

State of Texas

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[Exhibit C]

County of Galveston

**Acknowledgment of Interlocal Cooperation Agreement by Person Proposed for
Appointment
as Galveston County Medical Examiner or Deputy Medical Examiner – Page 1 of 2**

My name is Dr. Billie Shine. I am a physician licensed as such by the Texas Medical Board and such licensure remains current.

I am Board Certified by the American Board of Pathology in Anatomic, Clinical & Surgical Pathology.

I am under current contract with the University of Texas Medical Branch at Galveston (UTMB) and am employed thereunder as a UTMB Faculty Physician within the Pathology Department at UTMB.

I have received a copy of the current “Interlocal Cooperation Agreement by and between The University of Texas Medical Branch at Galveston and the County of Galveston Relating to the Galveston County Medical Examiner’s Office” and have read and understand the agreement and agree to be bound by the all provisions therein.

If appointed to the position of the Galveston County Medical Examiner or Galveston County Deputy Medical Examiner by the Galveston County Commissioners Court, I agree to faithfully perform the services as such within the Office of the Galveston County Medical Examiner required under Article 49.25 of the Code of Criminal Procedure and other laws of the State of Texas and in accordance with the terms of the above-mentioned agreement.

I acknowledge that the position of the Galveston County Medical Examiner and the position of Galveston County Deputy Medical Examiner each constitute a “public servant” under Texas law, and that State law restrictions applicable to public servants are applicable to the Medical Examiner, Deputy Medical Examiner, and the UTMB employees working within the Galveston County Medical Examiner’s Office, including without limitation, applicable provisions within Chapter 36 of the Texas Penal Code.

If appointed to the position of the Galveston County Medical Examiner or Galveston County Deputy Medical Examiner, I agree to promptly thereafter complete, execute, and return the Oath and Anti-Bribery Statement to the designated Contract Administrator for the County of Galveston.

If appointed to the position of Galveston County Medical Examiner or Galveston County Deputy Medical Examiner, I agree that my costs for testifying in any criminal or civil case related to my performance of the autopsy or view performed on a decedent as the Galveston County Medical Examiner or Galveston County Deputy Medical Examiner, and wherein the testimony is to occur after I leave the position of Galveston County Medical Examiner or Galveston County Deputy Medical Examiner, shall be limited to the reasonable food, lodging, and transportation costs

incurred for such testimony, and my testimony fee shall be limited to a daily maximum of 0.6% of the gross annual

[Exhibit C Continued]

**Acknowledgment of Interlocal Cooperation Agreement by Person Proposed for
Appointment
as Galveston County Medical Examiner or Deputy Medical Examiner – Page 2 of 2**

salary that I received from UTMB at the time I left my position as Galveston County Medical Examiner or Galveston County Deputy Medical Examiner, as applicable; this daily testimony fee limitation includes the days of testimony as well as travel days to and from the place of the trial if applicable. I further agree to complete and file any documentation required by Galveston County to process this payment, which shall be made by Galveston County directly to me (for example, a vendor packet and W-9 may be required).

I acknowledge that the Galveston County Medical Examiner and each Galveston County Deputy Medical Examiner serve at the pleasure of the Commissioners Court of Galveston County, Texas.



Signature

7/10/25

Date of Signature

STATE OF TEXAS

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COUNTY OF GALVESTON

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STATEMENT OF ELECTED/APPOINTED OFFICER

(Pursuant to Tex. Const. art. XVI, § 1(b), amended 2001)

(Deputy Medical Examiner in Galveston County Medical Examiner's Office)

I, Billie Shine, D.O., do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

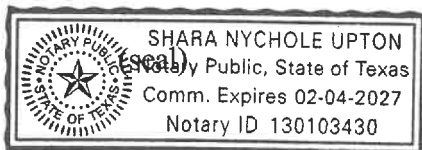
7/10/25
Date

[Signature]
Signature of Affiant
Printed Name of Affiant: Billie Shine

Deputy Medical Examiner
Office to which Elected/Appointed

Galveston County
County

SWORN TO and SUBSCRIBED before me by Billie Shine, Affiant, on this the 10 day of July, 2025.



[Signature]
Signature of Person Administering Oath

Nychole Upton
Printed Name of Person Administering Oath

Dr. Administrative Manager
Title

STATE OF TEXAS

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COUNTY OF GALVESTON

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OATH OF OFFICE

(Pursuant to Tex. Const. art. XVI, § 1(a), amended 2001)
(Deputy Medical Examiner in Galveston County Medical Examiner's Office)

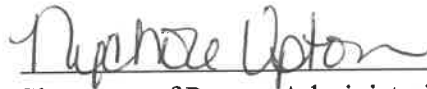
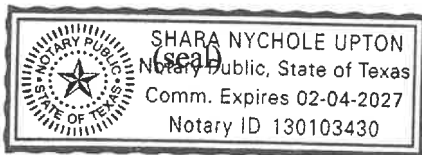
I, Billie Shine, D.O., do solemnly swear (or affirm), that I will faithfully execute the duties of the Office of the Medical Examiner of the County of Galveston of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.



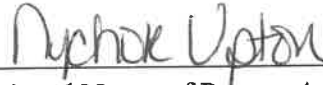
Signature of Affiant

Printed Name of Affiant: Billie Shine

10 SWORN TO and SUBSCRIBED before me by Billie Shine, Affiant, on this the day of July, 2025.



Signature of Person Administering Oath



Printed Name of Person Administering Oath

Sr. Administrative Manager

Title