| CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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 Government Code. An offense under this section is a Class C misdemeanor.  Name of person doing business with local governmental entity.  Chat'le Promotions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OFFICEUSE ONLY  Date Received  06 AUG 21 PM 2: 01 |
| 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 become                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ernment Code, is pending and                      |
| Describe each affiliation or business relationship with an employee or contractor of the local recommendations to a local government officer of the local governmental entity with respect to the local governmental entity with respect to the local governmental entity with the local governmental entity with the local governmental entity with respect to the local governmental entity with the local governmental entity |                                                   |
| 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 the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | officer and who appoints or is questionnaire.     |

## CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

Page 2

For vendor or other person doing business with local governmental entity

| _  |                                                                                                                                                                                                                                     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5  | Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if 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 filer has affiliation or 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?                                                                                         |
|    | Yes No                                                                                                                                                                                                                              |
|    | B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity? |
|    | Yes No                                                                                                                                                                                                                              |
|    | C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?                       |
|    | Yes No                                                                                                                                                                                                                              |
|    | D. Describe each affiliation or business relationship.                                                                                                                                                                              |
|    |                                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                                                     |
|    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                               |
| 5  | Describe any other affiliation or business relationship that might cause a conflict of interest.                                                                                                                                    |
|    |                                                                                                                                                                                                                                     |
|    | NO relationship                                                                                                                                                                                                                     |
| 7] |                                                                                                                                                                                                                                     |
|    | Jamanthe Shomas 8-18-06                                                                                                                                                                                                             |
|    | Signature of person doing business with the governmental entity  Date                                                                                                                                                               |