

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY	
Date Received	

1 Name of vendor who has a business relationship with RMA, Inc.
AMERICAN FIRE PROTECTION GROUP, INC

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.
NONE
 Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

NONE

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

NONE

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 [Signature] 10/8/2019
 Signature of vendor doing business with RMA, Inc. Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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Date Received

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1 Name of vendor who has a business relationship with RMA, Inc.

Barcom Construction, Inc.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

 Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

None

6 **Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).**

7 Elaine R. Hoffman Digitally signed by Elaine R. Hoffman
 DN: cn=Elaine R. Hoffman, o=Barcom Construction, Inc.,
 ou=Acct. email=elaine@barcom.cc.ca.us
 Date: 2019.10.18 10:38:44 -0500

 Signature of vendor doing business with RMA, Inc.

10/18/19

 Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

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1 Name of vendor who has a business relationship with local governmental entity.

Big Star Branding, Inc.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

N/A

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes

No

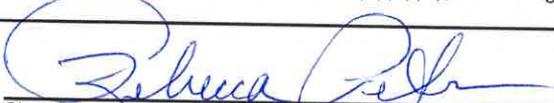
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes

No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of vendor doing business with the governmental entity

4-25-19
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.
Brown & Brown Lone Star Insurance Services dba Alamo Insurance Group

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

None

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7
Pat McMahan
Signature of vendor doing business with RMA, Inc.

7-23-2019
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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OFFICE USE ONLY

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1 Name of vendor who has a business relationship with RMA, Inc.

Edgewood Partners Insurance Center

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

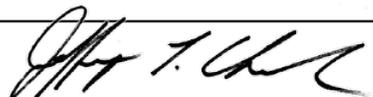
Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7


Signature of vendor doing business with RMA, Inc.

5/19/2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Jacklyn Hernandez

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

none

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 

Signature of vendor doing business with RMA, Inc.

4-7-2020

Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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1 Name of vendor who has a business relationship with RMA, Inc.

Data-Tel Services

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

None

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 hennie DeLong
Signature of vendor doing business with RMA, Inc.

4-15-2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

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1 Name of vendor who has a business relationship with RMA, Inc.

Design Science Inc

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Esther
Signature of vendor doing business with RMA, Inc.

2/7/20
Date

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1 Name of vendor who has a business relationship with RMA, Inc.

Educational Testing Service

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 DocuSigned by:

Lillian Lowery

10/28/2019

Signature of vendor doing business with RMA, Inc.
Lillian M. Lowery, VP & COO Student & Teacher Assessments

Date

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1 Name of vendor who has a business relationship with RMA, Inc.
Knight Ventures Inc, DBA Fastsigns

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3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.
None
Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?
 Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?
 Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.
n/a

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Christopher Oku
Signature of vendor doing business with RMA, Inc. 10/10/19
Date

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Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 *[Signature]*
Signature of vendor doing business with RMA, Inc.

6-9-20
Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

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1 Name of vendor who has a business relationship with RMA, Inc.

W.W. Grainger, Inc.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

Deborah Theesfield

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

Grainger has 25,000 global employees and cannot ascertain this information to any degree of certainty. Grainger cannot provide any such information as requested for Grainger employees or Grainger employee family member relationships with RMA, Inc. employees.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes

No NOT TO THE BEST OF OUR KNOWLEDGE.

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes

No NOT TO THE BEST OF OUR KNOWLEDGE.

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more. Grainger is a publicly traded company as GWW on NYSE.

Grainger has 25,000 global employees. As such, Grainger cannot ascertain this information to any degree of certainty.

6 See attached Grainger Business Conduct Guidelines; Grainger does NOT allow their employees to provide gifts to any customer, customer employee, etc. of any value.

Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

See attached Grainger Business Conduct Guidelines; Grainger does NOT allow their employees to provide gifts to any customer, customer employee, etc. of any value.

7

Brian Driskell

Signature of vendor doing business with RMA, Inc.

09/04/2019

Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

The Brilliant Division

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 [Signature]
Signature of vendor doing business with RMA, Inc.

10/9/19
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

The Brilliant Division

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 [Signature]
Signature of vendor doing business with RMA, Inc.

10/9/19
Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Heart of Texas Services, DBA HOT Shred

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes

No

N/A NONE

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes

No

N/A NONE

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

NONE

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

NONE

7 *James E. [Signature] CPA*
Signature of vendor doing business with RMA, Inc.

6-10-2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

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A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Hunter Graphics, Inc.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

N/A

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

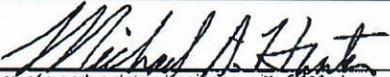
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

Owner of Hunter Graphics, Inc.-President

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of vendor doing business with RMA, Inc.

1-29-2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Impress, LP.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 [Signature]
Signature of vendor doing business with RMA, Inc.

Aug. 26/19
Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Jan-Pro

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NA

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 [Signature]
Signature of vendor doing business with RMA, Inc.

11/25/2019
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

KH Strategies, LLC

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

None

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7
Kiara R. Hughes
Signature of vendor doing business with RMA, Inc.

11/29/2019
Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Kona Ice of Coastal Corpus Christi

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

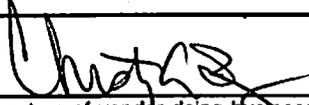
Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of vendor doing business with RMA, Inc.

8/25/19
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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<p>1 Name of vendor who has a business relationship with RMA, Inc.</p> <p style="text-align: center;"><i>None</i></p>	<p>Date Received</p>
<p>2 <input type="checkbox"/> 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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)</p>	
<p>3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.</p> <p style="text-align: center;"><i>None</i></p> <p style="text-align: center;">Name of RMA Employee that you have a relationship with</p>	
<p>4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.</p>	
<p>6 <input type="checkbox"/> Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).</p>	
<p>7 <i>Mr. Mark Sanderson</i></p> <p>Signature of vendor doing business with RMA, Inc.</p>	<p><i>7/7/2019</i></p> <p>Date</p>

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Lone Star Protective Services.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

N/A
Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

Security Services

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of vendor doing business with RMA, Inc.

9/13/19
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

NA

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NA

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

NA

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7


Signature of vendor doing business with RMA, Inc.

March 23, 2020

Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Mr. Wilson Heating & A/C Inc.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

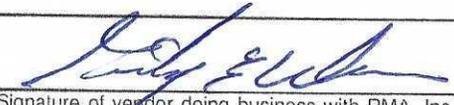
Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of vendor doing business with RMA, Inc.

2/5/2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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OFFICE USE ONLY

Date Received

By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), 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 misdemeanor.

1 Name of vendor who has a business relationship with local governmental entity.
Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company *SEE BELOW

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Not applicable.
Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No Not applicable.

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No Not applicable.

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

* BCBSTX has no knowledge of officers, employees, or agents who have an employment or other business relationship with local government officers or relatives of local government officers of Richard Milburn Academy. BCBSTX does not currently ask this question of officers, employees, or agents.

If selected, BCBSTX would conduct a diligent inquiry annually to ensure no conflict exists that would impact its ability to perform its obligations under the contract.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Signed for Blue Cross and Blue Shield of Texas By: Trey Smith
Title: Vice President, Sales



Signature of vendor doing business with the governmental entity



Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

NATIONAL BENEFIT PLANS, LTD.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NONE

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 *Satt Keumar*
Signature of vendor doing business with RMA, Inc.

10/4/2019
Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

New Life Church Corpus Christi

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

Rental of our facility for RMA Graduation 2020

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of Vendor doing business with RMA, Inc.

January 30th, 2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.
 This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).
 By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.
 A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

 Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

ALL N/A

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

 Signature of vendor doing business with RMA, Inc.

 Date

2013

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

PPS Business Products Inc dba Office Furniture Exchange

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

CAAJ Tawton - Customer

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 *Rory C. Shiple*
Signature of vendor doing business with RMA, Inc.

11-18-2013
Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.
ProTech Painting & Drywall, LLC

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.
NONE
 Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 [Signature]
 Signature of vendor doing business with RMA, Inc.

July 23 2019
 Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Renu Painting

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NONE

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Devin Barnett

Signature of vendor doing business with RMA, Inc.

7/23/2019

Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Shilladyn, LLC

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

N/A

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

Future lease of Shilladyn LLC property at 13003 Jones Maltsberger Rd, San Antonio Texas.

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 *Gary A. McClain*
Signature of vendor doing business with RMA, Inc.

09/15/2019
Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

N/A

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NONE

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7


Signature of vendor doing business with RMA, Inc.

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Swing Education Inc.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NA

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

NA

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 

Signature of vendor doing business with RMA, Inc.

1/16/2020

Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Texas Association for Truancy and Dropout Prevention www.tatdp.org

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

None

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Xavier Warren

Signature of vendor doing business with RMA, Inc.

10/31/2019

Date

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

TEXAS ASSOCIATION FOR SUPERVISION AND CURRICULUM DEVELOPMENT

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NONE

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

N/A Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

N/A Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1). N/A

7 
Signature of vendor doing business with RMA, Inc.

7/17/2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Texas Association of Literacy Education

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 T. L. L. O.
Signature of vendor doing business with RMA, Inc.

10/7/19
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Veteran Custom Paratasking LLC

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NONE

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 *[Signature]*
Signature of vendor doing business with RMA, Inc.

18 August 2019
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Brazos Communications West, LLC DBA West Texas Radio Group

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3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

_____ none _____

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

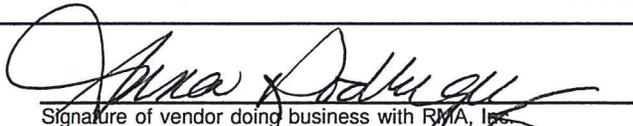
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of vendor doing business with RMA, Inc.

3/6/2020

_____ Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

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OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with RMA, Inc.**

Dahill Office Technology Corporation dba Xerox Business Solutions Southwest

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.**

N/A - None

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

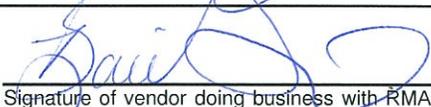
Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.**

6 **Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).**

7 
Signature of vendor doing business with RMA, Inc.

10/28/19

Date