

362765

# 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 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.

OFFICE USE ONLY

Date Received

RECEIVED

SEP 24 2007

CITY SECRETARIES  
CITY OF AMARILLO

1 Name of person doing business with local governmental entity.

Bradley Hockett

2

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.)

3

Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.

4

Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.

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**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 other 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.

**6**

*Ernie Hutchins*

Signature of person doing business with the governmental entity

9-18-07

Date

**YOU MUST LIST THE COMMODITIES, OR SERVICES THAT YOU WISH TO BE PLACED ON THE BIDDERS LIST FOR APPLICATIONS. WITHOUT THIS INFORMATION IT WILL NOT BE ACCEPTED. PLEASE INCLUDE THE NIGP CODES FOR THE ITEMS. YOU CAN FIND THE NIGP CODES ON WWW.TBPC.STATE.TX.US**

DIS 45 - printing supplies	206-74 Printers Laser
204-71 Plotters graphic	600-41 Copy machines
204-76 inkjet printers	600-43 copy med. Networked
204-79 digital printers	600-47 add on accessories
204-88 scanners	600-62 fold up machines
206-73 Printers inkjet	600-72 MFPs machines

The City of Amarillo is required by law to obtain the tax identification numbers of our vendors. The new release of our financial system has made it mandatory that we have your Federal Tax Identification Number before we are able to make payments to our vendors. If we are holding a payment for you and do not receive a completed form W-9, our financial system will withhold 31% from the payment as backup withholding. Please provide the information requested on the bottom of this form. Your prompt attention to this matter is greatly appreciated.

The law also provides that the IRS may access you a \$50.00 penalty for failure to furnish us the above requested identifying number.

SUBSTITUTE FORM W-9

A. NAME: Multimedia Converting, Inc

B. TAXPAYER IDENTIFICATION NUMBER (FURNISH ONLY ONE)

SOCIAL SECURITY NUMBER

OR

EMPLOYER I.D. NUMBER

\_\_\_\_\_

1-75-2559318-6

C. TYPE OF BUSINESS YOU OPERATE UNDER THIS TAX NUMBER: (CHECK ONLY ONE)

- CORPORATION                      ( ) NONPROFIT ORGANIZATION                      ( ) PARTNERSHIP  
 GOVERNMENT ENTITY                      ( ) INDIVIDUAL                      ( ) OTHER: \_\_\_\_\_

D. CERTIFICATION: UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

1. THE NUMBER PROVIDED ABOVE IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER, AND
2. I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE: (CIRCLE ONE)
  - A. I AM EXEMPT FROM BACKUP WITHHOLDING OR
  - B. I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT I AM SUBJECT TO BACK UP WITHHOLDING.
  - C. I HAVE BEEN NOTIFIED BY THE IRS THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING.

I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

Vonda M. Mustin

SIGNATURE

09-18-2007

DATE

Vonda M. Mustin

PRINTED NAME

OFFICE MANAGER

TITLE