CONFLICT OF INTEREST QUESTIONNAIRE	FORM CIQ
This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity. By law this questionnaire must be filed with the records administrator of the 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. A person commits an offense if the person violates Section 176.006, Local	OFFICE USE ONLY Date Received 06 AUG 29 PI
Government Code. An offense under this section is a Class C misdemeanor. 1 Name of person doing business with local governmental entity. The Paper Corporation 2 1770 NE 58th ave an Manuel, If	PH 12: 02
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 appropriate September 1 of the year for which an activity described in Section 176.006(a), Local Gov not later than the 7th business day after the date the originally filed questionnaire becom	e filing authority not later than emment Code, is pending and
<sup>3</sup> Describe each affiliation or business relationship with an employee or contractor of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local government officer of the local governmental entity with respective to a local governmental entity with respective to	
Describe each affiliation or business relationship with a person who is a local government employs a local government officer of the local governmental entity that is the subject of th	

	CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entity	FORM CIQ Page 2	
5	Name of local government officer with whom filer has affiliation or business relationship. (Complete the answer to A, B, or C is YES.) This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the business relationship. Attach additional pages to this Form CIQ as necessary.	subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or	
	<ul> <li>A. Is the local government officer named in this section receiving or likely to receive taxable income from the file questionnaire?</li> <li>Yes X</li> </ul>		
	B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the officer named in this section AND the taxable income is not from the local governmental entity?	local government	
	Yes No		
	C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local governm as an officer or director, or holds an ownership of 10 percent or more?		
	Yes No		
	D. Describe each affiliation or business relationship.		
6	Describe any other affiliation or business relationship that might cause a conflict of interest.		
7	Mai Hilps Signature of person doing business with the governmental entity Date	26	

Amended 01/13/2006