



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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.

- I, Philip Hilder, 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).
- 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.
- 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 statements 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:

	<u>Philip Hilder</u>	<u>08/04/2018</u>
SIGNATURE	NAME PRINTED	DATE

Rev. 9.3.15



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- 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).
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- 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.
- 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 statements 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:

Francisco G. Medina
SIGNATURE

Francisco G. Medina
NAME PRINTED

5-24-18
DATE

Rev. 9.3.15



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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- 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.
- 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).
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- 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.
- 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 statements 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:

<u>Nicole Casarez</u>	<u>Nicole Casarez</u>	<u>5/24/18</u>
SIGNATURE	NAME PRINTED	DATE

Rev. 9.3.15



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- I, Stacey Mitchell, 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).
- 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.
- 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 statements 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:

Stacey Mitchell Stacey Mitchell 5/17/18
 SIGNATURE NAME PRINTED DATE

Rev. 9.3.15



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1. I, JANET BLANCKETT, 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.
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 *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.
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.
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.
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 statements 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:

Janet L. Tateya Blanckett
SIGNATURE

JANET BLANCKETT
NAME PRINTED

19 MAY 2018
DATE

Rev. 9.3.15



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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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.
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 *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.
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.
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.
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 statements 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:

Sandra G. Thompson SANDRA G THOMPSON 5-28-18

SIGNATURE

NAME PRINTED

DATE



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- 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.
- 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).
- 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.
- 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 statements 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:

Mary Lentz
SIGNATURE

MARY LENTSCHKE
NAME PRINTED

6/1/2018
DATE



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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1. Robert H. McPherson, 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.
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 *family member* is defined in the Policy).
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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.
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.
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 statements 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:

Robert H. McPherson
SIGNATURE

Robert H. McPherson 5/18/18
NAME PRINTED DATE

Rev. 9.3.15



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- I, Anthony 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.
- 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).
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- 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.
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Check one of the following:

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.

I cannot agree with a certain statement (or statements). Below I identify the statement(s) by number and disclose the following circumstances:

Anthony Graves
SIGNATURE

Anthony Graves
NAME PRINTED

5-18-2018
DATE

Rev. 9.3.15