CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

| 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. | RECE CITY | | | | | |
| A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor. | 31 | | | | | |
| Name of vendor who has a business relationship with local governmental entity. | m≤m s | | | | | |
| Surshine Medical uniform | NI ON | | | | | |
| 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 business 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 local government officer about whom the information is being disclosed. | | | | | | |
| -N/A | | | | | | |
| Name of Officer | | | | | | |
| 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 | | | | | | |
| 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. | | | | | | |
| | | | | | | |
| Check this box if the vendor has given the local government officer or a family member o as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003 | the officer one or more gifts 3(a-1). | | | | | |
| MM | lahe 16 | | | | | |
| Signature of vendor doing pusiness with the governmental entity Da | ie / | | | | | |



City of San Antonio

Office of the City Clerk

CONFLICT OF INTEREST QUESTIONNAIRE ADDENDUM FORM CIQ-A

For vendor or other person doing business with local governmental entity

| | negotiations | r than the 7th business day aft | er the date the person/enti the City an application, resp | pleted Forms shall be filed with the ty: (1) begins contract discussions to a request for proposal consecutive. | ons or | |
|---|--|---|--|---|--------|--|
| | A CIQ and (submitted tog | CIQ Addendum are required to ether. | be filed for EACH solicitation | on submitted, and are required | to be | |
| 1 | Name of person who has or is seeking to have a business relationship with the City of San Antonio. | | | | | |
| | | NA | | | | |
| 2 | Name of Company that has or is seeking to have a business relationship with the City of San Antonio. | | | | | |
| | | NA | | | | |
| 2a |] | ontact information for Compan | - | ra Pa | | |
| | Business Ac | Idress: 902 Brook | dyn Avenue | 86 | ÷ < | |
| | | 210-320-7878 | | 2 29 | 320 | |
| | Email: | siew Emysunshin | e distributors | , Con | AN V | |
| Bid Name or Description of Service DHS Medical Uniforms & Equipment 18 18 18 18 18 18 18 18 18 18 18 18 18 | | | | | | |
| 4 Printed name of person doing business with the City of San Antonio (same as denoted on Box 7 of | | | | | | |
| Form CIQ). Siew Pang | | | | | | |
| Co so | ompleted Conf licitation (bid) | lict of Interest Questionnaires and to one of the following addresses | Addenda should be mailed | or hand-delivered separately from | the | |
| Ma | illing Address: | Office of the City Clerk P.O. Box 839966 San Antonio, TX 78283-3966 | Physical Address: | Office of the City Clerk City Hall, 2nd Floor 100 Military Plaza San Antonio, TX 78205 | | |
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Print Form