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. Note that disclosure statements will be posted on HFSC's website. See Section 176.009(a) of the Texas Local Government Code.

1. 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.

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:

_________________________________________________________

_________________________________________________________

_________________________________________________________

Anthony Graves  Anthony Graves  6-9-2017
Signature  Name Printed  Date

Rev. 9.28.15
Houston Forensic Science Center
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1. I, [Name], 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 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

______________________________
Name Printed

______________________________
Date

Rev. 9.28.15
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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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Check one of the following:

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

____________________________________  ______________________________     _______

Signature                      Name Printed              Date

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1. I, Jane L. Tateya Blansett, 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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________________________________________________________________________

________________________________________________________________________

__________________________  ____________________________  ________________
Signature                  Name Printed                 Date

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Houston Forensic Science Center  
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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.

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.

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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:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Mary Lentschke  
Signatures

Name Printed

Date  7-14-2017

Rev. 9.28.15
Houston Forensic Science Center
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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.

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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Signature

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Name Printed

6/9/2017
Date

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1. I, 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.

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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:

________________________
Signature

________________________
Name Printed

6/9/17
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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Check one of the following:

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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:

__________________________________________________________

Sandra G. Thompson  Sandra G. Thompson  June 9, 2017
Signature  Name Printed  Date

Rev. 9.28.15
Houston Forensic Science Center  
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Signature

Name Printed

Date

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