

Scientific Oversight Committee Conflict of Interest Policy

As a member of the Scientific Oversight Committee (SOC), I recognize that I have a duty to avoid conflicts of interest, especially as it concerns Sempra Energy and its subsidiaries, including but not limited to, the Southern California Gas Company (SoCalGas).

The SOC will perform the following duties: 1) Provide guidance on the Aliso Canyon Disaster Health Research Study (ACDHRS); 2) Review research plans and evaluate progress; and 3) Provide science advice to the County Department of Public Health (Public Health) and researchers.

The purpose of this Conflicts of Interest Policy (set forth below) is to identify and disclose existing, previous and potential future conflicts of interest.

This policy will be enforced by Public Health and violation of the policy may result in expulsion from the SOC. Expulsion resulting from a violation of the Conflicts of Interest Policy is solely at the discretion of Public Health.

SOC members have a duty to conduct themselves without conflict to the interests of the ACDHRS.

A conflict of interest is conduct, a transaction or relationship that presents or might present a conflict with the operation of the SOC and the ACDHRS. Public Health acknowledges that not all conflicts of interest will be prohibited or considered harmful to the SOC and the ACDHRS.

Conflicts of interest that are definitively prohibited are those concerning:

1. Relationships with Sempra Energy or its subsidiaries;
2. Future health research as part of the ACDHRS or other studies that could be affected by SOC duties; and
3. Involvement in lawsuits arising from the Aliso Canyon disaster.

All actual and potential conflicts of interest must be disclosed by SOC members to Public Health.

SOC members are required to make this disclosure annually, dating from the commencement of the SOC. On an annual basis, all SOC members shall be provided with a copy of this Policy and be required to complete and sign the acknowledgment and disclosure form below.

All completed forms and any additional, supplementary information provided by SOC members shall be provided to and reviewed by Public Health's legal counsel and Public Health.

If a conflict of interest arises between annual disclosures, SOC members are required to immediately request an addendum from Public Health. Public Health's legal counsel shall determine as to whether a prohibited conflict exists and what subsequent action is appropriate (if any). Public Health shall inform the SOC of such determination and action.

Public Health retains the right to modify or reverse all determinations and actions. Public Health also retains ultimate enforcement authority with respect to the interpretation and application of this Policy.

COI Acknowledgment and Disclosure Form

I have read the Conflicts of Interest Policy and agree to comply with its terms and conditions during my service as a SOC member. I understand that at any time following the submission of this form I am required to notify Public Health staff of any actual or potential conflicts of interest.

Disclosure of Actual or Potential Conflicts of Interest:

1. Are you or your spouse or children a former, current or future employee or contractor of Sempra Energy or its subsidiaries, including, but not limited to SoCalGas?

Please check yes or no, as appropriate.

Yes		No	
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If the answer is yes to the above question, please briefly describe the circumstances.

2. Are you or your spouse or children a former, current or future beneficiary of funding or donations from Sempra Energy or its subsidiaries?

Please check yes or no, as appropriate.

Yes		No	
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If the answer is yes to the above question, please briefly describe the circumstances.

3. Are you or your spouse or children a former, current or future employee or contractor of a research organization (or similar organization) that may apply for research funding as part of the ACDHRS?

Please check yes or no, as appropriate.

Yes		No	
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If the answer is yes to the above question, please briefly describe the circumstances.

4. Are you or your spouse or children a former, current or future employee or contractor of a research organization (or similar organization) that is conducting future health study or research in the communities surrounding the Aliso Canyon that could be directly affected by the SOC's duties?

Please check yes or no, as appropriate.

Yes		No	
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If the answer is yes to the above question, please briefly describe the circumstances.

5. Have you provided any paid or nonpaid consultation or expert witness services to any of the party litigants in the pending lawsuits arising from the Aliso Canyon natural gas leak?

Please check yes or no, as appropriate.

Yes		No	
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If the answer is yes to the above question, please briefly describe the circumstances.

6. Have you been approached in any way by a lawyer seeking your advice or expertise relating to the Aliso Canyon natural gas leak?

Please check yes or no, as appropriate.

Yes		No	
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If the answer is yes to the above question, please briefly describe the circumstances.

7. Are you or your spouse or children a party in any pending lawsuit arising from the Aliso Canyon natural gas leak?

Please check yes or no, as appropriate.

Yes		No	
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If the answer is yes to the above question, please briefly describe the circumstances.

7. Do you or your spouse or children own directly or indirectly (e.g., through a trust or an individual account in a pension or profit-sharing plan) any stocks, bonds or other financial instruments or investments (excluding broadly diversified mutual funds or any investment or financial interest valued at less than \$5,000) in Sempra Energy, and Sempra Energy's wholly owned subsidiaries, including but not limited to SoCalGas?

Please check yes or no, as appropriate.

Yes		No	
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If the answer is yes to the above question, please briefly describe the circumstances.

Please list below any additional information that may constitute a conflict of interest that is relevant to the SOC duties and/or the ACDHRS.

I hereby acknowledge and agree that I have acknowledged and disclosed all necessary, relevant and required information as it relates to the *ACDHRS SOC Conflicts of Interest Policy*, and I declare under penalty of perjury that all information submitted is true and accurate.

Signature: _____

Name: _____

Date: _____