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.	OFFICE USE ONLY	
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.	Date Received AUG 15 PM 2: 5	
A person committs an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.	5	
Name of person doing business with local governmental entity.		
Curriculum Associates, Inc.	×	
Name each employee or contractor of the local governmental entity who makes recomme	ndetione to a least government	
officer of the governmental entity with respect to expenditures of money AND describe the affi $$\rm N/A$$ .		
	iliation or business relationship.	
N/A Name each local government officer who appoints or employs local government officers of t	iliation or business relationship.	
N/A Name each local government officer who appoints or employs local government officers of t which this questionnaire is filed AND describe the affiliation or business relationship.	iliation or business relationship.	

CONFLICT OF INTERES	T QUESTIONNAI		F	ORM CIQ Page 2
Name of local government officer with who if the answer to A, B, or C is YES.	m filer has affilitation or busir	ness relationship. (	Complete this	section only
This section, item 5 including subparts A, B, C relationship. Attach additional pages to this		ach officer with whon	n the filer has af	filiation or other
A. Is the local government officer named in t questionnaire?	his section receiving or likely to	o receive taxable inc	ome from the fil	er of the
Yes X No				
B. Is the filer of the questionnaire receiving or officer named in this section AND the taxa				government
Yes X No	3			
C. Is the filer of this questionnaire affiliated wit as an officer or director, or holds an owner		ss entity that the loca	al government of	ficer serves
Yes X No				
D. Describe each affiliation or business relat	ionship.			
N/A				
a part of the state of the state	allo acan			
Cipathen Cella	. Contible	8/11	1 KC	
Signature of person doing business with the	he governmental entity	. D∎te	•	11