CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

| | For vendor or other person doing business with local governmental entity | Page 2 |
|---|--|------------------------|
| 5 | Name of local government officer with whom filer has affiliation or business relationship. (Complete this answer to A, B, or C is YES.) | section only if the |
| | This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filbusiness relationship. Attach additional pages to this form CIQ as necessary. | ler has affiliation or |
| | A. Is the local government officer named in this section receiving or likely to receive taxable income from the questionnaire? | ne filer of the |
| | Yes No | |
| | 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? | ocal government |
| | Yes No | |
| | C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government as an officer or director, or holds an ownership of 10 percent or more? | ent officer serves |
| | 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 | | |
| - | 10 - | |
| - | Signature of person doing business with the governmental entity Date | _ |
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