LOCAL GOVERNMENT OFFICER CONFLICTS
DISCLOSURE STATEMENT

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.

1. Name of Local Government Officer

   John Acquille

2. Office Held

   School Board Trustee

3. Name of vendor described by Sections 178.001(7) and 176.003(a), Local Government Code

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

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. SIGNATURE

   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.

   [Signature of Local Government Officer]

   NOTARY STAMP/SEAL

   Sworn to and subscribed before me by ________________________________ 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]

   OR

   (2) Unsworn Declaration

   My name is ____________________________, and my date of birth is ________________.

   My address is ____________________________, ____________________________, ____________________________, ____________________________.

   Executed in ____________________________, County, State of ____________________________, on the ______ day of ____________________________, 20__.

   [Signature of Local Government Officer (Declant)]

Form provided by Texas Ethics Commission
www.ethics.state.tx.us
Revised 8/17/2020