



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.

1. 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.
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:

Stacey G. Mitchell
SIGNATURE



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1. 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.
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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Anna M. Vasquez
SIGNATURE



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1. I, Philip Hilden, 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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SIGNATURE



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1. 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.
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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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.

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- ☒ 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

Digitally signed by Francisco G. Medina
DN: cn=Francisco G. Medina, o=HFSC,
email=fgm@medialaw.net, c=US
Date: 2022.05.02 13:11:18 -05'00'

SIGNATURE



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1. I, Vanessa Goodwin, 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:

Vanessa Goodwin

Digitally signed by Vanessa Goodwin
DN: cn=Vanessa Goodwin,
email=VGoodwin@arnoldfoundation.org, c=US
Date: 2022.05.02 12:56:37 -0500

SIGNATURE



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1. I, Ellen Cohen, 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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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:

Ellen Cohen
SIGNATURE



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1. I, Jane Moore, 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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- ☐ I cannot agree with a certain statement (or statements). Below I identify the statement(s) by number and disclose the following circumstances:

Lisa J. Moore
SIGNATURE



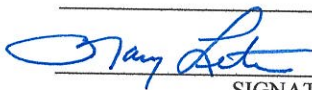
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1. I, MARY LENTSCHKE, have received a copy of and have read and understand the HFSC Financial Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy.
2. If I have an actual or perceived conflict of interest (as defined in the Policy), I will promptly disclose it as required by the Policy.
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SIGNATURE



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1. I, Vicki Huff, 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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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:

Vicki Huff
SIGNATURE

5 May 2022



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1. I, Peter Stout, 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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- ☐ I cannot agree with a certain statement (or statements). Below I identify the statement(s) by number and disclose the following circumstances:

Peter Stout

Digitally signed by Peter Stout
Date: 2022.05.02 13:02:15 -05'00'

SIGNATURE



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1. 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.
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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- ☐ I cannot agree with a certain statement (or statements). Below I identify the statement(s) by number and disclose the following circumstances:

Amy Castillo Digitally signed by Amy Castillo
Date: 2022.05.03 08:20:20 -05'00'
SIGNATURE



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1. 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.
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David Leach Digitally signed by David Leach
Date: 2022.05.02 12:33:53 -05'00'

SIGNATURE

Financial Conflict of Interest
Issued By: Human Resources Director
Uncontrolled When Printed

Document ID: 8348
Issue Date: 05/01/2020
Page 7 of 7