

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.

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 Member

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 19, 2017 Regular Board Meeting 9B-2 Approval of RFP 2017-049 Student Accident Insurance and Student Accident Voluntary 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 14 day of August, 20 17, 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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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

Debbie Crane Aliseda

2 Office Held

Board of Trustees Secretary

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

Debbie Crane Aliseda

4 Description of the nature and extent of employment or other business relationship with person named in item 3
June 5, 2017 Regular Board Meeting item 9C-1 Approval of Athletic Field Use Agreement Between MISD and the Boys and Girls Club of McAllen. Board of Director for 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 Debbie Crane Aliseda, this the 12 day of June, 20 17, 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

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees Member

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
April 10, 2017 Regular Board Meeting 8C Approval of Superintendent's Recommendation Concerning the Renewal of 2016-2017 Employee Contracts of Teachers and Other Professional Personnel for the 2017-2018 School year. Spouse employed with District.

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 *April*, 20 *17*, 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 Member

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
April 10, 2017 Regular Board Meeting 9B-1 Approval of agreement for RFQ for flu shots. 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 April, 20 17, 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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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

Marco Suarez

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

Marco Suarez

4 Description of the nature and extent of employment or other business relationship with person named in item 3
February 27, 2017 Regular Board Meeting item #9D-2 RFP #16-000016 - Restaurants, Food, Fundraising, Rentals, Catering, Field Trips and Related Products & Services. FAMILY MEMBER PLACED BID

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 Marco Suarez, this the 27 day
of February, 2017, 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

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Marco Suarez

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

Marco Suarez

4 Description of the nature and extent of employment or other business relationship with person named in item 3
November 14, 2016 Regular Board Meeting Item #9D-5 MISD October Budget Amendment for Fiscal Year beginning July 1, 2016 and ending June 30, 2017 DOES BUSINESS WITH PRODUCE COMPANY

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 _____

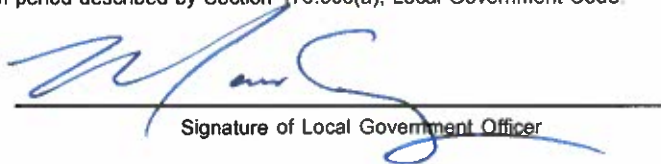
Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

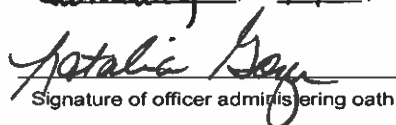


I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described 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 Marco Suarez, this the 16 day
of January, 20 17, 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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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

November 14, 2016 Regular Board Meeting item #9B-4 RFQ #16-000001 Flu Shots. ~~Works for UTRGV~~

WIFE IS EMPLOYED BY POTENTIAL VENDOR.

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 Tony Forina, this the 16 day of January, 20 17, 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

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees Member

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 14, 2016 Regular Board Meeting 9B-3 Approval of Pharmacy Plan Formulary Changes & Clinical Edits, 9B-4 Approval of RFQ #No 16-000001 Flu shots 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 16 day of January, 20 17, 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

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Marco Suarez

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

Marco Suarez

4 Description of the nature and extent of employment or other business relationship with person named in item 3
October 24, 2016 5:00 P.M. Regular Board Meeting - Item 10C-4 - Purchase #2016-031 Discount Groceries and Miscellaneous Items and Item 10D-2 Approval of RFP 2016-070 Restaurants, food fundraising, rentals, catering, field trips and related products & services rebid. DOES BUSINESS WITH PRODUCE

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 Marco Suarez, this the 2 day
of November, 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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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, 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
October 24, 2016 5:00 P.M. Regular Board Meeting Item 10A-1 Approval of MOU between MISD and Hidalgo County Head Start Program Works with Hidalgo 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 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 14 day of November, 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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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Tony Forina

2 Office Held

Board of Trustees Secretary ~~Secretary~~ **PRESIDENT**

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
October 9, 2017 Regular Board Meeting item #9A-4 MOU 2017-100 between MISD and UTRGV for Dual Enrollment. Works for 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



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 Tony Forina, this the 23 day of October, 20 17, 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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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
September 26, 2016 3:00 P.M. Regular Board Meeting - Item 9A-5 - Approval of Memorandum of Understanding Between McAllen Independent School District and Rio Grande Valley Institutions of Higher Education for the College Prep Mathematics and English Language Arts Courses. Works for 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 _____

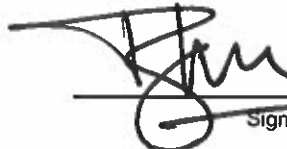
(attach additional forms as necessary)

6 AFFIDAVIT



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 Tony Forina, this the 3 day
of October, 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

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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
September 12, 2016 5:00 P.M. Regular Board Meeting Item 9A-2 Approval of MOU between MISD and Special Education Program and Hidalgo County Head Start Program and 9C-23 Approval of Interlocal Agreement between MISD and Hidalgo County JJAEP for Catering Services. Works with Hidalgo

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]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Esparza, this the 13 day of September, 2016, to certify which, witness my hand and seal of office.

[Signature]

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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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
September 12, 2016 5:00 P.M. Regular Board Meeting - Item 9A1 - Approval of Interlocal Cooperation Contract between McAllen ISD and the University of Texas Rio Grande Valley. Works for 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



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 Tony Forina, this the 13 day of September, 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 Bd of Trustees

Title of officer administering oath

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Conrado Alvarado

2 Office Held

Board of Trustees Member

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 22, 2016 5:00 P.M. Regular Board Meeting - Item 9B-5 and 9B-6, RFP #2015-140 Pharmacy Benefit Management Services and RFP #2015-139 Medical & Dental Adm with Preferred Provider 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



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 22 day of August, 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

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

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
August 22, 2016 5:00 P.M. Regular Board Meeting Item 9A4 Approval of Memorandum of Understanding between MISD and Hidalgo County Head Start Program and 9B3 Approval of Interlocal Agreement between the County of Hidalgo and MISD. Works with Hidalgo 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 _____

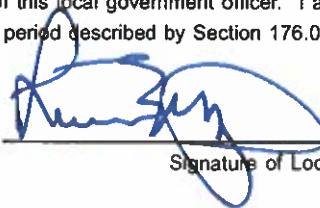
(attach additional forms as necessary)

6 AFFIDAVIT



AFFIX NOTARY 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 23 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

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

Sam Saldivar

2 Office Held

Board of Trustees President

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

Sam Saldivar

4 Description of the nature and extent of employment or other business relationship with person named in item 3
August 22, 2016 5:00 P.M. Regular Board Meeting - Item 9A2 - Approval of Interlocal Cooperation Agreement No. 2016-014 UTRGV Speech Language Intervention and Diagnostic Services. Sister-in-law works at Speech Language division.

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.

Sam Saldivar

Signature of Local Government Officer

Sworn to and subscribed before me, by the said Sam Saldivar, Jr., this the 23 day of August, 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

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
August 22, 2016 5:00 P.M. Regular Board Meeting - Item 9A2 - Approval of Interlocal Cooperation Agreement No. 2016-014 UTRGV Speech Language Intervention and Diagnostic Services. Works for 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



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 Tony Forina, this the 23 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

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

Marco Suarez

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

Marco Suarez

4 Description of the nature and extent of employment or other business relationship with person named in item 3
August 08, 2016 5:00 P.M. Regular Board Meeting - Item 9C-5 - Purchase #2016-039 Produce for Food & Nutrition Services. DOES BUSINESS WITH PRODUCE COMPANY

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 _____

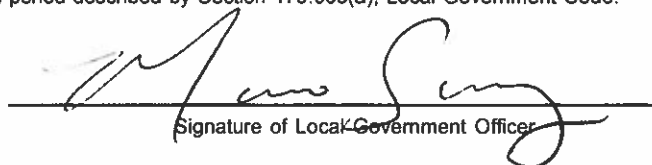
Date Gift Accepted _____ Description of Gift _____

(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 Marco Suarez, this the 22nd day of August, 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 Bd 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

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 08, 2016 5:00 P.M. Regular Board Meeting - Item 9B-1, 2 - RFP #2015-140 Pharmacy Benefit Management Services and RFP #2015-139 Medical & Dental Adm with Preferred Provider 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 22nd day of August, 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