

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. Hart InterCivic, Inc. Austin, TX United States	Certificate Number: 2017-150727
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Hidalgo County Elections Department	Date Filed: 01/05/2017
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.

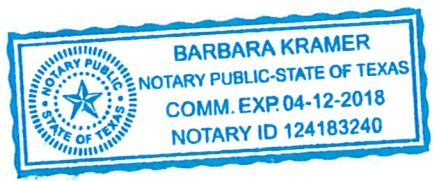
Bid No. 2016-429-FAZ
 Purchase of Voting Equipment

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 AFFIDAVIT

I swear, or affirm under penalty of perjury that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Phillip Brathwaite, this the 5th day of January 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]
 Signature of officer administering oath

BARBARA KRAMER
 Printed name of officer administering oath

NOTARY PUBLIC
 Title of officer administering oath

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Certificate Number:
2017-150727

Date Filed:
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Date Acknowledged:
01/06/2017

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Hart InterCivic, Inc.
Austin, TX United States

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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.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath