FORM 1295

| _ | | | | | 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 | ame of business entity filing form, and the city, state and country of the business entity's place f business. | | Certificate Number: 2016-103118 | | | | |
| | Allen's Electric Motor Service, Inc. | | Z010-103110 | | | | |
| | Vivian, LA United States | | Date Fi | iled: | | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which | h the form is | 08/23/2016 | | | | |
| | being filed. | | | | | | |
| | City of Fort Worth | | | Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental entity or state agency description of the services, goods, or other property to be provided under the cont | | the con | ntract, and prov | ride a | | |
| | 16-0311 | | | | | | |
| | Vertical Pumps, Parts and Repair | | | | | | |
| | | | | | | | |
| 4 | | | Nature of interes | | | | |
| • | Name of Interested Party City, State, Coun | try (place of busine | ss) | (check ap | plicable) | | |
| | | | | Controlling | Intermediary | | |
| Pa | rker, Peggy Vivian, LA Unit | , LA United States | | x | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| | | | | | | | |
| | | | - | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | | | |
| | LORI M SIMPSON Notary Public State of Louisiana Caddo Parish Notary ID # 69178 My Commission is for Life Signature of authorized agent of contracting business entity | | | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | |
| | Sworn to and subscribed before me, by the said Page Allen Parker, this the 23.4 day of August, 20.16., to certify which, witness my hand and seal of office. | | | | | | |
| | Signature of officer administering oath Simpson Notare | | | | ing oath | | |

Forms provided by Texas Ethics Commission www.ethics.state.tx.us

Version V1.0.277

FORM **1295**

1 of 1

| | | | | | 1 01 1 | |
|---|--|---|--|---------------------------------------|-----------|--|
| | Complete Nos. 1 - 4 and 6 if the Complete Nos. 1, 2, 3, 5, and 6 | re are interested parties. if there are no interested parties. | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| 1 | of business. | form, and the city, state and count | Certificate Number: 2016-106454 | | | |
| | Odessa Pumps and Equime Irving, TX United States | nt | Date Filed: | | | |
| 2 | being filed. | or state agency that is a party to the | 08/30/2016 | | | |
| | City of Fort Worth | | Date Acknowledged: | | | |
| 3 | description of the services, go | nber used by the governmental enti oods, or other property to be provid | ty or state agency to track or identify led under the contract. | the contract, and p | provide a | |
| | 16-0311 VERTICAL PUMPS, PARTS | , AND REPAIR | | | | |
| 4 | Name of Int | erested Party | City, State, Country (place of busin | Nature of interest (check applicable) | | |
| | 14ame of me | Diested Furty | city, ciate, country (place or cae | Controlling | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 5 | Check only if there is NO Inte | erested Party. | | | | |
| 6 | AFFIDAVIT | I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | |
| | | Signature of authorized agent of contracting business entity | | | | |
| | AFFIX NOTARY STAMP / SEA | I (C IS+ C | | | 5004 | |
| | Sworn to and subscribed before 20_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | , witness my hand and seal of office. | | | | |
| | | HEATHER MICHELLE DAVIS Notary Public, State of Texas My Commission Expires | | | | |
| | Heutur Toxi Signature of officer adminis | Heather Touristering oath Printed name of officer administering oath Title officer administering oath | | | | |
| | Digitatore of officer autifility | Times name of | , , , , , , , , , , , , , , , , , , , | | | |

FORM **1295**

| L | 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 | | | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | lame of business entity filing form, and the city, state and country of the business entity's place | | | Certificate Number: | | |
| | Smith Pump Company, Inc. | | | | 2016-106492 | | |
| Ļ | Waco, TX United States | | | Date Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | 08/31/2016 | | | | |
| | City of Fort Worth | | | Date Acknowledged: | | | |
| 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. | | | | | | |
| | Bid No. 16-0311 Vertical pumps, Parts and Repair | | | | | | |
| 4 | | | | Nature o | f interest | | |
| | Name of Interested Party | City, State, Country (place of busine | | | applicable) | | |
| K | eil, Shane | | | Controlling | Intermediary | | |
| | - Shalle | Fort Worth, TX United States | | | X | | |
| Schumacher, James | | Fort Worth, TX United States | | | × | | |
| Smith, Granger | | Waco, TX United States | | Х | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5 | Check only if there is NO Interested Party. | | - | | | | |
| 6 | AFFIDAVIT I swear, or | affirm, under penalty of perjury, that the | above | disclosure is true | and correct. | | |
| | LEIGH S. CLARK Notary Public STATE OF TEXAS My Comm. Exp. 07-23-2019 AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | |
| | Sworn to and subscribed before me, by the said | | | | igust. | | |
| Signature of Officer administering oath Printed name of officer administering oath Titl | | | | Admin Ass A | | | |

FORM 1295

1 of 1

| _ | | | | | T (1) T | | | |
|---|---|---|---------|--|---|--|--|--|
| | 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 | lame of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2016-106506 | | | | |
| | Weisinger Incorporated | /eisinger Incorporated | | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | CONROE, TX United States lame of governmental entity or state agency that is a party to the contract for which the form is | | | Date Filed: 08/31/2016 | | | |
| | eing filed. City of Fort Worth | | | Date Acknowledged: | | | | |
| | aty of Fort Worth | | | | | | | |
| 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. | | | | | | | |
| | 16-0311 Vertical Pumps, Parts and Repair | | | | | | | |
| 4 | Name of Interested Party | City State County/faless of husin | \ | Nature of interest (check applicable) | | | | |
| | Name of interested Party | City, State, Country (place of busine | ess) | Intermediary | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | *************************************** | | | |
| | | | | *************************************** | | | | |
| | | | | ····· | | | | |
| | | | | | | | | |
| | | | | M******* | | | | |
| 5 | Check only if there is NO Interested Party. | | | Leathface | | | | |
| 6 | AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | | | | |
| | Signature of authorized agent of contracting business entity | | | | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said **Lott Weisinger**, this the **31** day of **Aug**, 20 | | | | | | | |
| | | | | | | | | |
| JULIE A. LYNCH Notary Public, State of Texas (My, Commission Expires) | | | | | | | | |
| | Signature of officer administering oath | Tit | ie of o | fficer administerir | g oath | | | |