CITY OF SAN ANTONIO: ANEW PERSPECTIVE FOR YOUR FUTURE SUCCESS

Friday, February 17, 2017 RFP No. 17-010 Independent Audit Services



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	Name of business entity filing form, and the city, state and country of the business entity's place of business. Grant Thornton LLP San Antonio, TX United States	Certificate Number: 2017-167462 Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is	02/15	5/2017		
	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 description of the services, goods, or other property to be provided under the contract.	the co	ontract, and prov	/ide a	
	RFP #17-010 Independent Audit Service				
4	Name of Interested Party City, State, Country (place of busin	1220	Nature of interest (check applicable)		
	traine of interested Party City, State, Country (place of busin	css)	Controlling	Intermediary	
	Check only if there is NO Interested Party.				
5	Check only if there is NO interested Party.				
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the MARY L CAMPBELL Commission # 11662346 My Commission Expires September 18, 2019 AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said Angela Dunlap, this the 16th day of February, 20_17_, to certify which, witness my hand and seal of office. Many L Campbell Motory Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
•					

FORM **1295**

1 of 1

	mplete Nos. 1 - 4 and 6 if there are interested parties. OFFICE US						
1,	amplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. The complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. The complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING Certificate Number:			
	of business. Armstrong, Vaughan & Associates, P.C.		2017-162624				
	Universal City, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the for	m is	02/06/2017				
	being filed.			Date Acknowledged:			
	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, an description of the services, goods, or other property to be provided under the contract.				ntract, and prov	/ide a		
	rfp 17-010						
	Audit services						
			—т	Nature o	f interest		
4	Name of Interested Party City, State, Country (place of busi						
			ĺ	Controlling	Intermediary		
					·		
ſ							
ľ							
Ī							
Ī	5 Check only if there is NO Interested Party.						
Ī	6 AFFIDAVIT I swear, or affirm, under penalty of perj	jury, that th	e abov	e disclosure is tr	ue and correct.		
	EDNA M. STREY My Notary ID # 3524868 Expires February 12, 2020 AFFIX NOTARY STAMP / SEAL ABOVE EDNA M. STREY All Soval F. Thosas. CFA CGMA Signature of authorized agent of contracting business entity				<u>.</u> y		
	Sworn to and subscribed before me, by the said	, this the _	6	day of	February		
	Edua M Strey Signature of officer administering oath Edua M. Strey Printed name of officer administering oath		Notary Public Title of officer administering oath				

FORM **1295**

1 of 1

					1011	
	Implete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY CERTIFICATION OF FIL					
1	lame of business entity filing form, and the city, state and country of the business entity's place f business.		Certificate Number:			
	Robert J Williams CPA		2017	-166255		
	San Antonio , TX United States		Date I	Filed:		
2	lame of governmental entity or state agency that is a party to the contract for which the form is		Date Filed: 02/14/2017			
-	being filed.		02/1 1/2011			
	City of San Antonio			Date Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	de the identification number used by the governmental entity or state agency to track or identify the contract, and provide a iption of the services, goods, or other property to be provided under the contract.				
	RFP 17-010					
	Independent Audit Services					
4			Nature of interest			
	Name of Interested Party	City, State, Country (place of busine	ess)		applicable)	
				Controlling	Intermediary	
Wi	lliams, Robert	San Antonio, TX United States		Х		
				_		
		•				
_						
5	Check only if there is NO Interested Party.					
6	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity					
	AFFIX NOTARY ABOVE				la.	
	worn to and subscribed before me, by the said \(\infty \in					
Signature of officer administering oath Notary Title of officer administering oath				ng oath		
	Timed fiame of o	oc. administering batti	ac or o	moer aurimisterii	ing batti	

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	A SECTION OF THE PROPERTY OF T
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Schriver, Carmona & Company PLLC San Antonio, TX United States	Certificate Number: 2017-163715 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. The City of San Antonio	02/08/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract. RFP 17-010 Audit Services as sub-contractors	the co	ntract, and prov	vide a
4	Name of Interested Party City, State, Country (place of busin	ess)	Nature of interest (check applicable) Controlling Intermediary	
			Controlling	memeralary
_				
				х
		_		
5	Check only if there is NO Interested Party.		i e e e e e e e e e e e e e e e e e e e	
6	VELEN RIOS TREVINO My Commission Expires May 17, 2017 I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity			
	20_17, to certify which, witness my hand and seal of office.		day of Feb	
7	Welen Rus Thevino Signature of officer administering oath Printed name of officer administering oath	tary	Public-	State of T
	Signature of differ authinistering eart 1 titled hatte of differ authinistering datif	ac or c	moor aariiinster	ing oddi