

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Ricardo Salinas

Title/Position: Program Coordinator II

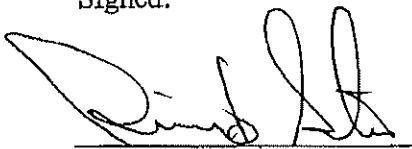
Contract for Goods/Services: Online Pharmacy Billing Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. HEB
2. _____
3. _____
4. _____

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

Signed:



Date:

8/1/18

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: María de Lourdes M Acevedo

Title/Position: ~~HR~~ Coordinator III, Human Services

Contract for Goods/Services: Pharmacy Benefit Management & Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County: Online Pharmacy Billing Services

1. HEB RxTRA Advantage
2. _____
3. _____
4. _____

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

Signed: 

Date: 8/1/2018

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Dairen Sammiendo

Title/Position: Division Manager III

Contract for Goods/Services: Pharmacy Benefit Management Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. HEBR_xtra Advantage
2. _____
3. _____
4. _____

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

Signed:

Date:

Dairen Sammiendo

8/01/18