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, [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.

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:

signature: [Signature]  name printed: [Name Printed]  date: [Date]

Rev. 9.3.15
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.

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 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: Francisco G. Medina  Name Printed: Francisco G. Medina  Date: 5-24-18

Rev. 9.3.15

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

Document ID: 8348
Issue Date: 08/04/2017
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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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☐ I cannot agree with a certain statement (or statements). Below I identify the statement(s) by number and disclose the following circumstances:

_________________________  ___________________________  ____________
Nicole Casarez                  Name Printed          Date

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Financial Conflict of Interest
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__________________________
Signature

__________________________
Name Printed

__________________________
Date

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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]

19 May 2018 [Date]

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Houston Forensic Science Center
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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).

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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:

Sandra G. Thompson

Signature: Sandra G. Thompson

Name Printed: Sandra G. Thompson

Date: 5-28-18

Rev. 9.3.15

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Uncontrolled When Printed

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1. I, MARY LENTSCHE, 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

________________________________________
MARY LENTSCHE
NAME PRINTED

6/1/2018
DATE

Rev. 9.3.15

Financial Conflict of Interest
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Houston Forensic Science Center
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[Signature]       [Name Printed]       [Date]

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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).

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______________________________
Signature

______________________________
Anthony Graves

______________________________
Date

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Financial Conflict of Interest
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