

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**

Certificate Number:
 2024-1201107

Date Filed:
 08/14/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Arsenal Advertising, LLC
 Austin, TX United States

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

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.
 00000
 City CVB Marketing Services, Advertising and Marketing Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Scharrer, Anne Marie	Austin, TX United States	X	
	Smith, Jonathan	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Anne Marie Scharrer, and my date of birth is [REDACTED].

My address is 3112 Windsor Road, Suite 327, Austin, TX, 78703, USA. (street) (city) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, State of Texas, on the 14 day of August, 2024. (month) (year)



Signature of authorized agent of contracting business entity (Declarant)

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 Austin, TX United States

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2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Scharrer, Anne Marie	Austin, TX United States	X	
	Smith, Jonathan	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(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 _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)