

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Armando Garza Jr.

Title/Position: Chief of Staff


Contract for Goods/Services: Excess Workers' Compensation Insurance

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

1. Montalvo Insurance Agency
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:

12/12/2022

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Jorge Arcaute

Title/Position: Chief Administrator

Contract for Goods/Services: Excess Workers Compensation Insurance

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

1. Montalvo Insurance Agency

2. _____

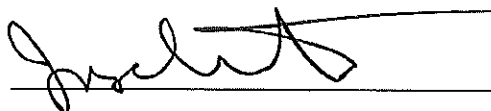
3. _____

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:



12-8-2022

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Isaac V. Sulemana

Title/Position: Chief of Staff

Contract for Goods/Services: 22-0359-12-07 : Excess Workers Compensation Insurance

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

1. Montalvo Insurance Agency
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:

Isaac V. Sulemana

December 14, 2022

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: David Suarez

Title/Position: Chief Administrator

Contract for Goods/Services: Excess Workers' Compensation

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

1. Montalvo Insurance Agency


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:

12/16/2022

NO CONFLICT DISCLOSURE FORM

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

Title/Position: Pct. 4 Chief of Staff for Internal Affairs

Contract for Goods/Services: Excess Workers' Compensation Insurance

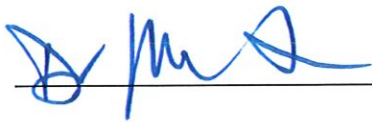
Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Montalvo Insurance Agency
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:



12/16/22