

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.
Mission of Mercy
Corpus Christi, TX United States

Certificate Number:
2016-39592

Date Filed:
04/13/2016

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Nueces 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.
FY15/16 Outside Agency Contract
Revenue to assist our programs and services to provide free medical care to people in the Coastal Bend.

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.



Sherry Bowers
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

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

Charles R. Butler Signature of officer administering oath
Charles R. Butler Printed name of officer administering oath
Notary Title of officer administering oath

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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.
Children's Advocacy Center of the Coastal Bend
Corpus Christi, TX United States

Certificate Number:
2016-47944

Date Filed:
05/02/2016

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

Date Acknowledged:

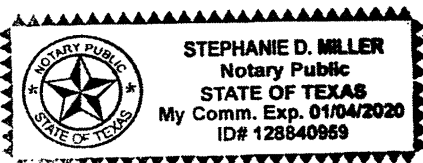
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods or other property to be provided under the contract.
15/16 Outside Agency Funding
Child Forensic Interviews provided for law enforcement in Nueces County

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.



Clarissa B. Mora

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clarissa B Mora, this the 2nd day of May, 2016, to certify which, witness my hand and seal of office.

Stephanie D Miller
Signature of officer administering oath

Stephanie D Miller
Printed name of officer administering oath

Notary Public
Title of officer administering oath