



IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

FORT BEND COUNTY

*KP George*  
County Judge KP George  
KP George, County Judge



ATTEST:

*Laura Richard*  
Laura Richard, County Clerk

VESTA REA & ASSOCIATES, L.L.C.

*Vesta Gaubert*  
Authorized Agent- Signature

Vesta Gaubert  
Authorized Agent- Printed Name

Vesta Gaubert, President  
Title

January 31, 2022  
Date

Reviewed by:

*Perri D'Armond*  
Perri D'Armond  
FBC Public Transit Director

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$ 750,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

*Robert E Sturdivant*  
Robert Ed Sturdivant, County Auditor

# 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:**  
2022-847484

**Date Filed:**  
02/07/2022

**Date Acknowledged:**  
02/08/2022

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Vesta Rea & Associates, LLC  
Spring, TX 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.**  
RFP 18-097  
Marketing Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gaubert, Vesta	Spring, TX United States	X	

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

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)