FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.  OFFICE USE ONLY				
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.				
Name of vendor who has a business relationship with RMA, Inc.				
Blue Cross and Blue Shield of Texas*				
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)				
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	pplicable.			
N/A				
Name of RMA Employee that you have a relationship with				
RMA, Inc employee. Complete subparts A and B for each employment or business additional pages to this Form CIQ as necessary.  N/A  A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receit 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 of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?  Yes  No	r family relationship with the relationship described. Attach ving or likely to receive nt income, from or at the direction AND the taxable income is not			
Describe each employment or business relationship that the vendor named in Section 1 r other business entity with respect to which the RMA, Inc employee serves as an officer an ownership interest of one percent or more.				
N/A				
Check this box if the vendor has given the RMA, Inc employee or a family member of an one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described				
Michael W. Witwer, President & CEO Ancillary Products				
Michael M. Witwes. August 27,				
Signature of vendor doing business with RMA, Inc.	Pate			

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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).	Date Received
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.	
Name of vendor who has a business relationship with RMA, Inc.	
Creative Therapy Store	
Check this box if you are filing an update to a previously filed questionnaire. (The law recompleted questionnaire with the appropriate filing authority not later than the 7th business you became aware that the originally filed questionnaire was incomplete or inaccurate.)	
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	pplicable.
None	
Name of RMA Employee that you have a relationship with	
RMA, Inc employee. Complete subparts A and B for each employment or business radditional pages to this Form CIQ as necessary.  A. Is the RMA, Inc employee or a family member of the RMA, Inc employee 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 of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?  Yes  No	ving or likely to receive  It income, from or at the direction  AND the taxable income is not
other business entity with respect to which the RMA, Inc employee serves as an officer an ownership interest of one percent or more.	
Check this box if the vendor has given the RMA, Inc employee or a family member of an one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	
7) Michael Surrey 8/0	6/20
Wichasl Surrey Signature of vendor doing business with RMA, Inc.	6/20 ate

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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).	Date Received
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.	
Name of vendor who has a business relationship with RMA, Inc.	
Design Science Inc	
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)	quires that you file an updated s day after the date on which
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	pplicable.
None	
Name of RMA Employee that you have a relationship with	
A. Is the RMA, Inc employee or a family member of the RMA, Inc employee recei taxable income, other than investment income, from the vendor?  B. Is the vendor receiving or likely to receive taxable income, other than investment of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?  Yes  No  No	r family relationship with the relationship described. Attach wing or likely to receive at income, from or at the direction AND the taxable income is not
other business entity with respect to which the RMA, Inc employee serves as an officer an ownership interest of one percent or more.	naintains with a corporation or or director, or holds
Check this box if the vendor has given the RMA, Inc employee or a family member of arone or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	ny RMA, Inc employee in Section 176.003(a-1).
Signature of vendor doing business with RMA, Inc.	<b>20</b> ate

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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).	Date Received
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.	
Name of vendor who has a business relationship with RMA, Inc.	
EMC EDUCATION GROUP, LLC	
Check this box if you are filing an update to a previously filed questionnaire. (The law recompleted questionnaire with the appropriate filing authority not later than the 7th business you became aware that the originally filed questionnaire was incomplete or inaccurate.)	
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	
Describe each employment or other business relationship with the RMA, Inc. emp RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe an RMA, Inc employee. Complete subparts A and B for each employment or business additional pages to this Form CIQ as necessary.  A. Is the RMA, Inc employee or a family member of the RMA, Inc employee rece taxable income, other than investment income, from the vendor?  Yes  No	y family relationship with the relationship described. Attach
B. Is the vendor receiving or likely to receive taxable income, other than investme of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?  Yes  No	
Describe each employment or business relationship that the vendor named in Section 1 other business entity with respect to which the RMA, Inc employee serves as an office an ownership interest of one percent or more.	
Check this box if the vendor has given the RMA, Inc employee or a family member of a one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	
Signature of vendor doing business with RMA, Inc.	5 2020 Date

In a questionnaire reflects changes made to the law by H.B. 23, set Leg., Regular Session.  In Squestionnaire is boing find in accordance with Chapter 175, Local Government Code, by a vendor who has a business relationship as defined profession 175,000(1) with a local governmental entity and the law by H.B. 23, set Leg., Regular Session.  In the profession of the control of the	For vendor do OF INTE		010
Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of the RMA, Inc. employee, as described by Section 176.003(a)/2(A).  A. Is the RMA, Inc. employee, as described by Section 176.003(a)/2(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?  B. Is the vendor receiving or Ilikely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc. employee AND the taxable income is received from RMA, Inc.	This questionnel	With local CUESTIONNAIRE	FORM CIQ
wendor meets requirements under Section 176. Doc downment Code. by a vendor who you with squestionnaire must be filed with the records administrator of the local governmental entity not later han the 7th business day after the date the wondor becomes aware of facts that require the statement to be filed. See Section 176.006(a). Dollar Received with the records administrator of the local governmental entity not later the class that require the statement to be filed. See Section 176.006(a). Dollar Received with the records administrator of the local governmental entity not later wondor becomes aware of facts that require the statement to be filed. See Section 176.006(a). Local Government Code. An Name of vendor who has a Business relationship with RMA, Inc.  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)  Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.  Long  Name of RMA Employee that you have a relationship with the RMA, Inc. employee, or a family member RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attributed income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?  Yes  No  No  No  No  No  No  No  No  No  N	This questionnaire in the changes	90vernmental entity	
set the 7th business day after date the vendor becomes aware of facts that require the statement to be elect. See Socion 176.006(a-1). Local Government Code.  Vendor commits an offense if the vendor becomes aware of facts that require the statement to be removed the vendor becomes aware of facts that require the statement to be removed the vendor who has a business relationship with RMA, Inc.  Listing 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.)  Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.  Licky Name of RMA employee that you have a relationship with the RMA, Inc. employee, or a family member of the RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the 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. Attractional 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, from the vendor?  Yes No MA  B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?	vendor means relationship accompanies	ade to the law by U.B. on each Leg., Regular Session.	OFFICE USE ONLY
set the 7th business day after date the vendor becomes aware of facts that require the statement to be elect. See Socion 176.006(a-1). Local Government Code.  Vendor commits an offense if the vendor becomes aware of facts that require the statement to be removed the vendor becomes aware of facts that require the statement to be removed the vendor who has a business relationship with RMA, Inc.  Listing 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.)  Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.  Licky Name of RMA employee that you have a relationship with the RMA, Inc. employee, or a family member of the RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the 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. Attractional 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, from the vendor?  Yes No MA  B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?	By law this question	Section 176 Dec 176, Local Government Code, by a vendor who	Date Received
A. Is the RMA, Inc employee or a family member of the RMA, Inc employee, or a family member sedicitional pages to this Form ClQ 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 or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc.	led. See Susiness day after with i	the control of the co	
Name of vendor who has a business relationship with RMA, Inc.    Stinct of Panach Junts	Vendor - Ven	vendor became the local governmental entity not later	
Name of vendor who has a business relationship with RMA, Inc.    Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)  Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.    Name of RMA Employee with whom you have a relationship with the RMA, Inc. employee, or a family member 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. Attractional 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	ffense under this source if the vender	Prinment Code.	
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.)  Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.  LONG  Name of RMA Employee that you have a relationship with  Describe each employment or other business relationship with the RMA, Inc. employee, or a family member 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. Attractional 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  No  NA  NA	Name of war is a misdemeano	thowingly violates Section 176.006, Local Government Code. An	
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.)  Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.  LONG  Name of RMA Employee that you have a relationship with  Describe each employment or other business relationship with the RMA, Inc. employee, or a family member 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. Attractional 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  No  NA  NA	of vendor who has a busines		
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.)  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  Describe each employment or other business relationship with the RMA, Inc. employee, or a family member RMA, Inc. employee, as described by Section 175.003(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. Attractional 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  No  No  No  No  No  No  No  No  N	V 166	o relationable with many	
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.  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  Name of RMA Employee that you have a relationship with  Describe each employment or other business relationship with the RMA, Inc. employee, or a family member 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. Attractional 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  No  No  No  No  No  No  No  No  N			and a second second
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.	completed guesting	an under a	quires that you file an undated
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.	you became aware that it	he appropriate filing authority not later than the 7th busines	s day after the date on which
Name of RMA Employee that you have a relationship. Indicate "None" if Not Applicable.  Name of RMA Employee that you have a relationship with  Describe each employment or other business relationship with the RMA, Inc. employee, or a family member 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. Attained 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 or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?  Yes  No  No  NA  No  NA  No  NA  No  NA  No  No		"Intelligible dispersion was incomplete or inaccurate ).	
Name of RMA Employee that you have a relationship with  Describe each employment or other business relationship with the RMA, Inc. employee, or a family member 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. Attributional 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?  Pes No NA  B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?  No NA	Name of RMA, Inc. Employee with	Whom you have a relationable landicate "None" if Not A	policable
Describe each employment or other business relationship with the RMA, Inc. employee, or a family member 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. Attained 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?  B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?  Yes  No  No  No  No  No  No  No  No  No  N		A CONTRACTOR AND A PRINCIPLE OF THE PRIN	pplicable.
Describe each employment or other business relationship with the RMA, Inc. employee, or a family member 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. Attained 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?  B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?  Yes  No  No  No  No  No  No  No  No  No  N		0119	
Describe each employment or other business relationship with the RMA, Inc. employee, or a family member 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. Attained 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?  B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?  Yes  No  No  No  No  No  No  No  No  No  N	Name of RM	A Employee that you have a relationship with	
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?  Yes  No  No  No  No  No  No  No  No  No  N	RMA, Inc employee. Complete sub	Darts A and R for each ampleyment or business	loyee, or a family member family relationship with the relationship described. Atta
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direct of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is received from RMA, Inc?  Yes  No  No  No	RMA, Inc employee. Complete sub additional pages to this Form CIQ as	parts A and B for each employment or business is necessary.	relationship described. Atta
of the RMA, Inc employee and the taxable income is received from RMA, Inc?  Yes  No  No  No  No  No  No  No  No  No  N	A. Is the RMA, Inc employee additional pages to this Form CIQ as	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee received in investment income, from the vendor?	relationship described. Atta
of the RMA, Inc employee and the taxable income is received from RMA, Inc?  Yes  No  No	A. Is the RMA, Inc employee additional pages to this Form CIQ as	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee received in investment income, from the vendor?	relationship described. Atta
Yes No N/A	A. Is the RMA, Inc employee taxable income, other that	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivan investment income, from the vendor?	ving or likely to receive
	A. Is the RMA, Inc employee taxable income, other that  B. Is the vendor receiving the RMA inc employee.	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No N	ving or likely to receive
	A. Is the RMA, Inc employee taxable income, other that the RMA, Inc employee to this Form CIQ as Yes.  B. Is the vendor receiving of the RMA, Inc employee the RMA, Inc employee the RMA, Inc employee the RMA, Inc.	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No N	ving or likely to receive
	A. Is the RMA, Inc employee to this Form CIQ as A. Is the RMA, Inc employee to the income, other that the income, other that I are the income to the RMA, Inc employee the RMA, Inc employee the RMA, Inc employee the RMA, Inc.	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No N	ving or likely to receive
	A. Is the RMA, Inc employee taxable income, other that the RMA, Inc employee to this Form CIQ as the RMA, Inc employee taxable income, other that taxable income the RMA, Inc employee the RMA, Inc employee traceived from RMA, Inc?	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No N	relationship described. Attained and the direction of the taxable income is
Describe each employ with respect to which the RMA, inc employee serves as an officer or director, or holds	A. Is the RMA, Inc employee axable income, other that taxable income, other that the RMA, Inc employee income are the RMA, Inc employee income are the RMA, Inc employee income i	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No N	relationship described. Attained and the direction of the taxable income is
other business entry of one percent of more.	A. Is the RMA, Inc employee to this Form CIQ as additional pages to this Form CIQ as A. Is the RMA, Inc employee income, other that the control of the RMA, Inc employee from RMA, Inc?  Describe each employment or business entity with respect other business entity with respect on ownership interest of one percent.	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No What income, other than investment or a family member of the RMA, Inc employee or a family member of the RMA, Inc employee into which the RMA, Inc employee serves as an officerent or more.	ving or likely to receive  nt income, from or at the directi AND the taxable income is
other business entry of one percent of more.	A. Is the RMA, Inc employee to this Form CIQ as additional pages to this Form CIQ as A. Is the RMA, Inc employee income, other that the control of the RMA, Inc employee from RMA, Inc?  Describe each employment or business entity with respect other business entity with respect on ownership interest of one percent.	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No What income, other than investment or a family member of the RMA, Inc employee or a family member of the RMA, Inc employee into which the RMA, Inc employee serves as an officerent or more.	ving or likely to receive  nt income, from or at the direction AND the taxable income is
Other business entity with respect to which the RMA, inc employee serves as an officer or director, or holds other business of one percent or more.  an ownership interest of one percent or more.	A. Is the RMA, Inc employee to this Form CIQ as additional pages to this Form CIQ as A. Is the RMA, Inc employee income, other that the control of the RMA, Inc employee from RMA, Inc?  Describe each employment or business entity with respect other business entity with respect on ownership interest of one percent.	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No What income, other than investment or a family member of the RMA, Inc employee or a family member of the RMA, Inc employee into which the RMA, Inc employee serves as an officerent or more.	ving or likely to receive  nt income, from or at the direction AND the taxable income is
an ownership interest of one percent of more.	A. Is the RMA, Inc employee to this Form CIQ as additional pages to this Form CIQ as A. Is the RMA, Inc employee income, other that the taxable income, other that the taxable income, other that taxable income, other taxab	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No What gor likely to receive taxable income, other than investment yee or a family member of the RMA, Inc employee in to which the RMA, Inc employee serves as an officer on to more.	ving or likely to receive  Int income, from or at the direction of the taxable income is a maintains with a corporation or or director, or holds
other business entry of one percent of more.	A. Is the RMA, Inc employee to this Form CIQ as additional pages to this Form CIQ as A. Is the RMA, Inc employee income, other that taxable income, other that the RMA, Inc employee from RMA, Inc?  Describe each employment or business entity with respect other business entity with respect an ownership interest of one percean ownership interest of one percean employment.	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No What gor likely to receive taxable income, other than investment yee or a family member of the RMA, Inc employee in to which the RMA, Inc employee serves as an officer on to more.	ving or likely to receive  Int income, from or at the direction of the taxable income is a maintains with a corporation or or director, or holds
an ownership interest of one percent of more.	A. Is the RMA, Inc employee to this Form CIQ as additional pages to this Form CIQ as A. Is the RMA, Inc employee income, other that taxable income, other that the RMA, Inc employee from RMA, Inc?  Describe each employment or business entity with respect other business entity with respect an ownership interest of one percean ownership interest of one percean employment.	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receivant investment income, from the vendor?  No What gor likely to receive taxable income, other than investment yee or a family member of the RMA, Inc employee in to which the RMA, Inc employee serves as an officer on to more.	ving or likely to receive  Int income, from or at the direction of the taxable income is a maintains with a corporation or or director, or holds
an ownership interest of one percent of more.	A. Is the RMA, Inc employee and it is additional pages to this Form CIQ as a second page of the RMA, Inc employer and RMA, Inc?  Describe each employment or business entity with respect other business entity with respect on ownership interest of one percean ownership interest of ownership	parts A and B for each employment or business is necessary.  oyee or a family member of the RMA, Inc employee receive in investment income, from the vendor?  No What gor likely to receive taxable income, other than investment yee or a family member of the RMA, Inc employee  No What incomplete income in the receive taxable income in the RMA, Inc employee serves as an office into which the RMA, Inc employee serves as an office into more.  as given the RMA, Inc employee or a family member of and in Section 176.003(a)(2)(B), excluding gifts described	ving or likely to receive  Int income, from or at the direction of the taxable income is  AND the taxable income is  In a corporation or or director, or holds  The property of the corporation of the corp

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY		
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).	Date Received		
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.			
Name of vendor who has a business relationship with RMA, Inc.			
John T. Gomez, Jr.			
Check this box if you are filing an update to a previously filed questionnaire. (The law recompleted questionnaire with the appropriate filing authority not later than the 7th business you became aware that the originally filed questionnaire was incomplete or inaccurate.)	is day after the date on which		
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	Applicable.		
None	7		
Name of RMA Employee that you have a relationship with			
Describe each employment or other business relationship with the RMA, Inc. empRMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any RMA, Inc employee. Complete subparts A and B for each employment or business additional pages to this Form CIQ as necessary.  A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receivaxable income, other than investment income, from the vendor?  Yes No  B. Is the vendor receiving or likely to receive taxable income, other than investment of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?  Yes No	relationship described. Attach  iving or likely to receive  Int income, from or at the direction  AND the taxable income is not		
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.  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 0 - 1 4	9-20 Date		

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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).	Date Received
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.	
Name of vendor who has a business relationship with RMA, Inc.	
Kid Kreole Kooking, LLC	
Check this box if you are filing an update to a previously filed questionnaire. (The law recompleted questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)	ss day after the date on which
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	Applicable.
Patrick Campbell	
Name of RMA Employee that you have a relationship with	
Describe each employment or other business relationship with the RMA, Inc. emp RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any RMA, Inc employee. Complete subparts A and B for each employment or business additional pages to this Form CIQ as necessary.  Busi ness Rel ati onshi p - provi ded food servi ces to school previ ousl y worked. No familial relationship.  A. Is the RMA, Inc employee or a family member of the RMA, Inc employee rece taxable income, other than investment income, from the vendor?  Yes X No  B. Is the vendor receiving or likely to receive taxable income, other than investment of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?  Yes X No	where RMA empl oyee  iving or likely to receive  nt income, from or at the direction AND the taxable income is not
other business entity with respect to which the RMA, Inc employee serves as an office an ownership interest of one percent or more.	
No ownership interest.	
Check this box if the vendor has given the RMA, Inc employee or a family member of a one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	
Dormon Lee 08/10/	/2020
	Date

FORM CIQ

This questionnaire reflects changes made to the law by H.B.	23, 84th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Loca has a business relationship as defined by Section 176.001(1-a) wit vendor meets requirements under Section 176.006(a).		Date Received
By law this questionnaire must be filed with the records administrator of than the 7th business day after the date the vendor becomes aware of filed. <i>See</i> Section 176.006(a-1), Local Government Code.		
A vendor commits an offense if the vendor knowingly violates Section offense under this section is a misdemeanor.	176.006, Local Government Code. An	
Name of vendor who has a business relationship with R	ЛА, Inc.	
Norman Houston LI	_C,	
Check this box if you are filing an update to a previous completed questionnaire with the appropriate filing au you became aware that the originally filed questions	thority not later than the 7th busines	s day after the date on which
Name of RMA, Inc. Employee with whom you have a rela	ationship. Indicate "None" if Not A	Applicable.
Patrick Campbell		
Name of RMA Employee that you I	nave a relationship with	
RMA, Inc employee. Complete subparts A and B for additional pages to this Form CIQ as necessary.  A. Is the RMA, Inc employee or a family mentaxable income, other than investment income  Yes x No  B. Is the vendor receiving or likely to receive to find the RMA, Inc employee or a family mentaceived from RMA, Inc?  Yes x No  Pescribe each employment or business relationship the	nber of the RMA, Inc employee recei e, from the vendor? taxable income, other than investment ember of the RMA, Inc employee	iving or likely to receive  nt income, from or at the direction AND the taxable income is not
other business entity with respect to which the RMA, an ownership interest of one percent or more.		
N/A		
Check this box if the vendor has given the RMA, In one or more gifts as described in Section 176.00		
7	0.10.00	
Signature of vendor doing business with RMA, Inc.	<u>8-10-20</u>	)oto
organicate or vertico, doing business with MMA, IIIC.	L	Date

FORM CIQ

This questionn	aire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This questionnain	re is being filed in accordance with Chapter 176, Local Government Code, by a vendor who relationship as defined by Section 176.001(1-a) with a local governmental entity and the quirements under Section 176.006(a).	Date Received
than the /th bush	ionnaire must be filed with the records administrator of the local governmental entity not later ness day after the date the vendor becomes aware of facts that require the statement to be n 176.006(a-1), Local Government Code.	
A vendor commits offense under this	s an offense if the vendor knowingly violates Section 176.006, Local Government Code. An section is a misdemeanor.	
A	ndor who has a business relationship with RMA, Inc.	
2	dyster Safety Services LLC	
Check comple you be	this box if you are filing an update to a previously filed questionnaire. (The law received questionnaire with the appropriate filing authority not later than the 7th business ecame aware that the originally filed questionnaire was incomplete or inaccurate.)	quires that you file an updated s day after the date on which
Name of RM	A, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	pplicable.
	Name of RMA Employee that you have a relationship with	
4 Describe or	Name of RMA Employee that you have a relationship with	
t	A. Is the RMA, Inc employee or a family member of the RMA, Inc employee received axable income, other than investment income, from the vendor?	ing or likely to receive
	Yes No	
	3. Is the vendor receiving or likely to receive taxable income, other than investment of the RMA, Inc employee or a family member of the RMA, Inc employee A eccived from RMA, Inc?	income, from or at the direction ND the taxable income is not
	Yes No	
other busin	ich employment or business relationship that the vendor named in Section 1 ma ess entity with respect to which the RMA, Inc employee serves as an officer of the interest of one percent or more.	nintains with a corporation or or director, or holds
She	Cells when fire extinguisher need Soving.	
— one	ck this box if the vendor has given the RMA, Inc employee or a family member of any or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in	RMA, Inc employee a Section 176.003(a-1).
	6/	28/19
Signa	ture of vendor doing business with RMA, Inc.  Date	

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY		
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).	Date Received		
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.			
Name of vendor who has a business relationship with RMA, Inc.			
OFF DUTY MANAGEMENT, INC.			
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)	s day after the date on which		
$\frac{3}{2}$ Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	pplicable.		
NONE			
Name of RMA Employee that you have a relationship with			
Describe each employment or other business relationship with the RMA, Inc. employee, or a family member on 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. Attack additional pages to this Form CIQ as necessary.			
A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receitaxable income, other than investment income, from the vendor?  Yes  No  B. Is the vendor receiving or likely to receive taxable income, other than investment of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?  Yes  No	t income from or at the direction		
Describe each employment or business relationship that the vendor named in Section 1 m other business entity with respect to which the RMA, Inc employee serves as an officer an ownership interest of one percent or more.	naintains with a corporation or or director, or holds		
Check this box if the vendor has given the RMA, Inc employee or a family member of an one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	y RMA, Inc employee in Section 176.003(a-1). N/ A		
Signature of vendor doing-business with RMA, Inc.  Da	20/2020 ite		

FORM CIQ

	This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
	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).	Date Received
	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.	
2.0	A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.	
-	Name of vendor who has a business relationship with RMA, Inc.  Oliver Luncelin Jr OVs Kitchen"	
	Check this box if you are filing an update to a previously filed questionnaire. (The law recompleted questionnaire with the appropriate filing authority not later than the 7th business you became aware that the originally filed questionnaire was incomplete or inaccurate.)	s day after the date on which
3	Traine of Kina, inc. Employee with whom you have a relationship. Indicate Hone in Not A	Applicable.
	James P. Nato	
	Name of RMA Employee that you have a relationship with	
4	Describe each employment or other business relationship with the RMA, Inc. emp RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any RMA, Inc employee. Complete subparts A and B for each employment or business additional pages to this Form CIQ as necessary.  A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receivable income, other than investment income, from the vendor?  Yes  No	family relationship with the relationship described. Attach
	Yes No	
	B. Is the vendor receiving or likely to receive taxable income, other than investment of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?	
	Yes No	
5	Describe each employment or business relationship that the vendor named in Section 1 rother business entity with respect to which the RMA, Inc employee serves as an officer 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 arone or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	
J	An An Shil	( O
	Signature of vendor doing business with RMA, Inc.	ate

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
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).	Date Received
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.	
Name of vendor who has a business relationship with RMA, Inc.	
Jengo Facilities LLC	
Check this box if you are filing an update to a previously filed questionnaire. (The law recompleted questionnaire with the appropriate filing authority not later than the 7th business you became aware that the originally filed questionnaire was incomplete or inaccurate.)	
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	pplicable.
Name of RMA Employee that you have a relationship with	
A. Is the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc employee or a family member of the RMA, Inc employee received taxable income, other than investment income, from the vendor?  B. Is the vendor receiving or likely to receive taxable income, other than investment of the RMA, Inc employee or a family member of the RMA, Inc employee received from RMA, Inc?	ving or likely to receive
Yes No	
Describe each employment or business relationship that the vendor named in Section 1 n other business entity with respect to which the RMA, Inc employee serves as an officer an ownership interest of one percent or more.  We do not have any business relationships with any corporation or business entity where RMA, Inc officer, director or has an ownership interest of one percent or more.	or director, or holds
Check this box if the vendor has given the RMA, Inc employee or a family member of ar one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	
7 Kwame Watkins May 1	9, 2020
iviay 1	ate

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.	OFFICE USE ONLY	
This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).	Date Received	
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 person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.		
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.		
Name of person who has a business relationship with local governmental entity.		
Sukhbir Singh for SINGH EDUCATION SERVICES LLC		
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 applater than the 7th business day after the date the originally filed questionnaire become		
Name of local government officer with whom filer has employment or business relationship	o.	
SUKHBIR SINGH		
Name of Officer		
This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.		
A. Is the local government officer named in this section receiving or likely to receive taxable in income, from the filer of the questionnaire?	ncome, other than investment	
Yes X No		
B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than invedirection of the local government officer named in this section AND the taxable income is governmental entity?		
Yes X No		
C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?		
Yes X No		
D. Describe each employment or business relationship with the local government officer named in this section.		
08-20-	2020	
	Pate	

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY	
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).	Date Received	
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.		
Name of vendor who has a business relationship with RMA, Inc.  TEXAS ASSECIATION FOR SUPERVISION AND		
CURRICULUM DEVELOPMENT	<u> </u>	
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)	quires that you file an updated s day after the date on which	
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	pplicable.	
NONE		
Name of RMA Employee that you have a relationship with		
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?  W/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		
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 an one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	ny RMA, Inc employee I in Section 176.003(a-1).	
Signature of vendor doing business with RMA, Inc.	7 /2020 Pate	

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY	
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).	Date Received	
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,		
Name of vendor who has a business relationship with RMA, Inc.	1	
Total Benefit Solutions		
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)	s day after the date on which	
Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not A	pplicable.	
None		
Name of RMA Employee that you have a relationship with		
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		
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 Charloth Charloth Carloth		
Check this boy if the vendor has given the RMA, Inc employee or a family member of ar one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described	y RMA, Inc employee in Section 176.003(a-1).	
08/17/2020	i 	
Signature of vendor doing business with RMA, Inc.	ate	