



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, JANEI L. TATBYA BLANCOIT, 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:

Janeil Tatbya Blancoit

JANEI L. TATBYA BLANCOIT

5/5/2019

SIGNATURE

NAME PRINTED

DATE

Rev. 9.3.15



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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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).
- 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:

Francisco G. Medina Francisco G. Medina 5-9-19
 SIGNATURE NAME PRINTED DATE

Rev. 9.3.15



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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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:

<u>Stacey Mitchell</u>	<u>Stacey Mitchell</u>	<u>5/1/19</u>
SIGNATURE	NAME PRINTED	DATE



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.

- 1. I, Robert H. McPherson, have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy...
2. If I have an actual or perceived conflict of interest...
3. I do not have, nor am I negotiating, a contract or transaction...
4. I do not have (nor does a family member have) a financial interest...
5. I am not (nor is a family member) engaged in any capacity...
6. I do not and will not engage in any business or financial activity...
7. I will not accept gifts, gratuities, entertainment, or other favors...

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 (name printed) 05/13/19 (date)



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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- 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.
- 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:

see attachment

Sandra G. Thompson
SIGNATURE

SANDRA G. THOMPSON
NAME PRINTED

May 7, 2019
DATE

Rev. 9.3.15

Attachment for Houston Forensic Science Center, Financial Conflict of Interest Disclosure Statement of Sandra G. Thompson, 5/7/19

- #3- *I am an "interested person," as defined by the HFSC financial conflict of interest policy. I have a substantial interest in an entity (University of Houston Law Center) that has or is negotiating a potential contract or transaction with HFSC, namely a proposal to provide services to HFSC as a grant subrecipient, if selected. Pursuant to the policy, I have also disclosed this information to the Chair of the Board of Directors; recused myself from the decision-making process; will timely file a disclosure statement with the Corporate Secretary pursuant to Chapter 176 of the Local Government Code; as well as file an affidavit and abstain from voting pursuant to Section 171.004 of the Texas Local Government Code, should this matter be brought before the Board of Directors.*

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

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

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.

OFFICE USE ONLY	
Date Received	

1 Name of Local Government Officer
Sandra Guerra Thompson

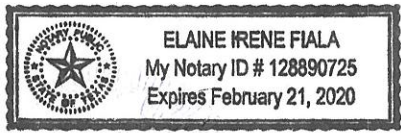
2 Office Held *Houston Forensic Science Center*
Vice Chair, Board of Directors,

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code
University of Houston (I, Sandra Thompson, serving as the primary agent of the vendor).

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.
Employed by University of Houston, receiving taxable income exceeding \$2500 during the previous 12 month period.

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 *N/A* Description of Gift *N/A*
Date Gift Accepted _____ Description of Gift _____
Date Gift Accepted _____ Description of 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 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sandra Guerra Thompson
Signature of Local Government Officer

Sworn to and subscribed before me, by the said *Sandra Guerra Thompson*, this the *9th* day of *May*, 20 *19*, to certify which, witness my hand and seal of office.

Elaine Irene Fiala *ELAINE IRENE FIALA*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a director, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity; or an agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a misdemeanor.

Refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. **Name of Local Government Officer.** Enter the name of the local government officer filing this statement.
2. **Office Held.** Enter the name of the office held by the local government officer filing this statement.
3. **Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code.** Enter the name of the vendor described by Section 176.001(7), Local Government Code, if the vendor: a) has an employment or other business relationship with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code; b) has given to the local government officer or a family member of the officer one or more gifts as described by Section 176.003(a)(2)(B), Local Government Code; or c) has a family relationship with the local government officer as defined by Section 176.001(2-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.** Describe the nature and extent of the employment or other business relationship the vendor has with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code, and each family relationship the vendor has with the local government officer as defined by Section 176.001(2-a), Local Government Code.
5. **List gifts accepted, if the aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100.** List gifts accepted during the 12-month period (described by Section 176.003(a)(2)(B), Local Government Code) by the local government officer or family member of the officer from the vendor named in item 3 that in the aggregate exceed \$100 in value.
6. **Affidavit.** Signature of local government officer.

Local Government Code § 176.001(2-a): "Family relationship" means a relationship between a person and another person within the third degree by consanguinity or the second degree by affinity, as those terms are defined by Subchapter B, Chapter 573, Government Code.

Local Government Code § 176.003(a)(2)(A):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.



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- I, Peter Steut, 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:


Peter Steut
 SIGNATURE NAME PRINTED DATE 5/15/19

Rev. 9.3.15



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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- I, Amy Castillo, 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:

Amy Castillo SIGNATURE Amy Castillo NAME PRINTED 6/3/19 DATE

Rev. 9.3.15



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- I, David Leach, 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:



 SIGNATURE

David Leach

 NAME PRINTED

5/9/19

 DATE

Rev. 9.3.15



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.

- 1. I, MARY LENTSCHKE, have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy...
2. If I have an actual or perceived conflict of interest...
3. I do not have, nor am I negotiating, a contract or transaction...
4. I do not have (nor does a family member have) a financial interest...
5. I am not (nor is a family member) engaged in any capacity...
6. I do not and will not engage in any business or financial activity...
7. I will not accept gifts, gratuities, entertainment, or other favors...

Check one of the following:

[X] 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:

[Signature]
SIGNATURE

MARY LENTSCHKE
NAME PRINTED

5/24/2019
DATE



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.

- 1. I, Phillip 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.
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:

[X] 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:

[Signature] Phillip Hilder May 22, 2019
SIGNATURE NAME PRINTED DATE

Rev. 9.3.15



Houston Forensic Science Center Financial Conflict of Interest Disclosure Statement

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- I, Anna M. Vasquez, 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:

Anna M. Vasquez Anna M. Vasquez 4-24-19
 SIGNATURE NAME PRINTED DATE

Rev. 9.3.15