

## Texas Comptroller of Public Accounts

Data Analysis and  
Transparency  
Form 50-296-ASECTION 1: School District Information *(continued)*3. Authorized School District Consultant *(If Applicable)*

Sara	Leon
First Name	Last Name
Partner	
Title	
Leon   Alcala, PLLC	
Firm Name	
512.637.4244	512.637.4245
Phone Number	Fax Number
n/a	saraleongroup@leoncalca.com
Mobile Number <i>(optional)</i>	Email Address
	02/23/2022

4. On what date did the district determine this application complete? ..... 02/23/2022

## SECTION 2: Applicant Information

1. Authorized Company Representative *(Applicant)*

Megan	McKavanagh
First Name	Last Name
Assistant Controller	
Title	Organization
800 E. Sonterra Blvd. Suite 400	
Street Address	
800 E. Sonterra Blvd. Suite 400	
Mailing Address	
San Antonio	Texas
City	State
210-572-0457	210-403-6664
Phone Number	Fax Number
n/a	megan.mckavanagh@energytransfer.com
Mobile Number <i>(optional)</i>	Business Email Address

2. Will a company official other than the authorized company representative be responsible for responding to future information requests? ..... ☐ Yes ☐ No

2a. If yes, please fill out contact information for that person.

First Name	Last Name
Title	Organization
Street Address	
Mailing Address	
City	State
	ZIP
Phone Number	Fax Number
Mobile Number <i>(optional)</i>	Business Email Address

3. Does the applicant authorize the consultant to provide and obtain information related to this application? ..... ☐ Yes ☐ No