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	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2019-526117		
	Raftelis Financial Consultants, Inc.			2010 020111		
	Charlotte, NC United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is		08/07/2019			
	being filed. City of Round Rock		Date Acknowledged:			
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. 000000 Professional Services Agreement - 2020 Impact Fee Analysis and Report					
4			Τ	Nature of interest		
7	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
			 +	Controlling	Intermediary	
Stannard, William G		Kansas City, MO United States		X		
Brandt, Peiffer A		Charlotte, NC United States		Х		
Giardina, Richard D		Greenwood Village, CO United		X		
Davis, Jon P		Charlotte, NC United States		Х		
Readling, Ronald K		Cary, NC United States	States			
Conti, Elaine V		Charlotte, NC United States		Х		
Burns, Baron B		Charlotte, NC United States		X		
Rawls, Benjamin M		Charlotte, NC United States		X		
Thomas, Darin H		Greensboro, NC United States		Х		
5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION				_	
	My name is, and my date of birth is					
	My address is 227 West Trade Street, Suite 1400		<u>1C_</u> ,_	28202	, <u>USA</u> .	
	(street)	(city) (st	tate)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Mecklenburg County	, State of <u>NC</u> , on the	<u>7th</u> d	lay of August	, 20 <u>19</u>	
		// ./	//	(month)	(year)	
	Atothe Laller					
		Signature of authorized agent of con	tracting	business entity		