

lo	Signature Name Printed Date
_	
numt	I cannot agree with a certain statement (or statements). Below I identify the statement(s) by per and disclose the following circumstances:
state	I agree with all of the statements in this Financial Conflict of Interest Disclosure Statement. My ments concerning my family members are made to the best of my knowledge.
Chec	k one of the following:
7.	I will not accept gifts, gratuities, entertainment, or other favors from individuals or entities when the party offering the gift, gratuity, entertainment or favor does so under circumstances that might create the perception that such action was intended to influence me in the performance of my HFSC duties.
6.	I do not and will not engage in any business or financial activity that adversely affects or is detrimental to the best interests of HFSC.
5.	I am not (nor is a family member) engaged in any capacity with a business or enterprise that competes with HFSC nor do I or a family member have a financial interest in a business or enterprise that competes with HFSC.
4.	I do not have (nor does a family member have) a financial interest in a contract or transaction that exists or is being negotiated between HFSC and any entity in which (a) I am (or a family member is) a director, officer, agent, partner, associate, employee, trustee, or legal representative or (b) I am (or a family member is) engaged in some other capacity.
3.	I do not have, nor am I negotiating, a contract or transaction (as defined in the Policy) with HFSC for goods or services (other than any employment contract that may exist between HFSC and me), and this statement is true with regard to any family member of mine (as <i>family member</i> is defined in the Policy).
2.	If I have an actual or perceived conflict of interest (as defined in the Policy), I will promptly disclose it as required by the Policy.
1.	I, Hony Graves , have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy.



DAVID FEINEN

Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

1.	understand the HFSC Financial Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy.
2.	If I have an actual or perceived conflict of interest (as defined in the Policy), I will promptly disclose it as required by the Policy.
3.	I do not have, nor am I negotiating, a contract or transaction (as defined in the Policy) with HFSC for goods or services (other than any employment contract that may exist between HFSC and me), and this statement is true with regard to any family member of mine (as <i>family member</i> is defined in the Policy).
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state	I agree with all of the statements in this Financial Conflict of Interest Disclosure Statement. My ments concerning my family members are made to the best of my knowledge.
I cannot agree with a certain statement (or statements). Below I identify the statement(s) by number and disclose the following circumstances:	
Knowner DAVIO PERDITION 7/4/17	
	Signature Name Printed Date



This Houston Forensic Science Center ("HFSC") Financial Conflict of Interest Disclosure Statement is to be completed annually by all persons with decision-making authority regarding any HFSC contract or transaction. Completed forms should be submitted to the secretary of the Board of Directors by June 1 of each year. Note that disclosure statements will be posted on HFSC's website. See Section 176.009(a) of the Texas Local Government Code.

- I, Francisco G. Medina have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy.
 If I have an actual or perceived conflict of interest (as defined in the Policy), I will promptly disclose it as required by the Policy.
 I do not have, nor am I negotiating, a contract or transaction (as defined in the Policy) with HFSC for goods or services (other than any employment contract that may exist between HFSC and me), and this statement is true with regard to any family member of mine (as family member is defined in the Policy).
- 4. I do not have (nor does a family member have) a financial interest in a contract or transaction that exists or is being negotiated between HFSC and any entity in which (a) I am (or a family member is) a director, officer, agent, partner, associate, employee, trustee, or legal representative or (b) I am (or a family member is) engaged in some other capacity.
- I am not (nor is a family member) engaged in any capacity with a business or enterprise that competes
 with HFSC nor do I or a family member have a financial interest in a business or enterprise that
 competes with HFSC.
- I do not and will not engage in any business or financial activity that adversely affects or is detrimental
 to the best interests of HFSC.
- 7. I will not accept gifts, gratuities, entertainment, or other favors from individuals or entities when the party offering the gift, gratuity, entertainment or favor does so under circumstances that might create the perception that such action was intended to influence me in the performance of my HFSC duties.

Check one of the following:

I agree with all of the statements in this Financial Conflict of Interest Disclosure Statement. My attements concerning my family members are made to the best of my knowledge.		
I cannot agree with a certain statement (conumber and disclose the following circumstance	or statements). Below I identify the states:	atement(s) by
Francis S. Modify Signature	Francisco G. Neclia	7-6-17 Date



This Houston Forensic Science Center ("HFSC") Financial Conflict of Interest Disclosure Statement is to be

	Signature	Name Printed	Date
Ja	nd Lutis Sanger	JANZT LTATZYA BLANCOTT	2 JUNZ 2017
l cannot agree with a certain statement (or statements). Below I identify the statement(s) by number and disclose the following circumstances:			
I agree with all of the statements in this Financial Conflict of Interest Disclosure Statement. My statements concerning my family members are made to the best of my knowledge.			
Chec	ck one of the following:	i di Firmi I Coglia el Idana Pi	Statement May
		was intended to influence me in the performan	nce of my HFSC duties.
7.	party offering the gift, gratuity,	, entertainment, or other favors from individuentertainment or favor does so under circums	tances that might create
6.	I do not and will not engage in an to the best interests of HFSC.	ny business or financial activity that adversely	affects or is detrimental
5.	I am not (nor is a family member with HFSC nor do I or a famil competes with HFSC.	r) engaged in any capacity with a business or e y member have a financial interest in a bus	enterprise that competes iness or enterprise that
4.	exists or is being negotiated bety	y member have) a financial interest in a conveen HFSC and any entity in which (a) I am (r, associate, employee, trustee, or legal repressome other capacity.	(or a family member is)
3.	for goods or services (other than	ng, a contract or transaction (as defined in the any employment contract that may exist better any family member of mine (as family)	ween HFSC and me),
2.	If I have an actual or perceived of disclose it as required by the Pol	conflict of interest (as defined in the Policy), licy.	I will promptly
1.	I, JANEI L. TATEYA Punderstand the HFSC Financial the Policy.	, have received a copy of Conflict of Interest Policy (the "Policy"). I ag	of and have read and gree to comply with
Comp	leted forms should be submitted to i	decision-making authority regarding any HTSC the secretary of the Board of Directors by June 1 SC's website. See Section 176,009(a) of the Texas	of each year. Note that



-	Signature Name Printed Date
3	Day Set MARY LENTSCHEE 7-14-2017
num	_ I cannot agree with a certain statement (or statements). Below I identify the statement(s) by ber and disclose the following circumstances:
state	ments concerning my family members are made to the best of my knowledge.
	k one of the following: I agree with all of the statements in this Financial Conflict of Interest Disclosure Statement. My
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2.	If I have an actual or perceived conflict of interest (as defined in the Policy), I will promptly disclose it as required by the Policy.
1.	I, Mary Lentschke , have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy.



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1.	I, NICOLE CASAREZ, have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy.
2.	If I have an actual or perceived conflict of interest (as defined in the Policy), I will promptly disclose it as required by the Policy.
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Cheg	k one of the following:
state	_ I agree with all of the statements in this Financial Conflict of Interest Disclosure Statement. My ments concerning my family members are made to the best of my knowledge.
num	_ I cannot agree with a certain statement (or statements). Below I identify the statement(s) by ber and disclose the following circumstances:
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reple Casarey NICOLE CASAREZ 69
Signature Name Printed



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Com	pleted forms should be submitted to the secretary of the Board of Directors by June 1 of each year. Note that osure statements will be posted on HFSC's website. See Section 176.009(a) of the Texas Local Government Code.
1.	I, Robert H. M Pherson, have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy.
2.	If I have an actual or perceived conflict of interest (as defined in the Policy), I will promptly disclose it as required by the Policy.
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_	

Robert H. McPherson 6917
Name Printed Date



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1.	I, Sandra G. Thompson, have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy.
2.	If I have an actual or perceived conflict of interest (as defined in the Policy), I will promptly disclose it as required by the Policy.
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Thompson SANDRA 6. THOMPSON June 9, 2017

Name Printed Date



lisclos	sure statements will be posted on HFSC's website. See Section 176.009(a) of the Texas Local Government Code.
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A	am a bourd member I owner of My Eco Health
	Saley fitchell Stately Mitchell 6/2/17 Signature Name Printed Date