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 coun of business. | Certificate Number: 2023-1055920 | | | | | | |
| | Progressive Commercial Aquatics, Inc. | | 2020 1000020 | , | | | | |
| | Houston, TX United States | | Date Filed: | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | ne contract for which the form is | 08/04/2023 | | | | | |
| | being filed. | | Date Acknowle | daed | | | | |
| | The City of Round Rock | | Date Acknowle | ugeu. | | | | |
| _ | Provide the identification number used by the governmental ent | ity or ototo ononou to trook or identify | the contract or | ad provide e | | | | |
| 3 | description of the services, goods, or other property to be provide | | the contract, ar | iu provide a | | | | |
| | 000000 purchase of swimming pool chemicals, supplies and equipme | micele, our plice and equipment and for related goods | | | | | | |
| | purchase of swimming poor chemicals, supplies and equipme | ent and for related goods | | | | | | |
| 4 | | Nature of interest | | | | | | |
| 1 | Name of Interested Party | City, State, Country (place of busin | eck applicable) | | | | | |
| | | | Control | ling Intermediary | | | | |
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| _ | | | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is Russell Leto | , and my date of | birth is | · | | | | |
| | My address is 2510 Farrell Rd | , Houston , _T | X | 3USA | | | | |
| | (street) | (city) (st | ate) (zip co | de) (country) | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| | Executed in HarrisCount | ty, State ofTexas, on the _ | 4th _{day of} A | ug . 20 23 . | | | | |
| | | | | month) (year) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | |

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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 ERTIFICATION OF FILING | | | | | | |
|---|---|---|--------|--|----------------|--|--|--|--|--|
| 1 | Name of business entity filing form, and the city, state and cour of business. | rtificate Number: 23-1055920 | | | | | | | | |
| | Progressive Commercial Aquatics, Inc. | | | | | | | | | |
| _ | Houston, TX United States | ha a sudus at fau subiah tha fauna ia | | Filed: 4/2023 | | | | | | |
| 2 | Name of governmental entity or state agency that is a party to t being filed. | 4/2023 | | | | | | | | |
| | | | | Acknowledged: 7/2023 | | | | | | |
| 3 | Provide the identification number used by the governmental en | rovide 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 prov | ided under the contract. | | | | | | | | |
| | 000000 purchase of swimming pool chemicals, supplies and equipment and for related goods | | | | | | | | | |
| 4 | | | | Nature of interest | | | | | | |
| | Name of Interested Party | Name of Interested Party City, State, Country (place of busines | | (check applicable) Controlling Intermediary | | | | | | |
| | | | | | interneulary | | | | | |
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| 5 Check only if there is NO Interested Party. | | | | | | | | | | |
| | X | | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | | |
| | name is, and my date of birth is | | | | | | | | | |
| | My address is,,,,,,,,,,,,, | | | | | | | | | |
| | (street) | | state) | (zip code) | , (country) | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | | | |
| | Executed in, on theday of, 20 | | | | | | | | | |
| | (month) | | | | | | | | | |
| | | | | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | | | |
| Fo | ms provided by Texas Ethics Commission www.e | thics.state.tx.us | | Version V | 3.5.1.39e6f620 | | | | | |