CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

							1011	
	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: 2020-693317			
	rdis Public Safety					2020-693317		
	KILGORE, TX United States	States				Date Filed:		
2	ame of governmental entity or state agency that is a party to the contract for which the form is				11/27/2020			
	ing filed.					Data Aalmandadaad		
	Collin 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 lescription of the services, goods, or other property to be provided under the contract.							
	IFB 2020-186 Safety Wear							
	LAW ENFORCEMENT EQUIPMENT AND SUPPLIES							
_					Nature of interest			
4	Name of Interested Party	City, State, Country (place of busin		ess) (check applic		plicable)		
						Controlling	Intermediary	
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name isSHAYNE CAMPBELL			and my date of	oirth is			
	My address is							
	(street)		(city)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in UPSHUR	_County	, State of TEXAS	, on the _	27_ _d	ay of NOV	, 20 <u></u>	
						(month)	(year)	
	_	Shayne Campbell						
		Signature of anthorized agent of contracting business entity (Declarant)						
	(Decidiality							