

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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).

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.

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

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Blue Cross and Blue Shield of Texas*

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

N/A

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

N/A

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee 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 RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

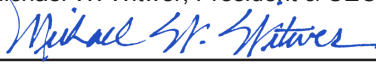
Yes No

5 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 RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Michael W. Witwer, President & CEO Ancillary Products



Signature of vendor doing business with RMA, Inc.

August 27, 2020

Date

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1 Name of vendor who has a business relationship with RMA, Inc.

Creative Therapy Store

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None

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee 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 RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

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7 Michael Surrey
Signature of vendor doing business with RMA, Inc.

8/06/20
Date

CONFLICT OF INTEREST QUESTIONNAIRE

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1 Name of vendor who has a business relationship with RMA, Inc.

Design Science Inc

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None

Name of RMA Employee that you have a relationship with

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Yes No

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Yes No

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7 Esther
Signature of vendor doing business with RMA, Inc.

2/7/20
Date

CONFLICT OF INTEREST QUESTIONNAIRE

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1 Name of vendor who has a business relationship with RMA, Inc.

EMC EDUCATION GROUP, LLC

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NONE

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee 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 RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 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 RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

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7 
Signature of vendor doing business with RMA, Inc.

8/5/2020
Date

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| |
|-----------------|
| OFFICE USE ONLY |
| Date Received |

1 Name of vendor who has a business relationship with RMA, Inc.

Essence of Panache Events

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None
Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc employee or a family member of the RMA, Inc employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No *N/A*

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No *N/A*

5 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 RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

None

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 *[Signature]*
Signature of vendor doing business with RMA, Inc.

8-15-20
Date

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1 Name of vendor who has a business relationship with RMA, Inc.

John T. Gomez, Jr.

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

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None

Name of RMA Employee that you have a relationship with

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A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes

No

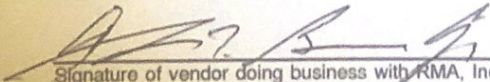
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes

No

5 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 RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of vendor doing business with RMA, Inc.

8-19-20
Date

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Ki d Kreol e Kooki ng, LLC

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3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

Patrick Campbell

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

Business Relationship - provided food services to school where RMA employee previously worked. No familial relationship.

A. Is the RMA, Inc employee or a family member of the RMA, Inc employee 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 RMA, Inc employee or a family member of the RMA, Inc employee AND the taxable income is not received from RMA, Inc?

Yes No

5 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 RMA, Inc employee serves as an officer or director, or holds an ownership interest of one percent or more.

No ownership interest.

6 Check this box if the vendor has given the RMA, Inc employee or a family member of any RMA, Inc employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Demond Lee
Signature of vendor doing business with RMA, Inc.

08/10/2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE
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FORM CIQ

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Norman Houston LLC,

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Patrick Campbell

Name of RMA Employee that you have a relationship with

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Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

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N/A

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Signature of vendor doing business with RMA, Inc.

8-10-20 _____
Date

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Odyssey Safety Services LLC

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3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

Mary Janssen
Name of RMA Employee that you have a relationship with

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Yes No

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Yes No

5 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 RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

She calls when fire extinguishers need service.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 *[Signature]*
Signature of vendor doing business with RMA, Inc.

6/28/19
Date

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OFF DUTY MANAGEMENT, INC.

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NONE

Name of RMA Employee that you have a relationship with

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N/A

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

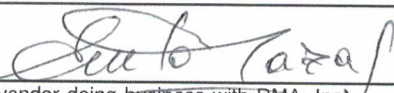
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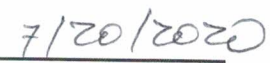
Yes No

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N/A

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Signature of vendor doing business with RMA, Inc.


Date

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1 Name of vendor who has a business relationship with RMA, Inc.

Oliver Lancelin Jr "Ovs Kitchen"

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James P. Nato

Name of RMA Employee that you have a relationship with

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Yes

No

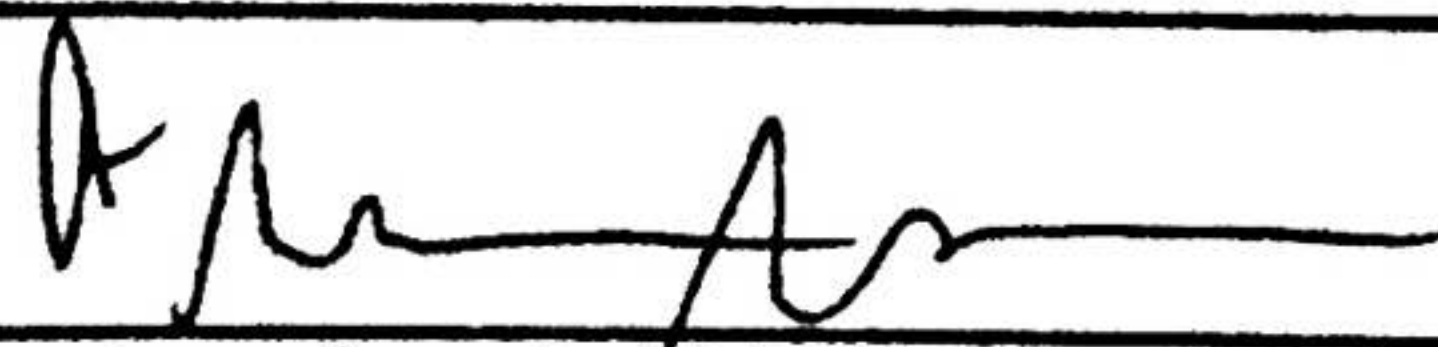
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Yes

No

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Signature of vendor doing business with RMA, Inc.

8/11/20
Date

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1 Name of vendor who has a business relationship with RMA, Inc.
Jengo Facilities LLC

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee 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 RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes No

5 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 RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

We do not have any business relationships with any corporation or business entity where RMA, Inc. employees serves as an officer, director or has an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7
Kwame Watkins
Signature of vendor doing business with RMA, Inc.

May 19, 2020
Date

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 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).
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.
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.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

Sukhbir Singh for SINGH EDUCATION SERVICES LLC

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 the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

SUKHBIR SINGH

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

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.

4



Signature of person doing business with the governmental entity

08-20-2020

Date

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.

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).

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.

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

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

TEXAS ASSOCIATION FOR SUPERVISION AND CURRICULUM DEVELOPMENT

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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

NONE

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee receiving or likely to receive taxable income, other than investment income, from the vendor?

N/A Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

N/A Yes No

5 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 RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1). N/A

7 
Signature of vendor doing business with RMA, Inc.

7/17/2020
Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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).

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.

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

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with RMA, Inc.

Total Benefit 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 the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of RMA, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

None

Name of RMA Employee that you have a relationship with

4 Describe each employment or other business relationship with the RMA, Inc. employee, or a family member of RMA, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the RMA, Inc. employee. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the RMA, Inc. employee or a family member of the RMA, Inc. employee 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 RMA, Inc. employee or a family member of the RMA, Inc. employee AND the taxable income is not received from RMA, Inc.?

Yes

No

5 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 RMA, Inc. employee serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the RMA, Inc. employee or a family member of any RMA, Inc. employee one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with RMA, Inc.

08/17/2020

Date