COPY rwd 9/1/17

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

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

OFFICE USE ONLY

This is the notice to the appropriate local governmental entity that the following local government officer is required to file this statement in accordance with Chapter 176, Local Government Code.

1 Name of Local Government Officer

Brent [illegible]

2 Office Held

Athletic Director

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

Mel[illegible]

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

Mel[illegible] is used for [illegible] Athletic events throughout the calendar year as determined by sport, length of time, and # of pictures/videos. Football is $125 Tennis 75.00 Volleyball is $75 Cross Country 100.00 etc.

5 List gifts accepted by the local government officer or 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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear, or affirm, 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.

Brent [illegible]

Signature of Local Government Officer

9-1-17

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20__, to certify which, witness my hand and seal of office.

_____

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Form provided by Texas Ethics Commission

Revised 11/30/2015