CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local	OFFICE USE ONLY	
Government Code by a person doing business with the governmental entity.	Date Received	
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 Government Code. An offense under this section is a Class C misdemeanor.	160 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110	
1 Name of person doing business with local governmental entity.	÷.	
TROXELL COMMUNICATIONS, INC.		

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 filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

NONE

2

3

4

Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

NONE

00 MUG 12 BWIS: 45

OSI ONA JAAB BURGHUSING

			business with lo	NNAIRE	tity FORM Cl
	e of local governmen wer to A, B, or C is YE		om filer has affilitation	or business relationship. ((Complete this section only if th
This busir	section, item 5 includ ness relationship. Atta	ling subparts A, E ach additional pag	B, C & D, must be con ges to this Form CIQ	npleted for each officer wit as necessary.	h whom the filer has affiliation of
	the local government uestionnaire?	t officer named in	this section receiving	or likely to receive taxable	income from the filer of the
	Yes	X No			 [1] S. S. Sana and S. Sana an
				ble income from or at the di m the local governmental e	rection of the local government entity?
÷ -					
	Yes	X No			24.5
D Des	Yes Scribe each affiliation	X No	ationship		ж 6
D. De.	scribe each anniauon	OI DUSINESS TEIR	auonsnip.		
Describ	be any other affiliation	on or business re	elationship that migh	t cause a conflict of inter	est.
N	ONE		n 8		
		8			е (б
	Sad	16 (9	la		<u>e/11/06</u>
	Signature of person doi	ng business with t	he governmental entity		Date

TROXELL COMMUNICATIONS, INC.