FORM CIQ CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entity OFFICE USE ONLY This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity. Data Recover 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. 1 Name of person doing business with local governmental entity. BODY COMPANY, 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 Check box if the form is an update to a form previously completed. Updates are required by law by September 1 of each year in which the person submits a proposal, hid or response to the City of Arian'llo either written, verbal or implied or heping configure discussions or negotiations with the City. Updates are also required by \$700 p.m. on the seventh 17") business day after an event that neckets a soutement in a previously filed questionnality (neconsplete or maccurate. 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. Describe how you are affiliated or related to a City employee or contractor with the City of Amerillo (such as an engineering or architectural firm) who makes recommendations to the City on expenditures of money. If no affiliation or business relationship exists state "None." 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. Describe how you are affiliated or related to a local government officer (members of the City Commission or City Manager). If an affiliation or husipess relationship exists state "None."

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CONFLICT OF INTEREST QUESTIONNAIRE

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FORM CIQ

For vendor or other person doing business with local governmental entity Page 2
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 difficur 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 afficer or director, or holds an ownership of 10 percent or more?
Yes No
D. Describe each affiliation or business relationship.
Complete this Section by listing the name of each local government officer (member of City Commission or City Manager) with whom there is an affiliation to or business relationship and you checked the "Yes" box in Section 5 A. H. or C.
N/A
Describe any other affiliation or business relationship that might cause a conflict of interest.
Describe any other affiliation or business relationship that might cause a conflict.
Signature box. Date and sign the form. A signature is required from the person complexing the form even if
None" is enlared in boxes 3.4. or 6. Septimine is required from the person completing the form even if 8/21/2008
Signature of person doing business with the governmental entity Oate
<i>⊋</i>

All questionnaires will be filed with and maintained by the City Secretary.

Accepted 01/13/7306

ANY INFORMATION YOU PROVIDE OR THAT IS PROVIDED TO THE CITY OF AMARILLO CONCERNING YOU OR YOUR BUSINESS UNDER CHAPTER 176 IS PUBLIC INFORMATION.