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, ______________________________, 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.

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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:

Peter Stout
Digitally signed by Peter Stout
Date: 2020.05.04 19:47:22 -05'00'

Financial Conflict of Interest
Issued By: Human Resources Director
Uncontrolled When Printed
Houston Forensic Science Center
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_______________________________
SIGNATURE

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

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1. I, **MARY LEUTSCHE**, 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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\[signature\]

6/1/2020

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________________________________________

Rev. 9.3.15

Financial Conflict of Interest
Issued By: Human Resources Director

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Document ID: 8348
Issue Date: 08/04/2017
Page 7 of 7
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[Signature]

[Name Printed]

[Date]

Rev 9315

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Houston Forensic Science Center
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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.

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______________________________________________  Digitally signed by Francisco G. Medina
Signature

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Issue Date: 05/01/2020
Page 7 of 7
Houston Forensic Science Center
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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.

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________________________
SIGNATURE

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NAME PRINTED

22 Feb 2020
DATE

Rev. 9.3.15

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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.

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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.

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Anna M. Vasquez

5/5/2020

SIGNATURE

NAME PRINTED

DATE

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