## CONFLICT OF INTEREST QUESTIONNAIRE

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 A 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.	MAR 2.2 2013 CITY OF FORT WORTH		
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.	CITY SECRETARY		
Name of person who has a business relationship with local governmental entity.	2345		
Mike Lamon - Landmark Structures I, L.P.	and the second second		
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 relationsh	ip.		
NONE			
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	and the state of the state of		
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 No			
D. Describe each employment or business relationship with the local government officer named in this section.			
Mike Lamon	March 19, 2013		
Signature of person doing business with the governmental entity	Date		

## NOT APPLICABLE TO LANDMARK STRUCTURES I, L.P.

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and	d filing this form are provided on the next page.)	1
This questionnaire reflects chang	es made to the law by H.B. 1491, 80th Leg., Regular Session.	OFFICE USE ONLY
	opriate local governmental entity that the following local e aware of facts that require the officer to file this statement 6, Local Government Code.	Date Received
1 Name of Local Government	Officer	
2 Office Held		
3 Name of person described	by Sections 176.002(a) and 176.003(a), Local Government	Code
4 Description of the nature a	nd extent of employment or other business relationship w	ith person named in item 3
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	Description of Gift	
Date Gift Accepted	Description of Gift	
Date Gift Accepted	Description of Gift	
	(attach additional forms as necessary)	
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family 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.		
	Signature of Local	Government Officer
AFFIX NOTARY STAMP / SE	AL ABOVE	
	ne, by the said, to certify which, witness my hand and seal of office.	, this the day
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath