

# 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

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Coastal Securities, Inc.  
Houston, TX United States

**Certificate Number:**  
2016-27961

**Date Filed:**  
03/18/2016

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

City of San Antonio

**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 goods or services to be provided under the contract.**

RFP-016-004 / 6100006762  
Financial Advisory Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Van Pelt, Bill	Houston, TX United States	X	
	Desroches, Rod	Houston, TX United States	X	
	LaPorte, Sam	Elizabethton, TN United States	X	
	LaPorte, Joe	Elizabethton, TN United States	X	
	LaPorte, Chris	Houston, TX United States	X	
	Melton, Chris	Spring, TX United States	X	
	Komar, D. Ann	Houston, TX United States	X	
	Folk, Brian	Spring, TX United States	X	
	Coastal Financial Holdings, Inc. ESOP	Houston, TX United States	X	
	Coastal Securities, Inc.	Houston, TX United States	X	

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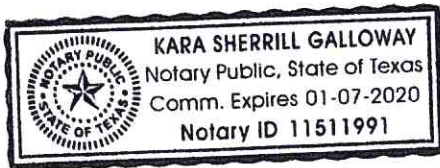
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

☐

### 6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*Signature*

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said STEVE EVENSEN, this the 18<sup>TH</sup> day of MARCH, 2016, to certify which, witness my hand and seal of office.

*Kara Sherrill Galloway*  
Signature of officer administering oath

Kara Sherrill Galloway  
Printed name of officer administering oath

Notary  
Title of officer administering oath