

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:  
2024-1193829

Date Filed:  
07/29/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Scott Shoemaker  
Mckinney, 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.**  
Collin 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.**  
Contract 2024-415  
Personal Services Agreement, Veterans Court, Scott Shoemaker

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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

**6 UNSWORN DECLARATION**

My name is Scott Shoemaker, and my date of birth is [REDACTED]

My address is [REDACTED]  
(street) (city) (state) (zip code) (country)

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

Executed in Collin County, State of Texas, on the 29th day of July, 20 24  
(month) (year)

Signature of authorized agent of contracting business entity  
(Declarant)