

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 local governmental entity.

EPI Kitchen

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 local government officer about whom the information is being disclosed.

Ramona Love (ECISD Child Nutrition Coordinator)

Name of Officer

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

EPI Kitchen is a manufacturer rep. We do not purchase anything from them directly. They just provide us with information and training on equipment they represent.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes NO No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes NO 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 local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

EPI has provided information and training to the following team members. When training sessions are scheduled, hotel rooms are provided for each attendee: Ramona Love, Veronica Villarreal, Meredith, Rokas, Ricardo Longoria

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

7
Ramona Love
Name of signatory


Signature

8/01/25
Date

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

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This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Ramona Love

2 Office Held

ECISD Child Nutrition Coordinator

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

EPI Kitchen

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. *EPI Kitchen is a manufacturer rep. We do not purchase anything from them directly. They just provide information on items they rep.*

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted 9/24/24 Description of Gift Paid a night at hotel for a training event

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

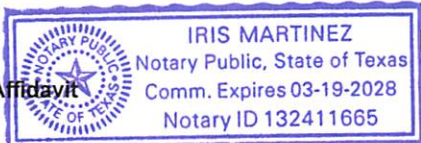
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

R. Love

Signature of Local Government Officer



(1) Affidavit

Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ramona Love this the 1st day of August,

20 25, to certify which, witness my hand and seal of office.

Iris Martinez
Signature of officer administering oath

Iris Martinez
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Local Government Officer (Declarant)

CONFLICT OF INTEREST QUESTIONNAIRE

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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 local governmental entity.

CTSFSDA (Central Texas Food Service Director's Association)

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 local government officer about whom the information is being disclosed.

Ramona Love (ECISD Child Nutrition Coordinator)

Name of Officer

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

CTSFSDA is Professional organization, which school district admin can choose to be a part of. It has bylaws and a board of officers. Per the bylaws, the organization pays for one State or National conference annually, for each standing board member.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes NO No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?


Yes NO 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 local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

Ramona Love is a current sitting officer of CTSFSDA. Therefore, she is entitled to having a State or National conference (of her choice) paid for by the organization, each year.

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

7
Ramona Love
Name of signatory


Signature

8/01/25
Date

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Ramona Love

2 Office Held

ECISD Child Nutrition Coordinator

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

CTSFSDA (Central Texas School Food Service Directors Association)

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

Ramona Love is current board member of CTSFSDA

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted 7/13 - 7/15, 2025 Description of Gift All Expenses related to SASA annual conference

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

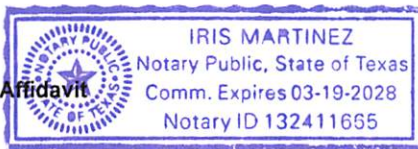
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

R. Love

Signature of Local Government Officer



(1) Affidavit

Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Romana Love this the 1st day of August,

20 25, to certify which, witness my hand and seal of office.

Iris Martinez
Signature of officer administering oath

Iris Martinez
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Local Government Officer (Declarant)

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OFFICE USE ONLY

Date Received

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

TASN (Texas Association for School Nutrition)

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 local government officer about whom the information is being disclosed.

Ramona Love (ECISD Child Nutrition Coordinator)

Name of Officer

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

TASN is Professional organization, which school district admin can choose to be a part of. It has bylaws and a board of officers. Per the bylaws, board members are entitled to having all expenses related to the TASN Annual Conference paid for by the organization.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes NO No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

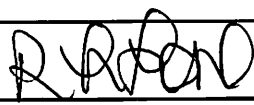
Yes NO No

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 local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

Ramona Love is a current member of the TASN Executive board. Therefore, she is entitled to having all expenses related to the TASN Annual Conference paid for by the organization.

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

7
Ramona Love
Name of signatory


Signature

8/01/25
Date

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

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OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

Ramona Love

2 Office Held

ECISD Child Nutrition Coordinator

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

TASN (Texas Association For School Nutrition)

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

Ramona Love is a current board member of TASN

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted 6/22-6/25, 2025 Description of Gift All Expenses related to TASN Annual Conference

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

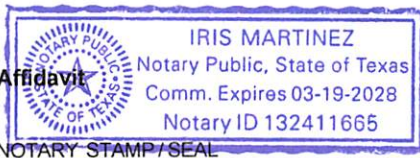
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6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Ramona Love

Signature of Local Government Officer



(1) Affidavit

Please complete either option below:

Sworn to and subscribed before me by Ramona Love this the 1st day of August,

2025, to certify which, witness my hand and seal of office.

Iris Martinez
Signature of officer administering oath

Iris Martinez
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Local Government Officer (Declarant)