## 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 has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
Name of Local Government Officer	
Jaydon McCullough	
Office Held	
Head Football Coach /Athletic Director	
Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government	Code
BSN/NIKE	
Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.	
13.133. Halloo III 1011 0.	
List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from yender named in item 3 exceeds \$100 during the 12-month period described by Section 176 003(a)(2)(B)	
from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).	
Date Gift Accepted 08/01/2019 Description of Gift With purchase of team uniforms they provided:	
Date Gift Accepted Description of Gift 2 game shirts, shoes, pants and a pullover.	
Date Gift Accepted Description of Gift	
(attach additional forms as necessary)	
6 AFFIDAVIT 1 swear under penalty of perjury that the above statement is	s true and correct. I acknowledge
that the disclosure applies to each family member (as defined by Section 176.001(2), Local	
SHAUNA FRY Notany Public covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.	
Notary Public State of Texas ID # 707091-0	$\prec$
Comm. Expires 2/13/2022	n //
Signature of Local	overnment Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said <u>Taydon McCullough</u> , this the <u>1st</u> day	
of October, 20 19 , to certify which, witness my hand and seal of office.	
Lhauna Fry Shauna Fry	Office Manager
Signature of officer administering oath Printed name of officer administering oath	Fitle of officer administering oath