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	
Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number:	
San Antonio Economic Development Foundation		2016-11770	
San Antonio, TX United States		Date Filed:	
2 Name of governmental entity or state agency that is a party to the contract for which the form is		02/10/2016	
being filed.			
City of San Antonio Economic Development Department		Date Acknowledged:	
3 Provide the identification number used by the g	overnmental entity or state agency to track or identify	v the contract, and	provide a
description of the goods or services to be provi	ded under the contract.	,	p 1 v.
1035502			
Economic Development and Strategic Plan In	nplementation Agreement		
4 Name of Interested Party	City, State, Country (place of business)	Nature of interest	(check applicable
		Controlling	Intermediary
Waters Stave	Con Antonia TV United Class		
Waters, Steve	San Antonio, TX United States	X	
Jorgensen, Cindy	San Antonio, TX United States	X	
	os. Francisco States	^	
McGee, David	San Antonio, TX United States	Х	
Peacock, Wayne	San Antonio, TX United States	V	
eacock, wayne	Jan Antonio, 1x Officed States	X	
(20)			
Check only if there is NO Interested Party.			
Check only it there is NO interested Party.			
AFFIDAVIT			
	I swear, or affirm, under penalty of perjury, that the a	bove disclosure is tr	ue and correct.
BOBBI H. LUTZ			
Notary Public, State of Texas	100		
Comm. Expires 07-15-2017	IVI there made		
Notary ID 126958611	Signature of authorized agent of contra	Cring business entit	
- panang to be	organization of dathorized agent of contra	trang business entity	′
AFFIX NOTARY STAMP / SEAL ABOVE			- 1
M = M + M + M + M + M + M + M + M + M +			
Sworn to and subscribed before me, by the said M. Hernandez , this the 10 day of February			
20, to certify which, witness my hand and se	eal of office.	5	(
			i
0 1 1 1	2		
Bobbi H. July 126958611 Bobbi. H. Lutz			
Signature of officer administering oath		of officer	
- July Gall	Title	e of officer administer	ring oath