## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

							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	Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number:					
	Data Projections, INC.		2025-1345080								
	Houston, 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					08/04/2025					
_	being filed.	ic contract	ontract for which the form is			, , , , , , , , , , , , , , , , , , , ,					
	Williamson County, Texas		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.										
	Q-26318 SOTC Olive Meeting Rooms AV Upgrade										
_					Nature of interest						
4	Name of Interested Party		City, State, Country (place of busine			ess) (check applicable)					
					С	ontrolling	Intermediary				
Zaleski, Matthew		Houston, TX United States			Х						
Zaleski, Billy			Houston, TX United States								
Zaleski, Scott			Houston, TX United States								
Stasio, Megan		Houston, TX United States			×						
5	Check only if there is NO Interested Party.										
6	UNSWORN DECLARATION										
	My name is	and my date of birth is									
	My address is	,	(city)	, (st:	, ate)	(zip code)	_, <u>USA</u> . (country)				
	I declare under penalty of perjury that the foregoing is true and correct	ct.									
	Evented in Horris C		Torre		1+h	. Δ	ot oo?E				
	Executed in Harris Count	y, State of _	1 exas	, on the 2	<u>+u⊺</u> day∈	of Augus (month)					
			Mes	jan Slasio	2						
		Signatur		d agent of cont eclarant)	ntracting business entity						

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	My address is				,			
		. ,	state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed inCounty	y, State of, on the		day of	, 20			
				(month)	(year)			
Signature of authorized agent of contracting business entity (Declarant)								