CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Political Contribution Disclosure Form

Pursuant to § 102.101(f), *Health & Safety Code*
Period Covered: Calendar Year 2015

Part I. Oversight Committee Member

Name: Cynthia Mulrow
Address: [redacted]
City: San Antonio State: Tx Zip Code: [redacted]
Date Appointed: 2013

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of § 102.101(f), *Health & Safety Code*.

cynthia mulrow Digitally signed by cynthia mulrow Date: 2016.01.11 10:33:06 -06'00'	Cynthia Mulrow	01/11/2016
Signature	Printed Name	Date

Part II. Contribution Disclosure Requirement

Required disclosure: Pursuant to § 102.101(f), *Health & Safety Code*, a person appointed to the Oversight Committee shall disclose each political contribution to a candidate for a state or federal officer over $1000 made by the person in the five (5) years preceding the person's appointment and each year after the person's appointment until the person's term expires.

☑ **Check here if you have no politicial contributions over $1000 for the specified time period.**

Candidate	Date	Amount
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

☑ Check here if the information is continued on subsequent page(s)

01/16

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Contribution Disclosure Requirement (Continued)
Name: Cynthia Mulrow

Candidate	Date	Amount
		$
		$
		$

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Political Contribution Disclosure Form

Pursuant to 102.101(f), *Health & Safety Code*
Period Covered: Date of appointment through December 31, 2014

Part I. Oversight Committee Member

Name: Cynthia Mulrow
Address: [redacted]
City: [redacted] State: [redacted] Zip Code: [redacted]
Date Appointed: Nov 2013

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of 102.101(f), *Health & Safety Code*.

Cynthia Mulrow Digitally signed by Cynthia Mulrow DN: cn=Cynthia Mulrow, o=American College of Physicians, ou=Associate Internal Medicine, email=cmulrow@acponline.org, c=US Date: 2015.01.09 12:23:06 -06'00'	Cynthia Mulrow	1/9/2015
Signature	Printed Name	Date

Part II. Contribution Disclosure Requirement

Required disclosure: Pursuant to 102.101(f), *Health & Safety Code*, a person appointed to the Oversight Committee shall disclose each political contribution to a candidate for a state or federal officer over $1000 made by the person in the five (5) years preceding the person's appointment and each year after the person's appointment until the person's term ends. The *Code of Conduct* requires submittal of disclosure form by January 31.

Candidate	Date	Amount
NONE		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

☐ Check here if the information is continued on subsequent page(s)

01/15

Political Contribution Disclosure Form

Pursuant to 102.101(f), Health & Safety Code

Part I -- Oversight Committee Member

Name:	CYNTHIA MULROW MD
Address:	[redacted]
City/State:	[redacted]
Date Appointed:	OCTOBER 2013

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of 102.101(f), **Health & Safety Code**.

Cynthia Mulrow — Signature

CYNTHIA MULROW — Printed Name

11/5/2013 — Date

Part II -- Contribution Disclosure Requirement

Required disclosure: Pursuant to 102.101(f), *Health & Safety Code,* a person appointed to the Oversight Committee shall disclosure each political contribution to a candidate for a state or federal office over $1000 made by the person in the five (5) years preceding the person's appointment and each year after the person's appointment until the person's term ends.

Candidate	Date	Dollar Amount
		$
NO CONTRIBUTIONS >$1,000 to a		Single Candidate

☐ Check here if the information is continued on subsequent page(s)