
AFFIX NOTARY STATE SEAL ABOVE	efined by Section 176.001(2), Local also acknowledge that this statement 003(a), Local Government Code.
of August, 20 15, to certify which, witness my hand and seal of office.	, this the day
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

FORM CIS

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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 loc government officer has become aware of in accordance with Chapter 176, Local Go	al governmental entity that the following local facts that require the officer to file this statement vernment Code.	Date Received
Name of Local Government Officer	*	
Conrado Alvarado		
Office Held		
Board of Trustees President		
Name of vendor described by Section	s 176.001(7) and 176.003(a), Local Government	Code
Previously employed by Hella	as Construction	
•	of employment or other business relationship wi	
•	pproval of Contract for Interlocal Cooper	ative Agreement
'urchase No. 2015-097 - James "I	Nikki" Rowe High School Synthetic Turf	
List gifts accepted by the local gover from vendor named in item 3 exceeds	nment officer and any family member, if aggreg \$ \$100 during the 12-month period described by	ate value of the gifts accepted Section 176.003(a)(2)(B).
Date Gift Accepted De	scription of Gift	
Date Gift Accepted De	scription of Gift	
Date Gift Accepted De	scription of Gift	
	(attach additional forms as necessary)	
AFFIDAVIT  ALIA  OTARY PUBLICATION  CAPIRES  1	I swear under penalty of perjury that the above statement is that the disclosure applies to each family member (as defi Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)  Signature of Local	ned by Section 176.001(2), Local acknowledge that this statement
AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the sa	id Consado alvarado	, this the // +& day
[- 17	fy which, witness my hand and seal of office.	0
Totalia Son	Natalia Goza Seera	tany Bol of Truste
Signature of officer administering oath	Printed name of officer administering oath	Fitle of officer administering oath

(Instructions for completing and filing this form are provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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	
Conrado Alvarado	
2 Office Held	
Board of Trustees President	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code
Conrado Alvarado	
Description of the nature and extent of employment or other business relationship win November 30, 2015 5:45 P.M. Regular Board Meeting - Item 2 - Approval of Rej	
Qualifications No.2015-042-Insurance & Employee Benefits Consulting Services	-
DIRECTOR, TEXAS HEALTH PLAN, UNITED HEALTH CARE	
List gifts accepted by the local government officer and any family member, excludi 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 excepted 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)	
I swear under penalty of perjury that the above statement is that the disclosure applies to a family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(a)  Signature of Local of Section 176.003(a)  AFFIX NOTARY STAMPT SEAL ABOVE  Sworn to and subscribed before me, by the said Office.  Abdala Again Madala Goza Section  Notalia Goza Section  Notalia Goza Section  Section 176.003(a)  Application of Local of Section 176.003(a)  Signature of Local of Sec	ed by Section 176.001(2), Local acknowledge that this statement a), Local Government Code.
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This questionnaire reflects changes mad	e to the law by H.B. 1491, 80th Leg., Regular Session.	OFFICE USE ONLY
	local governmental entity that the following local e of facts that require the officer to file this statement l Government Code.	Date Received
Name of Local Government Office	r	
Daniel D. Vela		
2 Office Held		
Board of Trustees Member		
Name of person described by Sec	tions 176.002(a) and 176.003(a), Local Government	Code
Daniel D. Vela		
<b>⊒</b> '	ent of employment or other business relationship w	
	ar Board Meeting - Item 12C-4 - Approval of D reboard for McAllen Veterans Memorial Stadiu	
I maneing and recording for see		
	overnment officer and any family member, excluding the gifts accepted from person named in item 3 excluding (2)(B)	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
2	(attach additional forms as necessary)	
AFFIX NOTARY STAMP SEAL ABO  Sworn to and subscribed before me, by the of the control of the con	VE	ed by Section 176.001(2), Local acknowledge that this statement
Hatalia Jour Signature of officer administering oath		y board of Trustees Title of officer administering oath

(Instructions for completing and filing this form are provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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	
Larry Esparza	
2 Office Held	
Board of Trustees, Member	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code
Larry Esparza	
Description of the nature and extent of employment or other business relationship with	-
July 25, 2016 5:00 P.M. Special Board Meeting - 5B-3 - Inter-Local Cooperative	Agreement #2016-016 MOU for
Hidalgo County JJAEP. Works for the County.	
List gifts accepted by the local government officer and any family member, excluding 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 excepted described by Section 176.003(a)(2)(B)	ceed \$250 during the 12-month
Date Gift Accepted Description of Gift	<del>-</del>
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is that the disclosure applies to a family member (as define Government Code) of this local government officer. I also covers the 12-month period described by Section 176.0030  AFFIX NOTARY STAMP SEAL ABOVE  Sworn to and subscribed before me, by the said of All All All All All All All All All Al	ed by Section 176.001(2), Local acknowledge that this statement
Signature of officer administering oath  Natalia Gozo  Service Signature of officer administering oath  Printed name of officer administering oath	tuc Bd of Tustes  Title of officer administering oath

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(Instructions for completing and ming this formatio provided on the next page)	
This questionnaire reflects changes made to the law by H.B. 1491, 80th 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
1 Name of Local Government Officer	
Larry Esparza	
2 Office Held	
Board of Trustees Vice-President	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code
Larry Esparza	
Description of the nature and extent of employment or other business relationship w	
March 28, 2016 5:00 P.M. Regular Board Meeting - 8B-3 - Approval of Agreement and The Boys and Girls Club of McAllen Spouse employed by Boys and Girls Club of McAllen Boys and Girls Club of McAllen Boys employed by Boys and Girls Club of McAllen Boys employed by Boys and Girls Club of McAllen Bo	
and the Dojo and Onto Clao of Merinian operate employed of Dojo and Onto	(2)
List gifts accepted by the local government officer and any family member, excluded 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 excepted described by Section 176.003(a)(2)(B)	ing gifts described by Section ceed \$250 during the 12-month
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
21 201	ned by Section 176.001(2), Local acknowledge that this statement
Sworn to and subscribed before me, by the said Swell Espanye	, this the day
of April , 20 16 , to certify which, witness my hand and seal of office	<del></del> <i> ,</i>
Yotalia Gora Notalia Gora See	etay Board of Turste
Signature of officer administering oath Printed name of officer administering oath	Title of dfficer administering oath

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  Tony Forina  2 Office Held  Board of Trustees Secretary  3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  Tony Forina  4 Description of the nature and extent of employment or other business relationship with person named in item 3 April 25, 2016 5:00 P.M. Regular Board Meeting - Item 16/A4 - Approval of Approval of Interlocal Cooperat Contract with the UTRGV TexPreP. Employee, UTRGV  5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)  Date Gift Accepted	(Instructions for completing and filin	g this form are provided on the next page.)	
Date Received    Date Received   Date Received	This questionnaire reflects changes m	ade to the law by H.B. 1491, 80th Leg., Regular Session.	OFFICE USE ONLY
Tony Forina    Office Held	government officer has become awa	are of facts that require the officer to file this statement	Date Received
Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code   Tony Forina	Name of Local Government Office	er	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code   Tony Forina	Tony Forina		
Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  Tony Forina  Description of the nature and extent of employment or other business relationship with person named in item 3 April 25, 2016 5:00 P.M. Regular Board Meeting - Item 10A4 - Approval of Approval of Interlocal Cooperat Contract with the UTRGV TexPreP. Employee, UTRGV  List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), If aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)  Date Gift Accepted	Office Held		
Description of the nature and extent of employment or other business relationship with person named in item 3 April 25, 2016 5:00 P.M. Regular Board Meeting - Item 10A4 - Approval of Approval of Interlocal Cooperat Contract with the UTRGV TexPreP. Employee, UTRGV  List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)  Date Gift Accepted Description of Gift  Description of Gift  [attach additional forms as necessary]  AFFIDAVIT	Board of Trustees Secret	ary	
Description of the nature and extent of employment or other business relationship with person named in item 3 April 25, 2016 5:00 P.M. Regular Board Meeting - Item 10A4 - Approval of Approval of Interlocal Cooperat Contract with the UTRGV TexPreP. Employee, UTRGV  List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)  Date Gift Accepted Description of Gift  Description of Gift  AFFIDAVIT	Name of person described by Se	ections 176.002(a) and 176.003(a), Local Government	Code
April 25, 2016 5:00 P.M. Regular Board Meeting - Item 10A4 - Approval of Approval of Interlocal Cooperat Contract with the UTRGV TexPreP. Employee, UTRGV  List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)  Date Gift Accepted Description of Gift	Tony Forina		
List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)  Date Gift Accepted Description of Gift			
List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)  Date Gift Accepted Description of Gift  Description of Gift  (attach additional forms as necessary)  AFFIDAVIT	•		proval of Interlocal Cooperati
176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)  Date Gift Accepted Description of Gift	Contract with the UTKGV Text	Ter. Employee, UTKGV	
Date Gift Accepted Description of Gift  [attach additional forms as necessary]    Description of Gift	176.003(a-1), if aggregate value period described by Section 176	of the gifts accepted from person named in item 3 exc 5.003(a)(2)(B)	ceed \$250 during the 12-month
Description of Gift  (attach additional forms as necessary)  I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a 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), Local Government Code.  Signature of Local Government Officer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Tony Towns day  this the JS day			
AFFIDAVIT  I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a 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), Local Government Code.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Tany Tanyana., this the Janyana.	Date Gift Accepted	Description of Gift	
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a 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), Local Government Code.  Signature of Local Government Officer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said	Date Gift Accepted	Description of Gift	
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a 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), Local Government Code.  Signature of Local Government Officer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said		(attach additional forms as necessary)	
Sworn to and subscribed before me, by the said Tong Young, this the 35 day	AFFIDAVIT	that the disclosure applies to a family member (as defin Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(	ed by Section 176.001(2), Local acknowledge that this statement (a), Local Government Code.
		- U +	
of, 20, to certify which, witness my hand and seal of office.	1 - 1	o certify which, witness my hand and seal of office.	, this the day
Matalia Goza Signature of officer administering oath  Natalia Goza Secutory Board of Trustee  Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath	notalia Day	Natalia Goza Secut	an Board of Truster