

# 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.

Teffanie T White

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.

Rose Thompson  
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.

Contract Auditor

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 Teffanie T White  
Signature of vendor doing business with RMA, Inc.

3/20/19  
Date

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

**FORM CIQ**

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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 176.008(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.

Balfour

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.

4/22/19  
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.

Burleson Florist

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.

4/25/19  
Date

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

**FORM CIQ**

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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.

Evergreen Education 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.

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.

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 Jouen Vazhew

Signature of vendor doing business with RMA, Inc.

3/22/19

\_\_\_\_\_  
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 local governmental entity.

Easy Speed 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 local government officer about whom the information is being disclosed.

none

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 Kara Stone  
Signature of vendor doing business with the governmental entity

6/20/19  
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.

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 Caswell Daniel  
Signature of vendor doing business with RMA, Inc.

6-7-19  
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.

*Party People*

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.

*Kathy Alexander*

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.

*4/29/2019*  
Date

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

For vendor doing business with local governmental entity

### OFFICE USE ONLY

Date Received

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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.

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.

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.

6/4/19  
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.

*Pulido Associate 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]*  
Signature of vendor doing business with RMA, Inc.

*6/20/19*  
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.

*Aspek's Mkt. 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

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.

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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(e-1).

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

*10-10-19*  
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.**

**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