

## Diaz-Ordorica, Marcela

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**From:** Lawson, Kimberly  
**Sent:** Tuesday, July 26, 2022 3:33 PM  
**To:** Scamardo, Robert  
**Subject:** FW: Conflict of Interest Disclosure

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**From:** Hill, Deena  
**Sent:** Monday, June 13, 2022 8:52 AM  
**To:** Lawson, Kimberly <[Kimberly.Lawson@fortbendisd.com](mailto:Kimberly.Lawson@fortbendisd.com)>  
**Subject:** Conflict of Interest Disclosure

Good morning - The Board of Trustees will consider approval of the Residential and Nonpublic Day Schools as authorized service providers for 2022-23 school year at the July Board meeting. Pursuant to Board Policies DBD (LOCAL), CH (LOCAL) and CV (LOCAL), I am contacting you as my direct supervisor to disclose that my uncle is the President of Shiloh Treatment Center.

The ARD committee determines the placement for students who require placement in a nonpublic day school or residential facility. Fort Bend ISD as well as other Districts in the area have a history of utilizing Shiloh Treatment Center to meet the needs of certain students. I am not receiving any financial benefit from the District contracting with this vendor.

I have completed the online Conflict of Interest Disclosure. In addition, Ashley Ashna will be present at the July BOT meeting to answer any questions related to the Board Agenda item on Non Public and Residential Programs.

Thank you -

Deena Hill, Ed. D.  
Executive Director, Student Support Services  
M.R. Wood Education Center  
138 Avenue F  
Sugar Land, Texas 77498  
281.634.1143  
281.327.1142 Fax  
[deena.hill@fortbendisd.com](mailto:deena.hill@fortbendisd.com)



Employee	JobTitle	DeptPerAD	DepartmentName	Location	Email	HasDisclosure	Vendor	DisclosureDetail	ToldSupervisor	SupervisorName	DisclosureDate
Deena.Hill	Exec Dir Student Supp Svc	SPECIAL EDUCATION	SPECIAL EDUCATION	M.r. Wood Center For Learning	Deena.Hill@fortbendis.com	Yes	Shiloh Treatment Center	The president of Shiloh Treatment Center is my uncle.	Yes	Beth Martinez	5/29/2020 8:47
Deena.Hill	Exec Dir Student Supp Svc	SPECIAL EDUCATION	SPECIAL EDUCATION	M.r. Wood Center For Learning	Deena.Hill@fortbendis.com	Yes	Shiloh Treatment Center	The owner of Shiloh Treatment Center is my uncle.	Yes	Beth Martinez	6/17/2021 10:02
Deena.Hill	Exec Dir Student Supp Svc	SPECIAL EDUCATION	SPECIAL EDUCATION	M.r. Wood Center For Learning	Deena.Hill@fortbendis.com	Yes	Shiloh Treatment Center	The owner of Shiloh Treatment Center is my uncle.	Yes	Kim Lawson	6/13/2022 8:44

# 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. 23, 84th 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

RECEIVED

SEP. 06 2022

DEPT. OF  
LEGAL SERVICES

1 Name of Local Government Officer

Deena Hill

2 Office Held

Fort Bend ISD  
Executive Director, Student Support Serv

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

Shiloh Treatment Center

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

President of Shiloh Treatment Center is my uncle (Clay Hill)

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

none -

Date Gift Accepted none

Description of Gift

Date Gift Accepted none

Description of Gift

Date Gift Accepted none

Description of Gift

(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each 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)(2)(B), Local Government Code.

Deena Hill

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_, 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

OR

(2) Unsworn Declaration

My name is

Deena Hill

and my date of birth is

8-13-1966

My address is

507 Kyle Street

Sugarland

TX 77478

Fort Bend

Executed in

Fort Bend

(street)

Texas

(city)

(state)

(zip code)

(country)

on the

2

day of

September

20

22

(month)

(year)

Signature of Local Government Officer (Declarant)