



Vendor: Fort Bend County Social Services

Date: 05/12/2016

Amount: 1,000.00

INVOICE DATE	INVOICE NUMBER	INVOICE DESCRIPTION	INVOICE AMOUNT	DIST. ACCOUNT	DIST. AMOUNT
05/12/2016	2016	Back to school collaborat	1,000.00	008064	1,000.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

**SUGAR GROVE CHURCH OF CHRIST**

11600 WEST AIRPORT BLVD.  
MEADOWS PLACE, TX 77477

FROST  
www.frostbank.com

5490

30-9/1140 50

5490

DATE

AMOUNT

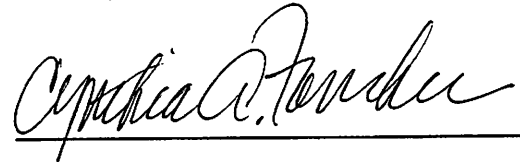
05/12/2016

\*\*\*\*\*1,000.00

ONE THOUSAND DOLLARS AND NO CENTS

PAY TO THE ORDER OF

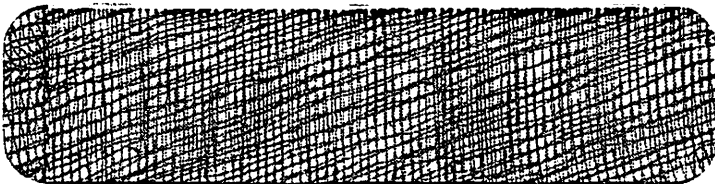
Fort Bend County Social Services  
301 Jackson St.  
Richmond TX 77469



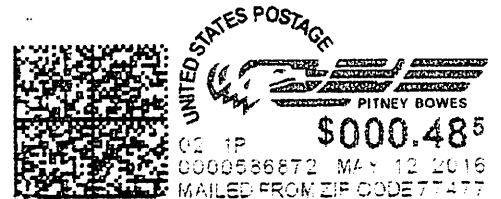
For:

SECURITY FEATURES INCLUDE DETAILS ON BACK

⑈005490⑈ ⑆114000093⑆ 502248468⑈



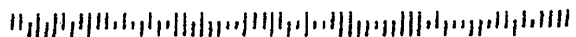
NO HOUSTON TX 772  
13 MAY '16  
PM 11



RECEIVED

MAY 16 2016

Per 



# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
 CERTIFICATION OF FILING**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Sugar Grove Church of Christ  
 Meadows Place, TX United States

Certificate Number:  
 2016-87819

Date Filed:  
 07/20/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Fort Bend County Social Services

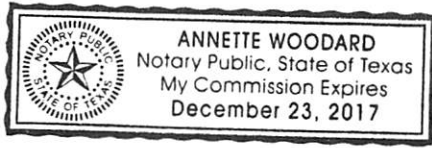
Date Acknowledged:

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
 R645-BACKTOSCH – Donor – Back Donation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*Cynthia A. Fancher*

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cynthia A. Fancher, this the 20<sup>TH</sup> day of July, 2016, to certify which, witness my hand and seal of office.

*Annette Woodard*  
 Signature of officer administering oath

Annette Woodard  
 Printed name of officer administering oath

Notary Public  
 Title of officer administering oath

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
2016	Walk with Pride - \$100 program 2016 Annual donation	6/1/16	250.00		250.00
CHECK DATE	CHECK NO.	PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
6/16/16	10213	Fort Bend County Social Services			\$250.00

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

**FRONTIER UTILITIES, LLC**  
5120 WOODWAY DRIVE, SUITE 10015  
HOUSTON, TX 77056  
(866) 926-8192

**WELLS FARGO BANK, N.A.**  
WWW.WELLSFARGO.COM  
37-65/1119

**10213**  
FRALDARMOR

Check Number: 10213

DATE  
Jun 16, 2016  
AMOUNT

Memo:

\$250.00

Two Hundred Fifty and 00/100 Dollars

PAY  
TO THE  
ORDER  
OF:

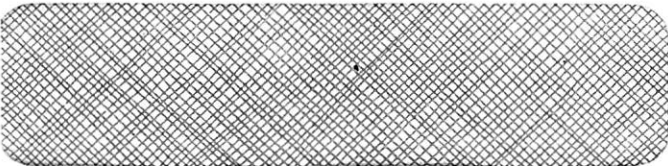
Fort Bend County Social Services  
301 Jackson Street  
RICHMOND, TX 77469

VOID AFTER 90 DAYS



*Cynthia Morrow*  
AUTHORIZED SIGNATURE

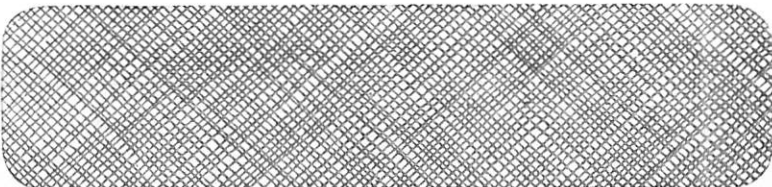
⑈010213⑈ ⑆111900659⑆ 3829000151⑈



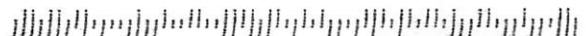
HOUSTON  
TX 77056  
17 JUN '16  
PM 4 L



Attn: Anna Gonzalez



77469-310801



RECEIVED  
JUN 21 2016  
Per \_\_\_\_\_

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Frontier Utilities LLC  
Houston, TX United States

**Certificate Number:**  
2016-85950

**Date Filed:**  
07/18/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

**Date Acknowledged:**

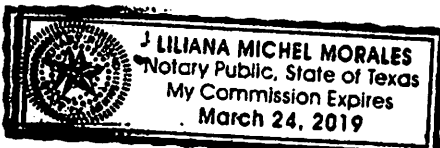
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

R645-SHOEPROG02  
Check Donation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*Victoria Khan*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Victoria Khan, this the 18th day of July, 2016, to certify which, witness my hand and seal of office.

*Liliana M Morales*  
Signature of officer administering oath

Liliana M Morales  
Printed name of officer administering oath

Commercial Sales Support  
Title of officer administering oath

