CONFLICT OF INTEREST QUESTIONNAIRE

Signature of person doing business with the governmental entity

FORM CIQ

For vendor or other person doing business with local governmental entity

OFFICE USE ONLY This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code Date Received 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). 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. Southland Contracting, 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 the originally filed questionnaire becomes incomplete or inaccurate.) Name of local government officer with whom filer has employment or business relationship. N/A 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 income, other than investment income, from the filer of the questionnaire? Yes No B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity? Yes 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 D. Describe each employment or business relationship with the local government officer named in this section. 4 RECEIV 5/15/13 MAY 20 2013

Date

CITY OF FORT

Adopted 06/29/2007

	LOCAL GOVERNMEN CONFLICTS DISCLO: (Instructions for completing and filing	FORM CIS		
Γ	This questionnaire reflects changes ma	OFFICE USE ONLY		
Ш	This is the notice to the appropriate povernment officer has become awar n accordance with Chapter 176, Loca	Dulie Received		
1	Name of Local Government Office	H		
	N/A			
2	Office Held			
	N/A			
3	Name of person described by Sec	tions 176.002(a) and 176.003(a), Local Government	Code	
	Southland Contracting	g, Inc.		
4	Description of the nature and extent of employment or other business relationship with person named in item 3			
	N/A			
5	List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)			
	Date Gift Accepted N/A	Description of Gift		
	Date Gift Accepted	Description of Gift		
	Date Gift Accepted	Description of Gift		
L		(attach additional forms as necessary)		
5	AFFIDAVIT	I seem under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a tamity member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.		
	Signalure of Local Government Officer			
	AFFLM NOTARY STAMP / SEAL ABOVE			
	Swom to and subscribed before me, by the sald day			
	of, 20, to certify which, witness my hand and seal of office.			
	Signature of officer administrating outh	Printed pame of officer administering path 71	ite of officer administering outs	

Adopted 06/29/2007

END OF SECTION