LEWISVILLE INDEPENDENT SCHOOL DISTRICT  CATERING AND MEAL SERVICES - FORMS - page 9	CSP #2308C-13
CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental entity	FORM CIQ
This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session, This questionnaire is being filled in accordance with Chapter 176, Local Government Gode 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 fater 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.	OFFICE USE ONLY  Dole Freehold  LI 988  Albert Enterprise (Schlotsky's)  POBOX 165054  Lrving JTX  76016
Check this box if you are filing an update to a previously filed questionnaire.  [The law requires that you file an updated completed questionnairs 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.  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 CiCl 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	
Signature of person doing husiness from the governmental entity Date  Date	