

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.

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

Dr. Chad Kelly

2 Office Held

Superintendent

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

N/A

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

N/A

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 _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

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.

Signee hereby agrees to complete a new conflict of interest statement within 7 business days should any conflict occur prior to completing an annual disclosure form.

FOR ADDITIONAL INFORMATION PLEASE REFER TO JISD POLICIES:

[http://pol.tasb.org/Policy/Download/283?filename=DBD\(LOCAL\).pdf](http://pol.tasb.org/Policy/Download/283?filename=DBD(LOCAL).pdf)

[http://pol.tasb.org/Policy/Download/283?filename=CB\(LOCAL\).pdf](http://pol.tasb.org/Policy/Download/283?filename=CB(LOCAL).pdf)



Signature of Local Government Officer

Dr. Chad Kelly, Superintendent

Printed Name and Title of Local Government Officer