## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

|                   |   |  |                            |   | 1011           |  |  |  |  |
|-------------------|---|--|----------------------------|---|----------------|--|--|--|--|
|                   | omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  |  |                            | OFFICE USE ONLY CERTIFICATION OF FILING |                |  |  |  |  |
| 1                 | me of business entity filing form, and the city, state and country of the business entity's place   |  |                            | — Certificate Number: 2024-1140175      |                |  |  |  |  |
|                   | Grant Street Group  |  | 202                        | 4-1140175                               |                |  |  |  |  |
|                   | Pittsburgh, PA United States  |  | Date                       | e Filed:                                |                |  |  |  |  |
| 2                 | Name of governmental entity or state agency that is a party to the  | e contract for which the form is   |                            | 28/2024                                 |                |  |  |  |  |
| _                 | being filed.  |  |                            |   |                |  |  |  |  |
|                   | Williamson County   |  |                            | Date Acknowledged:<br>03/28/2024        |                |  |  |  |  |
| 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. |  |                            |   |                |  |  |  |  |
|                   | 23RFP82   |  |                            |   |                |  |  |  |  |
|                   | Tax Assessor-Collector Electronic Payment Processing  |  |                            |   |                |  |  |  |  |
| _                 |   |  |                            | Nature of interest                      |                |  |  |  |  |
| 4                 | Name of Interested Party  City, State, Country (place of busing   |  | ısiness)                   | ess) (check applicable)                 |                |  |  |  |  |
|                   |   |  |                            | Controlling                             | Intermediary   |  |  |  |  |
| Veres, Daniel     |   | Pittsburgh, PA United States   | ttsburgh, PA United States |   |                |  |  |  |  |
| Harrington, Myles |   | Pittsburgh, PA United States   | X                          |   |                |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
| 5                 | Check only if there is NO Interested Party.   |  |                            |   |                |  |  |  |  |
| 6                 | UNSWORN DECLARATION   |  |                            |   |                |  |  |  |  |
|                   | My name is  | ame is, and my date of birth is  |                            |   |                |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
|                   | My address is(street)   | (city)   | (state)                    | (zip code)                              | (country)      |  |  |  |  |
|                   | I declare under penalty of perjury that the foregoing is true and correct.  |  |                            |   |                |  |  |  |  |
|                   | Evented in County   | . State of   | th a                       | day of                                  | 20             |  |  |  |  |
|                   | Executed inCounty   | , State of, on t   | E                          | _day of<br>(month)                      | , 20<br>(year) |  |  |  |  |
|                   |   |  |                            |   |                |  |  |  |  |
|                   |   | Signature of authorized agent of contracting business entity (Declarant) |                            |   |                |  |  |  |  |

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1 of 1

|                      |   |                                   |                    |   | 1011                |  |  |  |  |
|----------------------|---|-----------------------------------|--------------------|---|---------------------|--|--|--|--|
|                      | 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                    | ame of business entity filing form, and the city, state and country of the business entity's place business.  |                                   |                    | Certificate Number: 2024-1140175        |                     |  |  |  |  |
|                      | Grant Street Group  | 2024 1140170                      |                    |   |                     |  |  |  |  |
|                      | Pittsburgh, PA United States  |                                   | Date Filed:        |   |                     |  |  |  |  |
| 2                    | lame of governmental entity or state agency that is a party to the contract for which the form is   |                                   |                    | 03/28/2024                              |                     |  |  |  |  |
|                      | being filed.  |                                   |                    |   |                     |  |  |  |  |
|                      |   |                                   |                    | 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. |                                   |                    |   |                     |  |  |  |  |
|                      | 23RFP82   |                                   |                    |   |                     |  |  |  |  |
|                      | Tax Assessor-Collector Electronic Payment Processing  |                                   |                    |   |                     |  |  |  |  |
| 4                    |   |                                   | Nature of interest |   |                     |  |  |  |  |
| -                    | Name of Interested Party City, State, Country (place of busing  |                                   | ness)              | ess) (check applicat                    |                     |  |  |  |  |
|                      |   |                                   |                    | Controlling                             | Intermediary        |  |  |  |  |
| Veres, Daniel J.     |   | Pittsburgh, PA United States      |                    | X                                       |                     |  |  |  |  |
| Harrington, Myles C. |   | Pittsburgh, PA United States      |                    | Х                                       |                     |  |  |  |  |
|                      |   |                                   |                    |   |                     |  |  |  |  |
|                      |   |                                   |                    |   |                     |  |  |  |  |
|                      |   |                                   |                    |   |                     |  |  |  |  |
|                      |   |                                   |                    |   |                     |  |  |  |  |
| _                    |   |                                   |                    |   |                     |  |  |  |  |
|                      |   |                                   |                    |   |                     |  |  |  |  |
|                      |   |                                   |                    |   |                     |  |  |  |  |
| 5                    | Check only if there is NO Interested Party.   | 1                                 |                    |   | ı                   |  |  |  |  |
| 6                    | UNSWORN DECLARATION   |                                   |                    |   |                     |  |  |  |  |
|                      | name is Daniel J. Veres, and my date of birth is July 30, 1961  |                                   |                    |   |                     |  |  |  |  |
|                      | My address is 339 Sixth Avenue, Suite 1400  | , Pittsburgh , I                  | PA_,               | 15222                                   | _, <mark>USA</mark> |  |  |  |  |
|                      | (street)  | (city) (s                         | state)             | (zip code)                              | (country)           |  |  |  |  |
|                      | declare under penalty of perjury that the foregoing is true and correct.  |                                   |                    |   |                     |  |  |  |  |
|                      | Executed in Allegheny Coun  | ty, State of Pennsylvania, on the | <u>28</u> _c       |   |                     |  |  |  |  |
|                      |   | nth) (year)                       |                    |   |                     |  |  |  |  |
|                      |   |                                   |                    |   |                     |  |  |  |  |
|                      |   | g business entity                 | <u> </u>           |   |                     |  |  |  |  |