

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

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

BRANDON MEAD

2 Office Held

CLEBURNE ISD BOARD TRUSTEE- PLACE 7

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

UNITED COOPERATIVE SERVICES

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

EMPLOYED AS IT ADMINISTRATOR

5 List gifts if aggregate value of the gifts received from person named in Item 3 exceed \$250

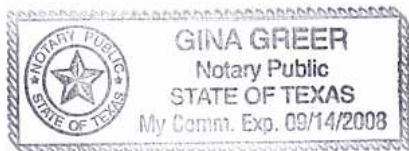
Date Gift Received _____ Description of Gift _____ ☐ Did Not Accept Gift

Date Gift Received _____ Description of Gift _____ ☐ Did Not Accept Gift

Date Gift Received _____ Description of Gift _____ ☐ Did Not Accept 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 a family member (as defined by Section 176.001(2), Local Government Code) of a government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(b), Local Government Code.

Brandon B. Mead
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brandon B. Mead, this the 16TH day of MARCH, 20 07, to certify which, witness my hand and seal of office.

Gina Greer
Signature of officer administering oath

Gina Greer
Printed name of officer administering oath

Notary
Title of officer administering oath