

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Dr. Jennifer Mendoza Culbertson

Title/Position: Pct. 4 Chief Administrator - Internal Affairs

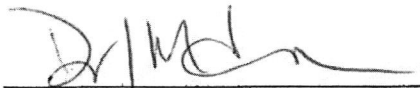
Contract for Goods/Services: Emergency Ambulance Services for Unincorporated Areas in Pct 3

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

1. Hidalgo County EMS
2. Med Care EMS
- 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:

5/17/19

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: David Suarez

Title/Position: Chief Administrator

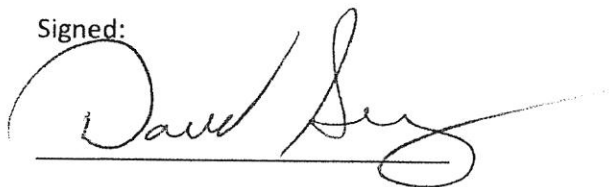
Contract for Goods/Services: Emergency Ambulance Services of Unincorporated Areas in Pct 3- RFP No. 2019-032-05-01-TDL

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

1. Med Care EMS
2. Hidalgo County EMS
- 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:

5/29/2019

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Victor Gallardo

Title/Position: ROW Agent

Contract for Goods/Services: Ambulance Services

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

1. Hidalgo EMS

2. Med care

In my review, grading, selection or approval of the above identified vendors, I here by 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:

5-29-2019

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Sara Vela

Title/Position: Exec. Asst

Contract for Goods/Services: Emergency Ambulance Service
of unincorporated Areas Pct. 3

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

1. Hidalgo EMS

2. Medicare

In my review, grading, selection or approval of the above identified vendors, I here by 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:

[Signature]

Date:

May 29, 19