

**CONFLICT OF INTEREST QUESTIONNAIRE**

**FORM CIQ**

**For vendor or other person doing business with local governmental entity**

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

**OFFICE USE ONLY  
Date Received**

By law this questionnaire must be filed with the records administrator of the local government not later than the 7<sup>th</sup> 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.

07 MAY 29 AM 11:54

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

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

1 Name of the person doing business with local governmental entity.

Unimerica Insurance Company

2

Check this box if you are filing an update to a previously filed questionnaire

(This law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate).

3

Name each employee or Contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.

None

4

Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.

None

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

**FORM CIQ**  
**Page 2**

5

**Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.**

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is this local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes  No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes  No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that local government office serves as an officer or director, or holds an ownership of 10 % or more?

Yes  No

D. Describe each affiliation or business relationship.

N/A

6

Roger A Weber  
VP, Operations, Unimerica Workplace Benefits

*Roger A Weber*  
Signature of person doing business with the governmental entity.

Date May 18,  
2007

07 MAY 2007 11:54

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK