

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 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 176.006, Local Government Code.

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

OFFICE USE ONLY

Date Received

FILED
2006 SEP 25 PM 2:57
JANET D. BROWN
CLERK
BURDET COURT, TEXAS

1 Name of person doing business with local governmental entity.

Ameritas Life Insurance Corp.

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.)

3

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.

Ameritas Life Insurance Corp. has a business relationship with Ms. Debra Spellings who may have a business relationship with the local governmental entity.

4

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.

None

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5 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 officer with whom the filer has affiliation or business relationship. 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 from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each affiliation or business relationship.

6 Describe any other affiliation or business relationship that might cause a conflict of interest.

None

7

Rotam Brenfender
Signature of person doing business with the governmental entity

9-21-06
Date



Group Insurance Department

P.O. Box 81889 / Lincoln, NE 68501-1889
5900 O Street / Lincoln, NE 68510-2234
Bus: 402-467-1122

The Dental and Eye Care Experts™
A Division of Ameritas Life Insurance Corp.
A UNIFI Company

September 21, 2006

Burnet County
Attn: Ms. Janet Parker, County Clerk
220 South Pierce
Burnet, TX 78611

RE: Conflict of Interest Disclosure

Dear Ms. Parker:

Texas law requires any person or business that is considering doing business or that contracts with a local governmental entity file a "Conflict of Interest Questionnaire". Our records indicate that Ameritas Life Insurance Corp. has recently submitted a proposal to become the insurer for the dental and/or eye care coverage for Burnet County.

Enclosed is a completed Conflict of Interest Disclosure document for your records. If you have any questions, please feel free to contact me at 1-800-659-2223, ext. 82222, or, email gmckeown@ameritas.com.

Sincerely,

Geri McKeown, ACS
Manager, Group Compliance

Enclosure

FILED

2006 SEP 25 AM 9:45

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency CITY OF BURNET		1-7460004603
Address (Street & number, P.O. Box or Route number) 1001 BUCHANAN DRIVE SUITE 4 (MAILING BOX 1369)		Phone (Area code and number) 512-756-6093
City, State, ZIP code BURNET, TEXAS 78611		

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

Municipality

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the Tax Code: Limited Sales, Excise, and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purpose Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax; The Texas Health and Safety Code; Special Provisions Relating to Hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a population of 125,000 or less.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

sign here Purchaser 	Title DIRECTOR OF FINANCE	Date 09/20/2006
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.
THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.
 Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) City of Burnet	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other ▶ Municipality <input checked="" type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 1001 Buchanan Drive Suite 4 PO Box 1369	Requester's name and address (optional)
City, state, and ZIP code Burnet, Texas 78611	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
7	4	6	0	0	0	4	6	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶ 9/20/06
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



City of Burnet

(512) 756-6093
FAX (512) 756-8560
www.cityofburnet.com

P. O. Box 1369
1001 Buchanan Drive, Suite 4
Burnet, TX 78611

Dear Vendor or Potential Vendor:

A recent law in the State of Texas, HB 914 requires all vendors or potential vendors doing business with a local government to file information about potential conflicts of interest. The law applies to a person, or the agent of a person, who contracts or seeks to contract for the sale or purchase of property, goods, or services with the City of Burnet.

A vendor must report:

1. Any relationship where the Mayor, any Councilmember or the City Manager receives taxable income from the vendor;
2. Situations where the Mayor, any Councilmember or the City Manager is a director or officer or holds an ownership interest of ten (10) percent or more in the vendor entity;
3. Situations where the vendor receives taxable income from the Mayor, any Councilmember, or the City Manager apart from income from the City of Burnet;
4. Situations where the vendor has a business or affiliation with an employee or contractor of the City of Burnet who makes recommendations to the Mayor, any Councilmember or the City Manager regarding expenditures of the City of Burnet.

A vendor or potential vendor must file not later than the seventh (7th) business day after the vendor:

1. Begins contract discussions or negotiations with the City of Burnet;
2. Submits to the City of Burnet an application, response to a request for proposals or bids, correspondence, or other writing related to a potential agreement with the City of Burnet.

The reports dealing with the City of Burnet are to be filed with Accounts Payable, which will be forwarded to the City Secretary, Christy Fath, P.O. Box 1369, Burnet, Texas 78611.

An offense of these provisions is a Class C Misdemeanor.

This is an implementation of a state law that we are required to follow. This form can also be found on our website at www.cityofburnet.com. If you have any questions regarding this matter, please feel free to contact me at (512) 715-3213.

Sincerely,

Michelle Scott
Accounts Payable

Enclosures to be returned:

Form CIQ
W-9
Supplier Information

Enclosures: For Vendor file

W-9
Sales Tax Exempt Form