

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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:
2025-1265419

Date Filed:
02/05/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Raftelis Financial Consultants, inc.
Charlotte, NC 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.
0000
Round Rock Expert Witness Litigation Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Brandt, Peiffer	Charlotte, NC United States	X	
	Bowles, Laura	Charlotte, NC United States	X	
	Burns, Bernard	Charlotte, NC United States	X	
	Boveri, Thierry	Maitland , FL United States	X	
	Kreps, Bart	Charlotte, NC United States	X	
	Ferguson, Michelle	Durham, NC United States	X	
	Locklear, Henrietta	Nashville, TN United States	X	
	Mastracchio, John	Lathan, NY United States	X	
	Powell, Andre	Charlotte, NC United States	X	
	Bryant, Frank	Charlotte, NC United States		X

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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.

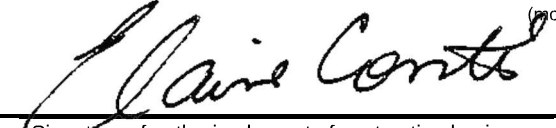
6 UNSWORN DECLARATION

My name is Elaine Conti, and my date of birth is .

My address is 227 West Trade Street, Suite 1400, Charlotte, NC, 28202, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Mecklenburg County, State of NC, on the 5th day of February, 20 25.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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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.
 City of Round Rock

Date Acknowledged:
 02/06/2025

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.
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			Controlling	Intermediary
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	Burns, Bernard	Charlotte, NC United States	X	
	Boveri, Thierry	Maitland , FL United States	X	
	Kreps, Bart	Charlotte, NC United States	X	
	Ferguson, Michelle	Durham, NC United States	X	
	Locklear, Henrietta	Nashville, TN United States	X	
	Mastracchio, John	Lathan, NY United States	X	
	Powell, Andre	Charlotte, NC United States	X	
	Bryant, Frank	Charlotte, NC United States		X

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			Controlling	Intermediary

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)