| | CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental enti | FORM CIC |
|---|---|--|
| | This questionnaire is being filed in accordance with chapter 17th of the Local Government Code by a person doing business with the governmental entity. | OFFICE USE ONLY |
| | local government 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. | Care Received DEGETTE |
| | A person committs an offense if the person violates Section 178.006, Local Government Code. An offense under this section is a Class C misdemeanor. | APR 2 1 2006 |
| 1 | Name of person doing business with local governmental entity. | Ву |
| Ī | | |
| | Check this box if you are filing an update to a previously filed questionnaire. | |
| | (The law requires that you file an updated completed questionneire with the appropriate September 1 of the year for which an activity described in Section 176,006(a), Local Governot later than the 7th business day after the date the originally filed questionnaire become | |
| 3 | Describe each affiliation or business relationship with an employee or contractor of the local governmental antity with respective to a local government officer of the local governmental antity with respective None | overnmental entity who makes t to expenditure of money. |
| | | |
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| | | |
| | | |
| Ţ | Describe each affiliation or business relationship with a person who is a local government of employs a local government officer of the local governmental entity that is the subject of this | icer and who appoints or questionnaire. |
| | None | |
| | | |
| | | |
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| | | |
| | | Adepted B 1153/2008 |

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ Page 2

For vendor or other person doing business with local governmental entity

| Name of local government officer with whom filer has affilitation or business relationship. (Complete this section only if the answer to A, B, or C is YES.) N/A | | |
|---|-----------------|--|
| This section, Item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affili business relationship. 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 income from the filer of the questionnaire? | ł | |
| Yes No N/A | | |
| B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local governmental and the section AND the taxable income is not from the local governmental entity? | ent | |
| Yes No N/A | | |
| C. Is the filter of this questionnaire affiliated with a corporation or other busines: entity that the local government officer sen as an officer or director, or holds an ownership of 10 percent or more? | 'e s | |
| Yes No N/A | | |
| D. Describe each affiliation or business relationship. | | |
| n/a | | |
| | | |
| Describe any other affiliation or business relationship that might cause a conflict of interest. | | |
| None Known | | |
| | | |
| Varah Varres - Bid Support: Specialist 4-20-2006 | | |
| Signature of person doing business with the governmental entity Oste | | |
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Adopted B1/13/2006