

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
	SaraLeonGroup@leoncalca.com
Mobile Number <i>(optional)</i>	Email Address
	03/21/22

4. On what date did the district determine this application complete? 03/21/22

SECTION 2: Applicant Information

1. Authorized Company Representative *(Applicant)*

Trevor	Sholly
First Name	Last Name
Vice President - EPC & Program Management	Orsted Onshore North America, LLC
Title	Organization
812 San Antonio St, Suite 500	
Street Address	
812 San Antonio St, Suite 500	
Mailing Address	
Austin	TX 78701
City	State ZIP
737-666-5245	312-527-0538
Phone Number	Fax Number
	trsho@Orsted.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.

Manuel	Rodriguez Diaz
First Name	Last Name
Director, Project Development	Orsted Onshore North America, LLC
Title	Organization
812 San Antonio St, Suite 500	
Street Address	
812 San Antonio St, Suite 500	
Mailing Address	
Austin	TX 78701
City	State ZIP
469-858-3121	312-527-0538
Phone Number	Fax Number
	marod@orsted.com
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