CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

| This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. | OFFICE USE ONLY | |
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| This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a). | Date Received | |
| By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. | | |
| A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. | | |
| Name of person who has a business relationship with local governmental entity. | | |
| Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the approximation of the complete compl | proprieto filing outbority not | |
| later than the 7th business day after the date the originally filed questionnaire become | | |
| Name of local government officer with whom filer has employment or business relationship |). | |
| | | |
| Name of Officer | | |
| This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary. | | |
| A. Is the local government officer named in this section receiving or likely to receive taxable in income, from the filer of the questionnaire? | ncome, other than investment | |
| Yes No | | |
| B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than invedirection of the local government officer named in this section AND the taxable income is governmental entity? | | |
| Yes No | | |
| C. Is the filer of this questionnaire employed by a corporation or other business entity with government officer serves as an officer or director, or holds an ownership of 10 percent or more | | |
| Yes No | | |
| D. Describe each employment or business relationship with the local government officer nan | ned in this section. | |
| 4 | | |
| | | |
| Signature of person doing business with the governmental entity | Pate | |

FELONY CONVICTION NOTICE

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

| This I | Notice is Not Required of a Publicly-Held Corporation. |
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| felony | undersigned agent for the firm named below, certify that the information concerning notification o convictions has been reviewed by me and the following information furnished is true to the beset o owledge. |
| Vendo | or's Name: |
| Autho | rized Company Official's Name (Printed): |
| A. | My firm is a publicly-held corporation, therefore, this reporting requirement is not applicable. Signature of Company Official: |
| В. | My firm is not owned or operated by anyone who has been convicted of a felony. Signature of Company Official: |
| C. | My firm is owned or operated by the following individual(s) who has/have been convicted of a felony Name of felon(s): Details of Convictions: |
| | Signature of Company Official: |