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 questionnaire reflects changes made to the law by H.B. 1491, 80th 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	
Robert Mcclelland	
Office Held DSTSD School Board	
Name of person described by Sections 176.002(a) and 176.003(a), Local Government	Code
Description of the nature and extent of employment or other business relationship wi	ith person named in item 3
E 1:44 wife accorded by the lead accomment officer and any family mamber available	ing aifte described by Coeting
List gifts accepted by the local government officer and any family member, excludi 176.003(a-1), if aggregate value of the gifts accepted from person named in item 3 exc	
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	
Date Gift Accepted Description of Giff	
Date Gift Accepted Description of Gift	
(attach additional forms as passage)	
(attach additional forms as necessary)	
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 this local government officer. I also acknowledge that this statement	
Notary ID #129635233 covers the 12-month period described by Section 176.003(a), Local Government Code.	
My Commission Expires November 22, 2025	
1/1/2	
Signature of Local (Government Officer
AFFIX NOTARY STAMP / SEAL ABOVE	
Dob McClelland	1115
Sworn to and subscribed before me, by the said	
of, 20, to certify which, witness my hand and seal of office.	1 -
Sheila Famb Sheila Lamb	notary
Signature of officer administering oath Printed name of officer administering oath T	itle of officer administering oath