

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

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
June 18, 2018 5:00 P.M. Regular Board Meeting Item 10A-3 Approval of Interlocal Cooperative Agreement 2018-030 Quinta Mazatlan Agreements. Sits on committee Friends of Quinta Matzalan

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)

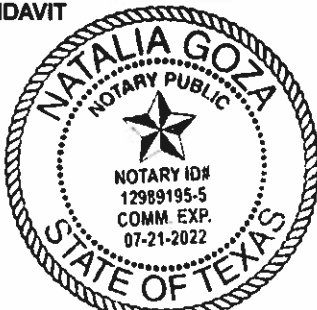
Date Gift Accepted _____ Description of Gift _____

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 Daniel D. Vela, this the 11 day of September, 20 18, 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 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
May 14, 2018 Regular Board Meeting Item #10B-2 Approval of RFP 2018-009 Property & Casualty Insurance Plan, and Item #10B-3 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 5 day of June, 20 18, 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

MISO 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 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
April 9, 2018 Regular Board Meeting item #9A-2 Interlocal Agreement 2017-149 UTRGV TexPREP; and #9B1 MOU between UTRGV College of Education and P-16 Integration and MISD. 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



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 23 day of April, 20 18, 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

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
March 26, 2018 Item 2 C Pending and/or Potential Litigation 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 _____

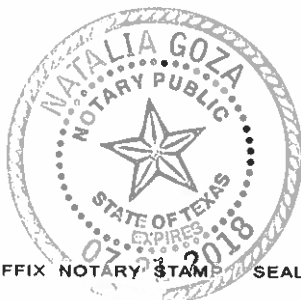
Date Gift Accepted _____ Description of Gift _____

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.



AFFIX NOTARY SEAL ABOVE

Conrado Alvarado

Signature of Local Government Officer

Sworn to and subscribed before me, by the said *Conrado Alvarado*, this the *23* day of *April*, 20 *18*, 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
March 9, 2018 Special Board Meeting Item #2 Presentation and Discussion of Self Funded Employee Benefit Plan. 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 27 day of March, 2018, 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
November 13, 2017 Regular Board Meeting item 8-C Discussion and Action on Pending and/or Potential Litigation 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 11 day of December, 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

October 9, 2017 Regular Board Meeting 10B-1 Approval of Self-Funded Health and Dental Plan Funding, Rates and Benefits for 2017-18; 10B-2 Discussion and Possible Action on RFP for Medical & Dental Plan Administration and Related Services; 10B-3 Discussion of MISD Board Policy DEC(LOCAL) 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 (Oct 16, 2017)

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Conrado Alvarado, this the 19 day of October, 2017, 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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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
September 11, 2017 5:00 P.M. Regular Board Meeting Item 9A-4 Approval of MOU between MISD Special Education Program and Hidalgo County Head Start Program. Employed by 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



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 Larry Esparza, this the 11th day of September, 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

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
September 11, 2017 5:00 P.M. Regular Board Meeting Item 9A-3 Approval of MOU between MISD and Hidalgo County Head Start Program. Employed by 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



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 Larry Esparza, this the 13th day of Sept, 20 17, 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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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
September 4, 2017 5:00 P.M. Regular Board Meeting Item 9A-1 Approval of MOU between MISD and the Hidalgo County Head Start Program. Employed by 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 11th day of September, 20 17, 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

Marco Suarez

2 Office Held

Board of Trustees Vice-President Member

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 14, 2017 Regular Board Meeting item #8C-2 RFP #2017-037 - Fresh Produce for Child Nutrition Program. 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 _____

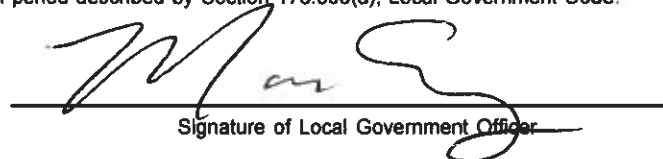
(attach additional forms as necessary)

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 21 day
of August, 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

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 14, 2017 5:00 P.M. Regular Board Meeting Item 8A-3 Approval of Agreement No. 2017-071
Communities in Schools of Hidalgo County, Inc. Employed by 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 21 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