

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.
Bob Barker Company, Inc
Fuquay-Varina, NC United States

Certificate Number:
2016-111059

Date Filed:
09/13/2016

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:

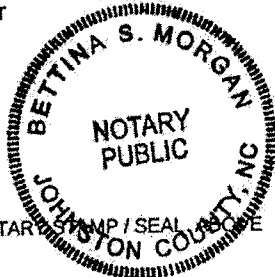
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
BUYBOARD 507-16
Officer Uniforms and Accessories

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Barker-Johns, Nancy	Fuquay-Varina, NC United States	X	
	Barker, Jr, Robert	Fuquay-Varina, NC United States	X	

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.



Robin Finn

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said Robin Finn, this the 13 day of September, 2016, to certify which, witness my hand and seal of office.

My Commission Expires

01/30/2018

Bettina S. Morgan

Signature of officer administering oath

Bettina S. Morgan

Printed name of officer administering oath

Notary Public

Title of officer administering oath

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Certificate Number:
2016-111059

Date Filed:
09/13/2016

Date Acknowledged:
09/27/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Bob Barker Company, Inc
Fuquay-Varina, NC United States

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

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.
BUYBOARD 507-16
Officer Uniforms and Accessories

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Barker-Johns, Nancy	Fuquay-Varina, NC United States	X	
	Barker, Jr, Robert	Fuquay-Varina, NC United States	X	

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.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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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.

Bob Barker Company, Inc
Fuquay-Varina, NC United States

Certificate Number:
2016-111051

Date Filed:
09/13/2016

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.

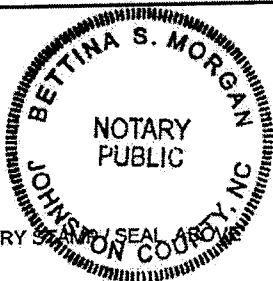
BUYBOARD 506-16
Detention Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Barker-Johns, Nancy	Fuquay-Varina, NC United States	X	
Barker, Jr, Robert	Fuquay-Varina, NC United States	X	

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.



Robin Finn

Signature of authorized agent of contracting business entity

AFFIX NOTARY SEAL

Sworn to and subscribed before me, by the said Robin Finn, this the 13 day of September 2016, to certify which, witness my hand and seal of office.

My Commission Expires
01/30/2018

Bettina S. Morgan
Signature of officer administering oath

Bettina S. Morgan
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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Bob Barker Company, Inc
Fuquay-Varina, NC United States

Certificate Number:
2016-111051

Date Filed:
09/13/2016

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:
09/28/2016

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.
BUYBOARD 506-16
Detention Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Barker-Johns, Nancy	Fuquay-Varina, NC United States	X	
	Barker, Jr, Robert	Fuquay-Varina, NC United States	X	

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.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

Bob Barker Company, Inc
Fuquay-Varina, NC United States

Certificate Number:
2016-111049

Date Filed:
09/13/2016

Date Acknowledged:

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

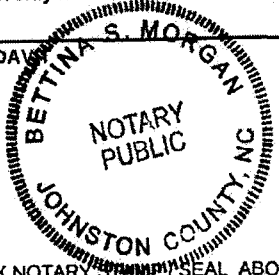
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

TXMAS 12-73020
Personal Care

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Barker-Johns, Nancy	Fuquay-Varina, NC United States	X	
Barker, Jr, Robert	Fuquay-Varina, NC United States	X	

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.



Robin Finn
Signature of authorized agent of contracting business entity

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said Robin Finn, this the 13 day of September, 2016, to certify which, witness my hand and seal of office.

Bettina S. Morgan
Signature of officer administering oath

Bettina S. Morgan
Printed name of officer administering oath

My Commission Expires
01/30/2018
Notary Public
Title of officer administering oath

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Fort Bend County

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Personal Care

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