

CERTIFICATE OF INTERESTED PARTIES **EXAMPLE ONLY** **FORM 1295**

Complete form at: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

OFFICE USE ONLY

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.

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

Your Company/Business Entity Name, City, State, Country

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

Lewisville ISD

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 goods or services to be provided under the contract.

Solicitation/Contract Number and Title

Example RFP 2473-16 Teaching Supplies, Materials, and Software

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
Person who has controlling interest in a business entity			
Controlling Interest –			
(a) has an ownership interest or participating interest in business entity by virtue of units, percentage, shares, stocks, or otherwise that exceeds 10%.			
(b) is a member of the board of directors or other governing body of a business entity of which the board or other governing body is composed of not more than 10 members; or			
(c) serves as an officer of a business entity that has four or fewer officers, or serves as one of the four officers most highly compensated by a business entity that has more than four officers. Subsection (c) of this section does not apply to an officer of a publicly held business entity or its wholly owned subsidiaries.			
Intermediary Interest			
(a) receives compensation from the business entity for the person's participation;			
(b) communicates directly with the governmental entity or state agency on behalf of the business entity regarding the contract; and			
(c) is not an employee of the business entity or of an entity with a controlling interest in the business entity.			

5 Check only if there is NO Interested Party.

☐

If #4 is blank, check box

6 UNSWORN DECLARATION

Please complete and sign Box 6

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

ADD ADDITIONAL PAGES AS NECESSARY