CERTIFICATE OF INTERESTED P	D 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			
Name of business entity filing form, and the city, state and country of the business entity's place of business.  Pho DC		Certificate Number: 2019-459471			
Kristi Compton, PhD PC Dallas, TX United States		Date F			
Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Collin County		03/04/2019  Date Acknowledged:			
Provide the identification number used by the government description of the services, goods, or other property to be 2015-227 Psychological Services	tal entity or state agency to track or identi provided under the contract.	ify the co	ntract, and prov	ide a	
1 Sychological Collinois			Nature of	finterest	
Name of Interested Party	City, State, Country (place of bus	siness)	(check applicable)		
			Controlling	Intermediary	
	in.				
	COMMAND IN CONTROL OF THE CONTROL OF T				
neck only if there is NO Interested Party.					
SWORN DECLARATION	32 32 316				
name is Srish Comilton	, and my da	te of birtl	n is		
address is		7.	<i>t</i> :	, , , , ,	
(street)	(city)	(state)	(zip code	) (countr	
eclare under penalty of perjury that the foregoing is true and	correct.  County, State of TeyaL, or			g.	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

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