

# Sales Quote

Quote Number: UT1000380067  
Quote Date: 06/28/2017  
Quote Expiration Date: 08/12/2017  
Customer Code: FTBTX1  
Customer PO#: Turnkey  
Quoted To: Sgt Angel Rader  
Customer Phone: 2813414696



Mailing: PO Box 429, Fuquay-Varina, NC 27526-0429  
Payment: PO Box 890885, Charlotte, NC 28289-0885  
Phones: (800) 334-9880 Fax: (800) 322-7537  
Fed I.D. #: 56-1558062

Page 1 of 1

**Sold To:**

Ft Bend County Auditor  
Debbie Ritch  
301 Jackson St  
Richmond, TX 77469 US

**Ship To:**

Ft Bend Cnty Sher Dept  
  
1410 Williams Way Blvd  
Richmond, TX 77469 US

Product Code	Quantity	U/M	Unit Price	Amount
<b>ZVC-CLRE</b> Van, Chev. Express 155WB	1	EA Extended Van Length	\$32123.00	\$32,123.00
<b>ZVCE-LREWB</b> Vancell Elite, Low Roof	1	EA	\$25000.00	\$25,000.00
<b>OPTION1</b> Installation-VanCell/VC Elite	1	EA Installed by Bob Barker Co.	\$1984.00	\$1,984.00
<b>ZSVR-4100-4CAMLCD</b> DVR Kit - VanCell Elite	1	EA	\$2233.82	\$2,233.82
<b>OPTION19C-INSTALL</b> Installation of DVR	1	EA	\$185.00	\$185.00

When placing your order, please refer to this quote number.

<b>Subtotal:</b>	61,525.82
<b>Freight:</b>	0.00
<b>Taxes:</b>	0.00
<b>Payment:</b>	0.00
<b>Total:</b>	<b>\$61,525.82</b>

# 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

Certificate Number:  
2017-269303

Date Filed:  
10/06/2017

Date Acknowledged:

**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 Sheriff's Department

**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.**

506-16  
VanCell

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



Ryan Wilkie  
Signature of authorized agent of contracting business entity

My Commission Expires 6-12-2021

AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said Ryan Wilkie, this the 6<sup>th</sup> day of Oct. 2017, to certify which, witness my hand and seal of office.

Talia Colon-Rosario  
Signature of officer administering oath

Talia Colon-Rosario  
Printed name of officer administering oath

Notary Public  
SR. Contract Specialist  
Title of officer administering oath

# 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

Certificate Number:  
2017-269303

Date Filed:  
10/06/2017

Date Acknowledged:  
10/24/2017

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 Sheriff's Department

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.

506-16  
VanCell

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