CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2026-1500514

Date Filed:
08/10/2026

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Amanda Garcia
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.

2023-101 VALOR
Contract # 2023-101 VALOR, Personal Services Agreement, Valor/Program Manager

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. [X]

6 UNSWORN DECLARATION

My name is ___Amanda Garcia_____, and my date of birth is [redacted].

My address is [redacted], [redacted].
(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 __10th_day of __August__, 2026__.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)