

# CERTIFICATE OF INTERESTED 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

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

Freese and Nichols, Inc.  
Fort Worth, TX United States

Certificate Number:  
2016-122107

Date Filed:  
10/10/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

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.**

PMD 2016-05  
Annual architectural Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Payne, Jeff	Frisco, TX United States	X	
	New, John	San Antonio, TX United States	X	
	Nichols, Mike	Fort Worth, TX United States	X	
	Gooch, Tom	Fort Worth, TX United States	X	
	Coltharp, Brian	Fort Worth, TX United States	X	
	Pence, Bob	Fort Worth, TX United States	X	
	Herchert, Robert	Fort Worth, TX United States	X	
	Milrany, Cindy	Fort Worth, TX United States	X	
	Hatley, Tricia	Oklahoma City, OK 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.



*Kelly J. Shriver*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly J. Shriver, this the 10th day of October, 2016, to certify which, witness my hand and seal of office.

*Susanne M. Johnson*  
\_\_\_\_\_  
Signature of officer administering oath

Susanne M. Johnson  
\_\_\_\_\_  
Printed name of officer administering oath

Notary  
\_\_\_\_\_  
Title of officer administering oath