## CERTIFICATE OF INTERESTED PARTIES (FORM 1295)

Weslaco Independent School District ("WISD") is required to comply with House Bill 1295, which amended the Texas Government Code by adding Section 2252.908, Disclosure of Interested Parties. Section 2252.908 prohibits WISD from entering into a contract resulting from this solicitation with a business entity unless the business entity submits a Disclosure of Interested Parties (Form 1295) to WISD at the time business entity submits the signed contract. The Texas Ethics Commission has adopted rules requiring the business entity to file Form 1295 electronically with the Texas Ethics Commission.

The Form 1295 requirement does not apply to: (1) a contract with a publicly traded business entity or wholly owned subsidiary of the same, (2) an electric utility, or (3) a gas utility.

## "Interested Party" means a person:

- a) who has a controlling interest in a business entity with whom WISD contracts; or
- b) who actively participates in facilitating the contract or negotiating the terms of the contract, including a broker, intermediary, adviser, or attorney for the business entity.

"Business Entity" means an entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation.

"Controlling Interest" means (1) an ownership interest or participating interest in a business entity by virtue of units, percentage, shares, stock, or otherwise that exceeds 10 percent; (2) membership on 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 (3) service as an officer of a business entity that has four or fewer officers, or service as one of the four officers most highly compensated by a business entity that has more than four officers.

As a "business entity," all vendors must electronically complete the form on the Texas Ethics Commission's website, and then print, sign, and submit Form 1295 with their proposals even if no interested parties exist.

Proposers must file Form 1295 electronically with the Texas Ethics Commission using the online filing application, which can be found at <a href="https://www.ethics.state.tx.us/whatsnew/elf\_info\_form1295.htm">https://www.ethics.state.tx.us/whatsnew/elf\_info\_form1295.htm</a> Proposers must use the filing application on the Texas Ethics Commission's website to enter the required information on Form 1295. Proposers must print a copy of the completed form, which will include the filing date and a certification number. The printed form must signed and dated by an authorized agent of the business entity and submitted to Weslaco ISD.

WISD must acknowledge the receipt of the filed Form 1295 by notifying the Texas Ethics Commission of the receipt of the filed Form 1295 no later than the 30<sup>th</sup> day after the date the governmental entity or state agency receives the Form 1295. After WISD acknowledges the Form 1295, the Texas Ethics Commission will post the completed Form 1295 to its website within seven business days after receiving notice from WISD.

(Sample Below)

CERTIFICATE OF INTERESTED PARTIES			FORM 1295	
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.				
Name of business entity filing form, and the city, state and country of the business entity's place of business.			1. USIFILE	
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.				
3 Provide the identification number used by the governmental entity or state agency to track of identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.				
4 Name of Interested Party	City, State, Country (place of business)	Nature	of Interest (check applicable)	
	ري.	Contro	olling Intermediary	
	St. NNN. Strip			
	12			
	No.			
	X			
0	<b>&amp;</b>			
5 Check only if there is No Interested Party.				
6 UNSWORN DECLAR WIDN				
My name is, and my date of birth is				
My address			,	
(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(month	, 20 (year)	
	Signature of authorized agent of contracting business entity (Declarant)			
ADD ADDITIONAL PAGES AS NECESSARY				