## **IKON Office Solutions.**

## **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 OFFICE USE ONLY chapter 176 of the Local Government Code by a person doing business with the governmental entity. By law this questionnaire must be filed with the records administrator of the local government 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 Date Received 176.006, Local Government Code. RECEIVED A person commits an offense if the person violates Section 176.006, Local Government Code, An offense under this AUG 0124 section is a Class C misdemeanor. PURCHASING DEVISION Name of person doing business with local governmental entity. CITY OF MESQUITE **IKON Office Solutions** 2 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 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 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.) Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money. n/a Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire. n/a Amended 01/13/2006

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FORM CIQ

## **CONFLICT OF INTEREST QUESTIONNAIRE**

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|---|---------------------------|
| For vendor or other person doing business with local governmental entity  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 filer has affiliation or other relationship. Attach additional pages to this Form Cl  |                           |
| A. Is the local government officer named in this section receiving or likely to retain the filer of the questionnaire?  Yes  No   | ceive taxable income from |
| B. Is the filer of the questionnaire receiving or likely to receive taxable income the local government officer named in this section AND the taxable income governmental entity? Yes No  |                           |
| C. Is the filer of this questionnaire affiliated with a corporation or other business government officer serves as an officer or director, or holds an ownership of Yes No  |                           |
| D. Describe each affiliation or business relationship.  N/a   |                           |
|   |                           |
|   |                           |
|   |                           |
| 6   |                           |
| Describe and other affiliation or business relationship that might cause a  | conflict of interset      |
| n/a 7   |                           |
| Kerry Walsh 9-20-06 Signature of person doing business with the governmental entity   | Date Amended 01/13/2      |