

**Fort Bend County, TX
Q16-063 Broker/Dealers**

	Company Name	Account Representative
1.	CastleOaks Securities, LP	Scott Rider
2.	Coastal Securities, INC	Tony D. Sekaly
3.	Comerica	Chris Theut
4.	Duncan - Williams, INC	Stephen F. Capoferi
5.	Hilltop Securities Inc.	Linda K. Callaway-Gusnowski
6.	Landenburg Thalmann & Co, Inc	Steve Neri
7.	Mischler Financial Gorup, Inc	Glen Capelo
8.	Multi-Bank Securities, INC (MBS)	Robert Samples
9.	Raymond James & Associates, INC	Philip B. Hartigan
10.	Rice Securities, LLC	Jared Fragin
11.	Shearson Financial Services, LLC	Robert A.Hirsch
12.	Wells Fargo Securities, LLC.	Gilbert Ramon

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

Certificate Number:
2016-25921

Date Filed:
03/14/2016

Date Acknowledged:

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

CastleOak Securities, L.P.
New York, NY United States

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

Fort Bend County

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.

3135G0YE7
Investment Broker/Dealer

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	CastleOak Management Holdings, LLC	New York, NY United States	X	
	CastleOak Management, LLC	New York, NY United States	X	

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.

Heidi M. Castro
Heidi M. Castro
Notary Public, State of New York
No. 01CA8094363
Qualified in New York County
Commission Expires June 16, 2019

[Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PHILIP J. IPPOLITO, this the 15TH day of MARCH, 20 16, to certify which, witness my hand and seal of office.

Heidi M. Castro

Signature of officer administering oath

HEIDI M. CASTRO

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 CastleOak Securities, L.P.
 New York, NY United States

Certificate Number:
 2016-25921

Date Filed:
 03/14/2016

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

Date Acknowledged:
 03/15/2016

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.
 3135G0YE7
 Investment Broker/Dealer

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
CastleOak Management Holdings, LLC	New York, NY United States	X	
CastleOak Management, LLC	New York, NY United States	X	

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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:
 2016-25039

Date Filed:
 03/11/2016

Date Acknowledged:

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

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

Fort Bend County

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.

RFQ 2016
 Fulfill RFQ Requirement

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	

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:
 2016-25039

Date Filed:
 03/11/2016

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

Date Acknowledged:
 04/12/2016

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.
 RFQ 2016
 Fulfill RFQ Requirement

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	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

2 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:
2016-25039

Date Filed:
03/11/2016

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

Date Acknowledged:
04/12/2016

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.
RFQ 2016
Fulfill RFQ Requirement

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

Comerica Securities, Inc.
Bloomfield Hills, MI United States

Certificate Number:
2016-25720

Date Filed:
03/14/2016

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

Fort Bend County

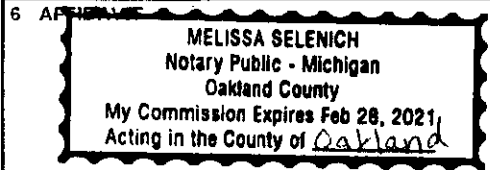
Date Acknowledged:

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.

Q16-063
Investment Broker / Dealers

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.



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

Scott Skowronski
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott Skowronski this the 6th day of April, 2016, to certify which, witness my hand and seal of office.

Melissa Selenich
Signature of officer administering oath

Melissa Selenich
Printed name of officer administering oath

R.P.B.
Title of officer administering oath

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

Comerica Securities, Inc.
Bloomfield Hills, MI United States

Certificate Number:
2016-25720

Date Filed:
03/14/2016

Date Acknowledged:
04/12/2016

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

Fort Bend County

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.

Q16-063
Investment Broker / Dealers

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.
 Duncan Williams, Inc.
 Memphis, TN United States

Certificate Number:
 2016-21180

Date Filed:
 03/03/2016

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

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.
 Q16-063
 Investment Broker/Dealer

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Duncan-Williams, Inc,	Memphis, TN United States	X	
	Williams, Carolyn	Memphis, TN United States	X	
	Williams, Duncan F.	Memphis, TN United States	X	
	Williams, Abigale W.	Memphis, TN United States	X	
	Malmo, Donald A.	Memphis, TN United States	X	
	Schlifer, John L.	Memphis, TN United States	X	
	Clanton, Donald B.	Memphis, TN United States	X	
	Pauline, James V.	Memphis, TN United States	X	
	Steinberg, Ken	Memphis, TN United States	X	
	Pierce, Joseph	Memphis, TN United States	X	
	Wiseman, Brian	Memphis, TN United States	X	
	Lusk, Jr., Gerald	Memphis, TN United States	X	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

2 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.

Duncan Williams, Inc.
Memphis, TN United States

Certificate Number:
2016-21180

Date Filed:
03/03/2016

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

FORT BEND COUNTY

Date Acknowledged:

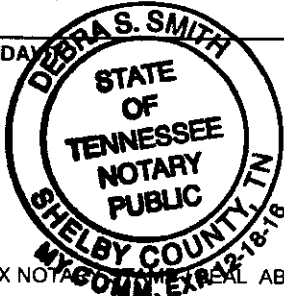
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

Q16-063
Investment Broker/Dealer

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.



John L Schlifer
Signature of authorized agent of contracting business entity

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said John L. Schlifer, this the 3rd day of March, 2016, to certify which, witness my hand and seal of office.

Debra S. Smith
Signature of officer administering oath

Debra S. Smith
Printed name of officer administering oath

Vice President
Title of officer administering oath

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.
 Duncan Williams, Inc.
 Memphis, TN United States

Certificate Number:
 2016-21180

Date Filed:
 03/03/2016

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

Date Acknowledged:
 04/12/2016

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.
 Q16-063
 Investment Broker/Dealer

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Duncan-Williams, Inc,	Memphis, TN United States	X	
	Williams, Carolyn	Memphis, TN United States	X	
	Williams, Duncan F.	Memphis, TN United States	X	
	Williams, Abigale W.	Memphis, TN United States	X	
	Malmo, Donald A.	Memphis, TN United States	X	
	Schlifer, John L.	Memphis, TN United States	X	
	Clanton, Donald B.	Memphis, TN United States	X	
	Pauline, James V.	Memphis, TN United States	X	
	Steinberg, Ken	Memphis, TN United States	X	
	Pierce, Joseph	Memphis, TN United States	X	
	Wiseman, Brian	Memphis, TN United States	X	
	Lusk, Jr., Gerald	Memphis, TN United States	X	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

2 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.
Duncan Williams, Inc.
Memphis, TN United States

Certificate Number:
2016-21180

Date Filed:
03/03/2016

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

Date Acknowledged:
04/12/2016

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.
Q16-063
Investment Broker/Dealer

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

Hilltop Securities Inc.
Dallas, TX United States

Certificate Number:
2016-25618

Date Filed:
03/14/2016

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

Fort Bend County

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.

Q16-063
Investment Broker/Dealer Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Feinberg, Hill A	Dallas, TX United States	X	
Peterson, Robert W	Dallas, TX United States	X	
Muschalek, John R	Dallas, TX United States	X	
Edge, J Michael	Dallas, TX United States	X	
Leventhal, Laura	Dallas, TX United States	X	
Hilltop Securities Holdings LLC	Dallas, TX United States	X	

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.



Jorja Williams
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jorja Williams, this the 14th day of March, 2016, to certify which, witness my hand and seal of office.

Kelly Bragg
Signature of officer administering oath

Kelly Bragg
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Hilltop Securities Inc.
Dallas, TX United States

Certificate Number:
2016-25618

Date Filed:
03/14/2016

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

Date Acknowledged:
04/12/2016

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.
Q16-063
Investment Broker/Dealer Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Feinberg, Hill A	Dallas, TX United States	X	
	Peterson, Robert W	Dallas, TX United States	X	
	Muschalek, John R	Dallas, TX United States	X	
	Edge , J Michael	Dallas, TX United States	X	
	Leventhal, Laura	Dallas, TX United States	X	
	Hilltop Securities Holdings LLC	Dallas, TX United States	X	

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Ladenburg Thalmann & Co, Inc.
Irvine, CA United States

Certificate Number:
2016-19806

Date Filed:
02/29/2016

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

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.

SOQ 16-063
Investment Broker/Dealer

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Neri, Steve	Irvine, CA United States		X

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.

SPN Neri

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 16, to certify which, witness my hand and seal of office.

9th March

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

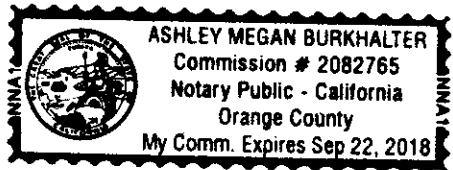
CIVIL CODE § 1189

State of California

County of Orange

On 3/9/2016 before me, Ashley Megan Burkhalter, Notary Public

personally appeared Steve Non Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: Ashley Bl Signature of Notary Public

Place Notary Seal Above OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Certificate of Interested Parties

Document Date: 3/9/2016 Number of Pages: 1

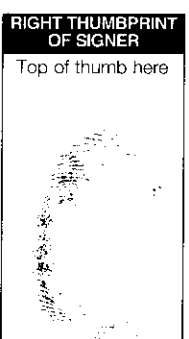
Signer(s) Other Than Named Above: n/a

Capacity(ies) Claimed by Signer(s)

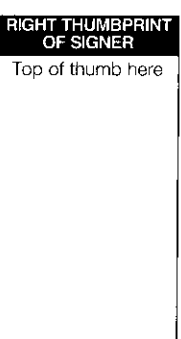
Signer's Name: Steve Non Signer's Name:

Corporate Officer - Title(s):

- Individual
Partner - Limited General
Attorney in Fact
Trustee
Guardian or Conservator
Other:



- Individual
Partner - Limited General
Attorney in Fact
Trustee
Guardian or Conservator
Other:



Signer Is Representing:

Signer Is Representing:

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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**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.

Ladenburg Thalmann & Co, Inc.
 Irvine, CA United States

Certificate Number:
 2016-19806

Date Filed:
 02/29/2016

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

Fort Bend County

Date Acknowledged:
 04/12/2016

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.

SOQ 16-063
 Investment Broker/Dealer

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Neri, Steve	Irvine, CA United States		X

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Mischler Financial Group, Inc.
Dallas, TX United States

Certificate Number:
2016-25908

Date Filed:
03/14/2016

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

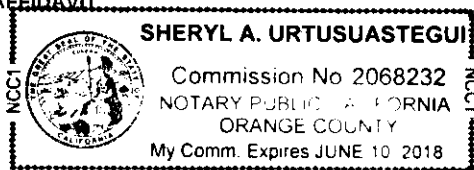
Date Acknowledged:

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.
SOQ 16-063
Investment Broker/Dealer

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.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Doyle L. Holmes, this the 15th day of March, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Sheryl A. Urtusastegui
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Mischler Financial Group, Inc.
Dallas, TX United States

Certificate Number:
2016-25908

Date Filed:
03/14/2016

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

Date Acknowledged:
04/12/2016

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.
SOQ 16-063
Investment Broker/Dealer

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

Certificate Number:
2016-18449

Date Filed:
02/25/2016

Date Acknowledged:

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

Raymond James & Associates, Inc.
St. Petersburg, FL United States

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

Fort Bend County

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.

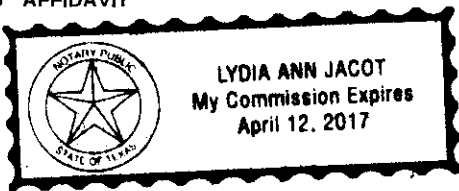
SOQ 16-063
Investment Broker/Dealer

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
McGrane, Sarah	Dallas, TX United States		X
Hartigan, Philip B.	Southlake, TX United States		X
Zank, Dennis W.	St. Petersburg, FL United States	X	
Tremaine, Thomas R.	St. Petersburg, FL United States	X	
Julien, Jeffrey P.	St. Petersburg, FL United States	X	
Elwyn, Tashtego S.	St. Petersburg, FL United States	X	
James, Thomas A.	St. Petersburg, FL United States	X	
Raymond James Financial, Inc.	St. Petersburg, FL United States	X	

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Geoffrey Lubian, this the 25th day of February, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature] Lydia Ann Jacot Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

Raymond James & Associates, Inc.
St. Petersburg, FL United States

Certificate Number:
2016-18449

Date Filed:
02/25/2016

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

Fort Bend County

Date Acknowledged:
04/12/2016

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.

SOQ 16-063
Investment Broker/Dealer

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
McGrane, Sarah	Dallas, TX United States		X
Hartigan, Philip B.	Southlake, TX United States		X
Zank, Dennis W.	St. Petersburg, FL United States	X	
Tremaine, Thomas R.	St. Petersburg, FL United States	X	
Julien, Jeffrey P.	St. Petersburg, FL United States	X	
Elwyn, Tashtego S.	St. Petersburg, FL United States	X	
James, Thomas A.	St. Petersburg, FL United States	X	
Raymond James Financial, Inc.	St. Petersburg, FL United States	X	

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

Certificate Number:
2016-24992

Date Filed:
03/11/2016

Date Acknowledged:

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

Rice Securities, LLC
New York, NY United States

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

Fort Bend County

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.

SOQ 16-063
Investment Broker/Dealer

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.



James Donald Rice, Jr.

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me by the said CEO, James Donald Rice, Jr. this the 16th day of MARCH, 2016, to certify which I have placed my hand and seal of office.

Lisa Sheri K. Torrence Lisa Sheri K. Torrence General Counsel
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

Rice Securities, LLC
New York, NY United States

Certificate Number:
2016-24992

Date Filed:
03/11/2016

Date Acknowledged:
04/12/2016

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

Fort Bend County

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.

SOQ 16-063
Investment Broker/Dealer

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Multi-Bank Securities, Inc.
Southfield, MI United States

Certificate Number:
2016-20089

Date Filed:
03/01/2016

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

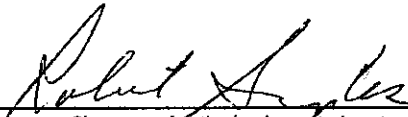
Date Acknowledged:

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.
SOQ 16-063
Investment Broker/Dealer

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Samples, this the 6th day of April, 2016, to certify which, witness my hand and seal of office.


Stephanie M. Wood
 Signature of officer administering oath Printed name of officer administering oath

STEPHANIE M WOOD
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF WAYNE
 MY COMMISSION EXPIRES Apr 9, 2020
 ACTING IN COUNTY OF OAKLAND

 Title of officer administering oath

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

Multi-Bank Securities, Inc.
Southfield, MI United States

Certificate Number:
2016-20089

Date Filed:
03/01/2016

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

Fort Bend County

Date Acknowledged:
04/12/2016

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.

SOQ 16-063
Investment Broker/Dealer

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Shearson Financial Services, LLC
Bellaire, TX United States

Certificate Number:
2016-36097

Date Filed:
04/06/2016

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

Date Acknowledged:

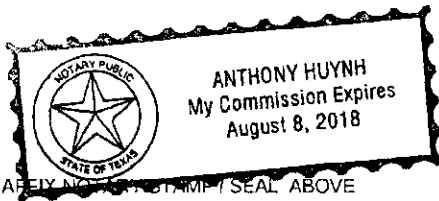
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.
SOQ 16-063
Investment Broker/Dealer

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.



APPLY NOTARY SEAL/STAMP/SEAL ABOVE

James Q. ...
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Robert A. Hirsch, this the 6th day of APRIL, 2016, to certify which, witness my hand and seal of office.

[Signature] Anthony Huynh NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

Shearson Financial Services, LLC
 Bellaire, TX United States

Certificate Number:
 2016-36097

Date Filed:
 04/06/2016

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

Fort Bend County

Date Acknowledged:
 04/12/2016

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.

SOQ 16-063
 Investment Broker/Dealer

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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.
Wells Fargo Securities, LLC
Charlotte, NC United States

Certificate Number:
2016-20379

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

Date Filed:
03/01/2016

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.
SOQ 16-063
Investment Broker/Dealer

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Tolstedt, Carrie	San Francisco, CA United States	X	
	Modjtabai, Avid	San Francisco, CA United States	X	
	Carroll, David	Charlotte, NC United States	X	
	Sloan, Timothy	Los Angeles, CA United States	X	
	Stumpf, John	San Francisco, CA United States	X	
	Weiss, Jonathan	New York, NY United States	X	
	Smith, Phillip	Charlotte, NC United States	X	
	Shrewsberry, John	San Francisco, CA United States	X	
	Schumaker-Krieg, Diane	New York, NY United States	X	
	Rettig, Paul	San Francisco, CA United States	X	
	Pink, Christopher	New York, NY United States	X	
	Mullins, Timothy	San Francisco, CA United States	X	
	Engel, Robert	Charlotte, NC United States	X	
	DuBose, Mary	Charlotte, NC United States	X	
	Dolhare, Walter	Charlotte, NC United States	X	
	EVEREN CAPITAL CORPORATION	Charlotte, NC United States	X	
*For purposes of this Form 1295 only, the information regarding the most highly compensated officers is the information of the most highly compensated officers for Wells Fargo & Company as provided in Wells Fargo & Company's most recent annual report and proxy statement.				

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.

Wells Fargo Securities, LLC
Charlotte, NC United States

Certificate Number:
2016-20379

Date Filed:
03/01/2016

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

Fort Bend County

Date Acknowledged:
04/12/2016

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.

SOQ 16-063
Investment Broker/Dealer

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Tolstedt, Carrie	San Francisco, CA United States	X	
	Modjtabai, Avid	San Francisco, CA United States	X	
	Carroll, David	Charlotte, NC United States	X	
	Sloan, Timothy	Los Angeles, CA United States	X	
	Stumpf, John	San Francisco, CA United States	X	
	Weiss, Jonathan	New York, NY United States	X	
	Smith, Phillip	Charlotte, NC United States	X	
	Shrewsberry, John	San Francisco, CA United States	X	
	Schumaker-Krieg, Diane	New York, NY United States	X	
	Rettig, Paul	San Francisco, CA United States	X	
	Pink, Christopher	New York, NY United States	X	
	Mullins, Timothy	San Francisco, CA United States	X	
	Engel, Robert	Charlotte, NC United States	X	
	DuBose, Mary	Charlotte, NC United States	X	
	Dolhare, Walter	Charlotte, NC United States	X	
	EVEREN CAPITAL CORPORATION	Charlotte, NC United States	X	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

2 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.
Wells Fargo Securities, LLC
Charlotte, NC United States

Certificate Number:
2016-20379

Date Filed:
03/01/2016

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

Date Acknowledged:
04/12/2016

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.
SOQ 16-063
Investment Broker/Dealer

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 of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath