Fort Bend County Social Services Donation Records (October 2017)

Date	Name 12 August 12 Name	Moneta	ry Amount	Fund
	Vistra Corporate Services Company			
8/17/2017	(TXU Energy)	\$	1,000.00	Walk with Pride Shoe Program
8/18/2017	Pamela Adair Insurance	\$	200.00	
			· · · · · · · · · · · · · · · · · · ·	
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			-9'	
				

Grand Total: \$ 1,200.00

FORM 1295

				1 of 1		
Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE			
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			RTIFICATION	OF FILING		
 Name of business entity filing form, and the city, state and of business. 	I country of the business entity's place		ficate Number: '-273212			
TXU Energy Retail Electric Company LLC			-			
Irving, TX United States			Filed:			
Name of governmental entity or state agency that is a party being filed.	y to the contract for which the form is	10/1/	7/2017			
Fort Bend County Social Services			Date Acknowledged:			
3 Provide the identification number used by the government	tal entity or state agency to track or identify	the co	ontract, and pro	vide a		
description of the services, goods, or other property to be R645-SHOEPROG02	provided under the contract.					
TXU Energy 2017				•		
4 Name of Interested Party	City, State, Country (place of busin	(22A		of interest pplicable)		
	Only outer country (Pines	<u></u>	Controlling	Intermediary		
Burke , James	Irving, TX United States		X			
Morgan, Curtis	Irving, TX United States		Х			
Vistra Energy Corp	Irving, TX United States		X			
		·				
		•				
5 Check only if there is NO interested Party.						
6 AFFIDAVIT	ar affirm under negative of negliny that the	-50/0	-ti-alegares in true	فم مسمع است		
Tammile Rechelle Joses Notary Public. State of Tours Expires: 04/18/2019 Signature of authorized agent of contracting business entity						
AFFIX NOTARY STAMP / SEAL ABOVE	<u> </u>	- ,	_			
Sworp to and subscribed before me, by the said						

FORM **1295**

1 of 1

					20,2		
	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	ame of business entity filing form, and the city, state and country of the business entity's place business.		Certificate Number: 2017-273212				
	r business. FXU Energy Retail Electric Company LLC			_,			
	Irving, TX United States			Filed:			
	Name of governmental entity or state agency that is a party to the contract for which the form is		10/17	7/2017			
	being filed.		Data Aaknowiadzad				
	Fort Bend County Social Services			Date Acknowledged: 10/24/2017			
	Provide the identification number used by the governmental entity or state agency to track or identif						
3	description of the services, goods, or other property to be provi	ne co	muact, and prov	viue a			
	R645-SHOEPROG02						
	TXU Energy 2017						
<u> </u>			\Box	Nature of			
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap			
			\dashv	Controlling	Intermediary		
Vi:	stra Energy Corp	Irving, TX United States		X			
Morgan, Curtis		Irving, TX United States		X			
Burke , James		Irving, TX United States		Х			
_							
	11-2-11						
5	Check only if there is NO Interested Party.	1					
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
		Signature of authorized agent of con	tracting	husiness entity			
		e.gacare of authorized agent of con	would	, criticy			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the _		day of	<u> </u>		
	20, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of	officer administering oath T	itle of o	fficer administer	ing oath		

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.			Certificate Number: 2017-268637			
	State Farm Insurance Pamela Adair			-200031	· ·		
	Rosenberg, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which	the form is	10/04/2017				
	being filed.		Date Acknowledged:				
	Fort bend county		Date	Acknowledged.			
_	Describe the identification with a second broad and a second broad a second broad a secon	- 4	41		vida a		
3	Provide the identification number used by the governmental entity or state agency t description of the services, goods, or other property to be provided under the contra		tne co	ontract, and pro	vide a		
	R645-ShoeproG02				H Ay		
	Pamela Adair Insurance 2017						
1			T	Nature o	f interest		
4	Name of Interested Party City, State, Count	ry (place of busine	ess)	(check a	eck applicable)		
				Controlling	Intermediary		
_			-				
_			\dashv				
			1				
			+				
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT	of perjury, that the a	above	disclosure is true	and correct.		
	0000000	1		1			
		1	1-	.,			
	Tame	la Ho	M	w			
	Signature of autho	rized agent of contr	acting	business entity			
The state of the s							
	AFFIX NOTARY STAMP / SEAL ABOVE		, ,)		0		
	Sworn to and subscribed before me, by the said Hamle Holar , this the 18 day of 6 cfole						
20							
	10 11 12 11	1 - 1 -					
	Theresa sompley/heresthon Taleze						
	Signature of officer administering oath Erinted name of officer administering of	ath Tit	le of of	fficer administeri	ng oath		

FORM **1295**

1 of 1

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	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 cour of business. State Farm Insurance Pamela Adair Rosenberg, TX United States	Certificate Number: 2017-268637 Date Filed:					
2	Name of governmental entity or state agency that is a party to being filed. Fort bend county	10/04/2017 Date Acknowledged: 10/24/2017					
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov R645-ShoeproG02 Pamela Adair Insurance 2017	ntity or state agency to track or identify vided under the contract.	the co	ontract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place of busin		(check ap	e of interest (applicable)		
				Controlling	Intermediary		
-							
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, c	or affirm, under penalty of perjury, that the	e above	e disclosure is true	e and correct.		
		Signature of authorized agent of cor	ntracting	g business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the		day of	·		
	Signature of officer administering oath Printed name of	of officer administering oath	Fitle of	officer administer	ing oath		