

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. 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.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Conrado Alvarado

4 Description of the nature and extent of employment or other business relationship with person named in item 3
June 06, 2016 5:00 P.M. Regular Board Meeting - Item 9C-1 - Final Payment to Hellas Construction for ICA #2015-097 EXECUTIVE DIRECTOR, TEXAS HEALTH PLAN, UNITED HEALTH CARE

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP/SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 25 day of July, 2016, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza

Printed name of officer administering oath

Secretary Bd of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Conrado Alvarado

4 Description of the nature and extent of employment or other business relationship with person named in item 3
May 23, 2016 5:00 P.M. Regular Board Meeting - Item 9A-3 - Approval of ICA #2015-117 Special Education Medicaid Reimbursement filing - and item 9B-1 Workers Compensation Stop Loss Insurance EXECUTIVE DIRECTOR, TEXAS HEALTH PLAN, UNITED HEALTH CARE

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 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.

Conrado Alvarado

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 25th day of May, 20 16, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Bd of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Conrado Alvarado

4 Description of the nature and extent of employment or other business relationship with person named in item 3
May 09, 2016 5:00 P.M. Regular Board Meeting - Item 9B-1 - Approval of Request for Proposal 2015-130 - and item 9C-1 Competitive Sealed Proposal #2015-136 EXECUTIVE DIRECTOR, TEXAS HEALTH PLAN, UNITED HEALTH CARE

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 12th day of May, 202016, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Bd of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Conrado Alvarado

4 Description of the nature and extent of employment or other business relationship with person named in item 3
March 28, 2016 5:00 P.M. Regular Board Meeting - Item 12C-4 - Approval of Design-Build Agreement, Financing and Resolution for Scoreboard for McAllen Veterans Memorial Stadium. EXECUTIVE DIRECTOR, TEXAS HEALTH PLAN, UNITED HEALTH CARE

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Conrado Alvarado

Signature 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.

Natalia Goza
Signature of officer administering oath

Natalia Goza

Printed name of officer administering oath

Secretary Board of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Conrado Alvarado

4 Description of the nature and extent of employment or other business relationship with person named in item 3

November 30, 2015 5:45 P.M. Regular Board Meeting - Item 2 - Approval of Rejection of Request for Qualifications No.2015-042-Insurance & Employee Benefits Consulting Services. EXECUTIVE DIRECTOR, TEXAS HEALTH PLAN, UNITED HEALTH CARE

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the November day of 30, 2015, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza

Printed name of officer administering oath

Secretary Board of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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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

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

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

Texas Health Plan, United Health Care (EXECUTIVE DIRECTOR)

4 Description of the nature and extent of employment or other business relationship with vendor named in Item 3

November 16, 2015 Item#10C6 "Approval of RFQ#2015-071 - Insurance & Employee Benefits Consulting Services

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 17 day of November, 2015, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Board of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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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

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

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

Texas Health Plan, United Health Care (EXECUTIVE DIRECTOR)

4 Description of the nature and extent of employment or other business relationship with vendor named in item 3
October 13, 2015 5:00 P.M. Regular Board Meeting - Item 9C-3 - Approval of Interlocal Cooperative Agreement between McAllen ISD and the City of McAllen for Medical Services provided by McAllen Preventative Care Institute (PCI)

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 13 day of October, 2015, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Bd of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

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

Texas Health Plan, United Health Care (EXECUTIVE DIRECTOR)

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

September 14, 2015 5:00 P.M. Regular Board Meeting - Item 8C-5 - Approval of Agreement(s) for RFQ #2015-042 Employer Direct Medical PPO Network

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 28 day of September, 2015, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza

Printed name of officer administering oath

Secretary Bd of Trustees

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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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

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

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

Texas Health Plan, United Health Care (EXECUTIVE DIRECTOR)

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

September 28, 2015 5:00 P.M. Regular Board Meeting - Item 10E - Approval of Agreement(s) for RFQ #2015-042 Employer Direct Medical PPO Network

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 28 day of September, 20 15, to certify which, witness my hand and seal of office.

Natalia Goza

Signature of officer administering oath

Natalia Goza

Printed name of officer administering oath

Secretary Board of Trustees

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Conrado Alvarado

4 Description of the nature and extent of employment or other business relationship with person named in item 3
August 24, 2015 5:00 P.M. Regular Board Meeting - Item 10Q - Approval of RFQ #2015-042 Employer Direct Medical PPO Network. EXECUTIVE DIRECTOR, TEXAS HEALTH PLAN, UNITED HEALTH CARE

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 25th day of August, 20 15, 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

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

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

Previously employed by Hellas Construction

4 Description of the nature and extent of employment or other business relationship with vendor named in Item 3

December 14, 2015 Item#10C4 "Approval of Contract for Interlocal Cooperative Agreement
Purchase No. 2015-097 - James "Nikki" Rowe High School Synthetic Turf

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 11th day of January, 2016, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Bd of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees President

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Conrado Alvarado

4 Description of the nature and extent of employment or other business relationship with person named in item 3

November 30, 2015 5:45 P.M. Regular Board Meeting - Item 2 - Approval of Rejection of Request for Qualifications No.2015-042-Insurance & Employee Benefits Consulting Services. EXECUTIVE DIRECTOR, TEXAS HEALTH PLAN, UNITED HEALTH CARE

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)

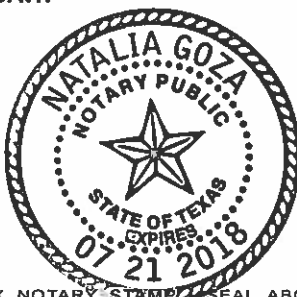
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY SEAL/SEAL ABOVE

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.

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 30 day of November, 2015, to certify which, witness my hand and seal of office.

Natalia Goza
Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Bd of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Daniel D. Vela

2 Office Held

Board of Trustees Member

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Daniel D. Vela

4 Description of the nature and extent of employment or other business relationship with person named in item 3
March 28, 2016 5:00 P.M. Regular Board Meeting - Item 12C-4 - Approval of Design-Build Agreement, Financing and Resolution for Scoreboard for McAllen Veterans Memorial Stadium. Owner Lee's Pharmacy

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 _____ Description of Gift _____

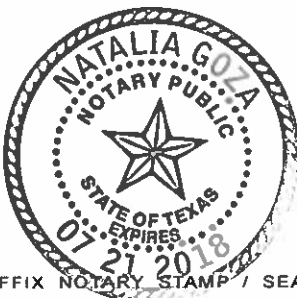
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

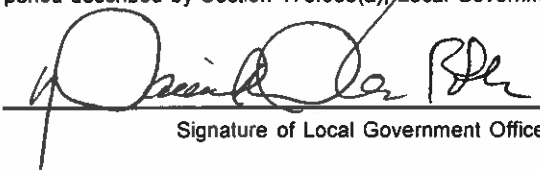
(attach additional forms as necessary)

6 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


Signature of Local Government Officer

Sworn to and subscribed before me, by the said Daniel D. Vela, this the 5th day of April, 20 16, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Board of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Larry Esparza

2 Office Held

Board of Trustees, Member

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Larry Esparza

4 Description of the nature and extent of employment or other business relationship with person named in item 3

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.

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

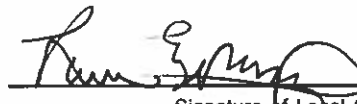
(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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

Sworn to and subscribed before me, by the said Larry Esparza, this the 22nd day of August, 20 16, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Bd of Trustees
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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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. 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.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Larry Esparza

2 Office Held

Board of Trustees Vice-President

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

Larry Esparza

4 Description of the nature and extent of employment or other business relationship with person named in item 3
March 28, 2016 5:00 P.M. Regular Board Meeting - 8B-3 - Approval of Agreement Between McAllen ISD and The Boys and Girls Club of McAllen Spouse employed by Boys and Girls Club

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Larry Esparza, this the 5th day of April, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Board of Trustees
Title of officer administering oath

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. 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.

OFFICE USE ONLY

Date Received

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 10A4 - Approval of Approval of Interlocal Cooperation 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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 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.


Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tony Forina, this the 25 day of April, 20 16, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Natalia Goza
Printed name of officer administering oath

Secretary Board of Trustees
Title of officer administering oath