

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 BRAINATION, Inc.

N/A

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 BRAINATION, Inc. Employee with whom you have a relationship. Indicate "None" if Not Applicable.

N/A

Name of BRAINATION Employee that you have a relationship with

4 Describe each employment or other business relationship with the BRAINATION, Inc. employee, or a family member of BRAINATION, Inc. employee, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the BRAINATION, 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 BRAINATION, Inc. employee or a family member of the BRAINATION, 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 BRAINATION, Inc. employee or a family member of the BRAINATION, Inc. employee AND the taxable income is not received from BRAINATION, 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 BRAINATION, 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 BRAINATION, Inc. employee or a family member of any BRAINATION, 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 Dan L Phillips II
Signature of vendor doing business with BRAINATION, Inc.

1/25/16
Date



ILTexas District Office
1820 N. Glenville Drive #100
Richardson, TX 75081
Phone: 972-479-9078 fax: 972-479-9129

VENDOR IDENTIFICATION	
Vendor Name: (required)	Texas Instruments
Vendor DBA (If Applicable)	
Federal Tax ID or Social Security Number: (required)	75-0289970
Type(s) of Products or Services: (required)	technology / professional development
List any Co-Ops vendor is associated with: ILTexas is a member of the following Co-Ops: Choice Partners, Allied State Cooperative, Texas Cooperative Purchasing Network (TCPN) Texas Interlocal Purchasing Systems (TIPS)	
VENDOR CONTACT INFORMATION	
Vendor Mailing Address:(required)	13532 N. Central Expwy., Dallas, TX 75243
Vendor Remit Address: (If different from mailing address)	c/o Event Consultants Global 1704 Toltec Cirde, Henderson, NV 89104
Vendor Phone Number: (required)	810-553-8538
Vendor Fax Number:(required)	914-479-1504
Vendor Website URL:	education.ti.com
Vendor Email Address: (required) (For distribution of Purchase Orders)	T3@eventconsultantsglobal.com

I hereby certify that the above information is true and correct. I further certify that I am an authorized representative of this vendor.

Dale Phibrick
Vendor Authorized Representative (Print)

Director, Customer Success Programs
Title

Dale J Phibrick II
Vendor Authorized Representative (Signature)

1/25/18
Date