

NO CONFLICT DISCLOSURE
FORM

Name of Government Officer/Employee: Velinda Reyes

Title/Position: Chief Administrator for External Affairs

Contract for Goods/Services: Online Enrollment & Benefit Administration

Name of Vendors contracting with OR seeking to contract with Hidalgo County: System
RFP: 2020180-24-120

1. Benefit Express Services LLC

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:

Velinda Reyes

Date:

4/30/20

NO CONFLICT DISCLOSURE
FORM

Name of Government Officer/Employee: Sara Vela

Title/Position: Executive Asst.

Contract for Goods/Services: Benefit Admin. System

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

1. Benefit Express Services LLC

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:

July 10, 2020

NO CONFLICT DISCLOSURE
FORM

Name of Government Officer/Employee: Armando Garza Jr.

Title/Position: Chief Administrator

Contract for Goods/Services: Online Enrollment & Benefit Administration System

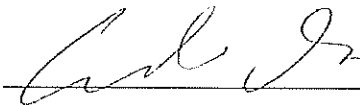
Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Benefit Express Services, LLC
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:



07-10-2020

NO CONFLICT DISCLOSURE
FORM

Name of Government Officer/Employee: Maria Salinas

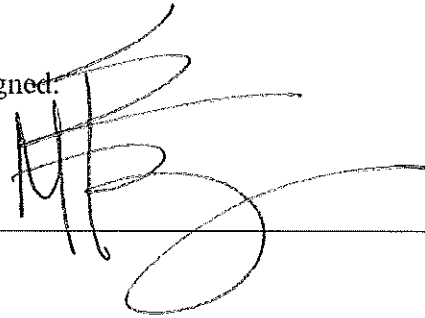
Title/Position: Assistant Chief of Staff

Contract for Goods/Services: Online Enrollment & Benefit Administration System

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

1. Benefit Express Services
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: 07/10/20

NO CONFLICT DISCLOSURE
FORM

Name of Government Officer/Employee: David Suarez

Title/Position: Chief Administrator

Contract for Goods/Services: Online Enrollment & Benefit Administration System

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

1. Benefit Express Services, LLC
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:

David Suarez, Chief Administrator

07/13/2020