

HARINT



Hart InterCivic  
15500 Wells Port Drive  
Austin, TX 78728  
Phone: (800) 223-4278  
Fax: (800) 831-1485

**INVOICE**

Invoice Number 066645  
Invoice Date 08/15/2016  
Customer ID WIS00000  
Project ELSM-000085

Page 1 of 1

08-19-2016 cv 1:51

BILL TO:	SHIP TO:
Accounts Payable Wise County Auditor PO Box 899 DECATUR, TX 76234	Accounts Payable Wise County Auditor 200 North Trinity DECATUR, TX 76234

TERMS	SALESPERSON	PO NUMBER	CONTRACT NUMBER
Net 90 Days	Ken Trethewey		

Effective Period: 11/7/2016 to 11/6/2017

FY 2017

Renewal

Invoice includes a 4% renewal rate increase and is due on or before beginning term date.

	Units	Price	Amount
Annual Software License and Support Renewal - Unrestricted	1.00	29,870.0000	29,870.00

I hereby certify that the goods/services described have been used in the services of Wise Co. Tx. I certify that to the best of my knowledge, they are necessary for the operations of my department. They have been purchased, if necessary, through bidding, they are not a part of a component bidding or billing scheme and they have not been previously paid for.

Signature/Date:

*Sibra Gruder*  
Sibra Gruder  
Elections Administrator  
8-19-16

REMITTANCE ADDRESS	HART INTERCIVIC, INC. Dept 0453 PO BOX 120453 Dallas, TX 75312-0453	BILLING INQUIRIES	HART INTERCIVIC PO BOX 80649 Austin, TX 78708-0649 800.223.HART * Fax:800.831.1485 www.hartintercivic.com * info@hartic.com TAX ID# 95-3248916	Sales Total	29,870.00
ORIGINAL INVOICE				Sales Tax	0.00
				<b>TOTAL</b>	<b>\$29,870.00</b>

# 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  
 Austin, TX United States

Certificate Number:  
 2016-110210

Date Filed:  
 09/09/2016

Date Acknowledged:

9-26-16

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

Wise County Auditor

**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.**

Invoice #066645  
 Electronic Voting Equipment maintenance, software, training, and customer support

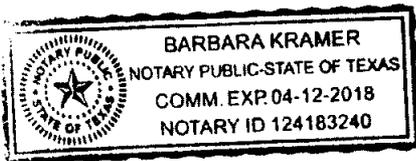
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Phillip Braithwaite, this the 9<sup>th</sup> day of September, 2016, 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