

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:
 2024-1109844

Date Filed:
 01/09/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Wastequip Manufacturing Company LLC
 Statesville, NC United States

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

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.
 PROJECT NO. 1-24-P-82-01 DUMPS
 Waste Handling Equipment

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.

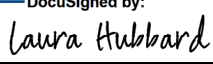
6 UNSWORN DECLARATION

My name is Laura P Hubbard, and my date of birth is 04/13/1972.

My address is 841 Meacham Road, Statesville, NC, 28677, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Iredell County, State of NC, on the 9 day of January, 2024.
(month) (year)

DocuSigned by:


834FF567BB04108 Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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 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.
 Wastequip Manufacturing Company LLC
 Statesville, NC United States

Certificate Number:
 2024-1109844

Date Filed:
 01/09/2024

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

Date Acknowledged:
 01/09/2024

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.
 PROJECT NO. 1-24-P-82-01 DUMPS
 Waste Handling Equipment

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1112441

Date Filed:
01/16/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Randall Reed's Planet Ford 635
GARLAND, 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.
City of McAllen

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.
PROJECT NO. 11-23-P20-133
PURCHASE OF THIRTY-THREE (33) NEW CURRENT MODEL VEHICLES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Sarac, Admir	GARLAND, TX United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Admir Sarac, and my date of birth is 03/17/1961.

My address is 3601 S Shiloh Rd, Garland, Tx, 75041, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Dallas County, State of Texas, on the 10th day of January, 2024.
(month) (year)

Admir Sarac
Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
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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.
 Randall Reed's Planet Ford 635
 GARLAND, TX United States

Certificate Number:
 2024-1112441

Date Filed:
 01/16/2024

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

Date Acknowledged:
 01/16/2024

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.
 PROJECT NO. 11-23-P20-133
 PURCHASE OF THIRTY-THREE (33) NEW CURRENT MODEL VEHICLES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Sarac, Admir	GARLAND, TX United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
 SILSBEE FORD
 SILSBEE, TX United States

Certificate Number:
 2024-1113386

Date Filed:
 01/18/2024

Date Acknowledged:

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

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.
 PROJECT NO. 11-23-P20-133
 PURCHASE OF 33 NEW CURRENT MODEL VEHICLES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DONALSON, DREW	SILSBEE, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is A. Glen Angelle, and my date of birth is 3/26/58.
 My address is 1211 U.S. Highway N, SilSBee Tx 7556 US.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hardin County, State of Tx, on the 18 day of 1, 2024.
(month) (year)

A. Glen Angelle
 Signature of authorized agent of contracting business entity
 (Declarant)

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.
SILSBEE FORD
SILSBEE, TX United States

Certificate Number:
2024-1113386

Date Filed:
01/18/2024

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

Date Acknowledged:
01/18/2024

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.
PROJECT NO. 11-23-P20-133
PURCHASE OF 33 NEW CURRENT MODEL VEHICLES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DONALSON, DREW	SILSBEE, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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:
 2023-1006208

Date Filed:
 04/12/2023

Date Acknowledged:

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

Sechrist-Hall Company
 Harlingen, 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.

City of McAllen

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.

02-23-C25-446
 Roofing

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
McBride, Bill	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is J. Carlos Coronado, and my date of birth is 10/09/1971.

My address is P O Box 2347, Harlingen, TX, 78551, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Cameron County, State of Texas, on the 13th day of April, 2023.
(month) (year)

J. Carlos Coronado
 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2023-1006208

Date Filed:
04/12/2023

Date Acknowledged:
01/23/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Sechrist-Hall Company
Harlingen, 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.
City of McAllen

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.
02-23-C25-446
Roofing

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	McBride, Bill	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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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.
 B2Z Engineering, LLC
 Mission, TX United States

Certificate Number:
 2024-1115182

Date Filed:
 01/23/2024

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

Date Acknowledged:
 01/23/2024

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.
 PROJECT NO. 01-24-S13-01
 CIVIL ENGINEERING SERVICES FOR YUMA AVENUE WIDENING FROM 2ND STREET TO JACKSON AVE (FM 2061)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gonzalez, Aisha	Mission , TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1115182

Date Filed:
01/23/2024

Date Acknowledged:

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

B2Z Engineering, LLC
Mission, 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.

City of McAllen

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.

PROJECT NO. 01-24-S13-01
CIVIL ENGINEERING SERVICES FOR YUMA AVENUE WIDENING FROM 2ND STREET TO JACKSON AVE (FM 2061)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gonzalez, Aisha	Mission , TX United States	X	

5 Check only if there is NO Interested Party.

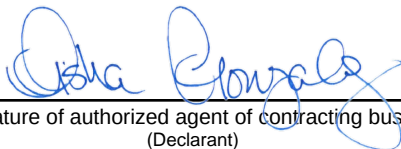
6 UNSWORN DECLARATION

My name is Aisha Gonzalez, and my date of birth is 01/23/1979.

My address is 900 S. Stewart Road, Suite 4, Mission, TX, 78572, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 23rd day of January, 20 24.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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.
SHI Government Solutions, Inc.
Austin, TX United States

Certificate Number:
2024-1115046

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

Date Filed:
01/23/2024

Date Acknowledged:
01/23/2024

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.
PROJECT NO. 1-24-P87-01
Multi- Factor Authentication Technology

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
SHI Government Solutions, Inc.
Austin, TX United States

Certificate Number:
2024-1115046

Date Filed:
01/23/2024

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

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.
PROJECT NO. 1-24-P87-01
Multi- Factor Authentication Technology

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 UNSWORN DECLARATION

My name is Natley Ravipati, and my date of birth is 01/24/1985.
My address is 3828 Pecana Trail, Austin, TX, 78749, US.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, State of TX, on the 23rd day of January, 20 24.
(month) (year)

Natley Ravipati

Signature of authorized agent of contracting business entity
(Declarant)

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.
 MCCi, LLC
 Tallahassee, FL United States

Certificate Number:
 2024-1115391

Date Filed:
 01/24/2024

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

Date Acknowledged:
 01/24/2024

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.
 PROJECT NO. 1-24-S14-01
 PROJECT NO. 1-24-S14-01 LASERFICHE ANNUAL MAINTENANCE RENEWAL

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	CPC MCCi Holding, LLC,	Tallahassee, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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.
MCCi, LLC
Tallahassee, FL United States

Certificate Number:
2024-1115391

Date Filed:
01/24/2024

Date Acknowledged:

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

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.

PROJECT NO. 1-24-S14-01
PROJECT NO. 1-24-S14-01 LASERFICHE ANNUAL MAINTENANCE RENEWAL

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	CPC MCCi Holding, LLC,	Tallahassee, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Emery Jones, and my date of birth is August 2, 1975.

My address is 316 Bethany Curve, Santa Cruz, CA, 95060, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Santa Cruz County, State of California, on the 24 day of January, 2024.
(month) (year)

E-SIGNED by Emery Jones
on 2024-01-24 16:08:38 GMT

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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.
Kubota Membrane USA
Bothell, WA United States

Certificate Number:
2024-1117042

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

Date Filed:
01/29/2024

Date Acknowledged:
01/29/2024

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.
1-24-P86-01
PURCHASE OF TWELVE (12) 50 PIECE MEMBRANE CARTRIDGES

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2024-1117042

Date Filed:
 01/29/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Kubota Membrane USA
 Bothell, WA United States

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

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.
 1-24-P86-01
 PURCHASE OF TWELVE (12) 50 PIECE MEMBRANE CARTRIDGES

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 UNSWORN DECLARATION

My name is Brian Codianne, and my date of birth is 04/26/1967.

My address is 17006 Blue Canyon CV, Leander, TX, 78641, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, State of TX, on the 29 day of January, 2024.
(month) (year)

Brian Codianne

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
TYMCO, Inc.
Waco, TX United States

Certificate Number:
2024-1117408

Date Filed:
01/29/2024

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

Date Acknowledged:
01/29/2024

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.
Project No. 01-24-P85-1
Sweeper One (1) TYMCO Model 600 Regenerative Air Sweeper

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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:
2024-1117408

Date Filed:
01/29/2024

Date Acknowledged:

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

TYMCO, Inc.
Waco, 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.

City of McAllen, TX

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.

Project No. 01-24-P85-1
Sweeper One (1) TYMCO Model 600 Regenerative Air Sweeper

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 UNSWORN DECLARATION

My name is Kenneth J. Young, and my date of birth is 3/25/52.

My address is 3108 Woodlake Waco TX 76710 USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in McLennan County, State of Texas, on the 29th day of January, 20 24.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1117208

Date Filed:
 01/29/2024

Date Acknowledged:

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

Municipal Emergency Services, Inc.
 Sandy Hook, CT United States

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

City of McAllen

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.

01-24-P84-01
 PROJECT NO. 01-24-P84-01 RESCUE/WIDLAND PERSONAL PROTECTIVE EQUIPMENT (COATS & PANTS)- BUYBOARD

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 UNSWORN DECLARATION

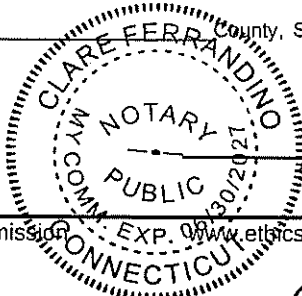
My name is Ward Petrie, and my date of birth is 5/16/1970.

My address is 12 Turnberry Ln 2nd Floor, Sandy Hook, CT, 06482, USA.
(street) (city) (state) (zip code) (country)

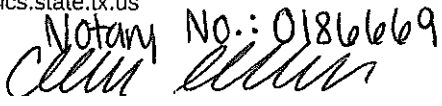
I declare under penalty of perjury that the foregoing is true and correct.

Executed in Fairfield County, State of Connecticut, on the 29 day of January, 2024.
(month) (year)

 **Clare Ferrandino**
 Notary Public, State of Connecticut
 My Commission Expires 06/30/2027



Ward Petrie
Ward Petrie (Jan 29, 2024 14:12 EST)
 Signature of authorized agent of contracting business entity
 (Declarant)

Notary No.: 0186669


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.
Municipal Emergency Services, Inc.
Sandy Hook, CT United States

Certificate Number:
2024-1117208

Date Filed:
01/29/2024

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

Date Acknowledged:
01/29/2024

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.
01-24-P84-01
PROJECT NO. 01-24-P84-01 RESCUE/WIDLAND PERSONAL PROTECTIVE EQUIPMENT (COATS & PANTS)- BUYBOARD

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
Short Elliott Hendrickson, Inc.
St. Paul, MN United States

Certificate Number:
2024-1117590

Date Filed:
01/29/2024

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

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.
PROJECT NO. 08-23-S63-124
TERMINAL CAPACITY STUDY

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ott, David	St. Paul, MN United States	X	
	Sannes, Scott	Duluth, MN United States	X	
	Bolf, Matt	Duluth, MN United States	X	
	Jenniges, Randy	St. Cloud, MN United States	X	
	Sprague, Jason	St. Paul, MN United States	X	
	Sanford, Randy	St. Paul, MN United States	X	
	Wells, Paul	Denver, CO United States	X	
	Schultes, Kristin	St. Paul, MN United States	X	
	Wadhwa, Hemant	St. Paul, MN United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Shawn McMahon, and my date of birth is 1/21/1978.

My address is 1158 Silverwood Bay, Woodbury, MN, 55125, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Washington County, State of MN, on the 30 day of Jan, 2024.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
Short Elliott Hendrickson, Inc.
St. Paul, MN United States

Certificate Number:
2024-1117590

Date Filed:
01/29/2024

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

Date Acknowledged:
01/30/2024

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.
PROJECT NO. 08-23-S63-124
TERMINAL CAPACITY STUDY

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ott, David	St. Paul, MN United States	X	
	Sannes, Scott	Duluth, MN United States	X	
	Bolf, Matt	Duluth, MN United States	X	
	Jenniges, Randy	St. Cloud, MN United States	X	
	Sprague, Jason	St. Paul, MN United States	X	
	Sanford, Randy	St. Paul, MN United States	X	
	Wells, Paul	Denver, CO United States	X	
	Schultes, Kristin	St. Paul, MN United States	X	
	Wadhwa, Hemant	St. Paul, MN United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
 GALINDO AUCTIONSLLC
 Mission, TX United States

Certificate Number:
 2024-1124701

Date Filed:
 02/15/2024

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

Date Acknowledged:
 02/16/2024

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.
 09-23-S10-54
 PROJECT NO. 09-23-S10-54 SERVICE CONTRACT FOR PROFESSIONAL AUCTIONEERING SERVICES

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.

GALINDO AUCTIONSLLC
Mission, TX United States

Certificate Number:
2024-1124701

Date Filed:
02/15/2024

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

City of McAllen

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.

09-23-S10-54
PROJECT NO. 09-23-S10-54 SERVICE CONTRACT FOR PROFESSIONAL AUCTIONEERING SERVICES

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.

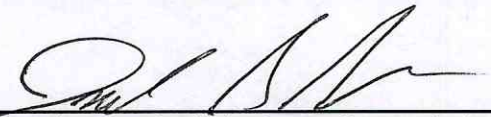
6 UNSWORN DECLARATION

My name is Ismael Galindo, and my date of birth is 9/2/79.

My address is 11437 N. Glasscock Rd, Mission, TX, 78573, U.S.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 15 day of Feb, 20 24.
(month) (year)



 Signature of authorized agent of contracting business entity
(Declarant)

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.

METRO FIRE APPARATUS SPECIALISTS, INC
 HOUSTON , TX United States

Certificate Number:
 2024-1125270

Date Filed:
 02/19/2024

Date Acknowledged:
 02/19/2024

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

City of McAllen

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.

PROJECT # 02-24-P35-01
 FIRE DEPARTMENT PUMPER TRUCK

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RUSSELL, CRAIG N.	HOUSTON, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.

METRO FIRE APPARATUS SPECIALISTS, INC
HOUSTON , TX United States

Certificate Number:
2024-1125270

Date Filed:
02/19/2024

Date Acknowledged:

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

City of McAllen

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.

PROJECT # 02-24-P35-01
FIRE DEPARTMENT PUMPER TRUCK

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RUSSELL, CRAIG N.	HOUSTON, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is MONICA INGRAM, and my date of birth is 10/03/1979.

My address is 17350 STATE HWY 249 STE 250, HOUSTON, TX, 77064.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in HARRIS County, State of TEXAS, on the 19th day of FEB, 20 24.
(month) (year)

Monica Ingram
Digitally signed by Monica Ingram
DN: cn=Monica Ingram, o=Metro Fire Apparatus Specialists, Inc, ou=MFAS, email=mingram@mfas.com,
Signature of authorized agent of contracting business entity
(Declarant)

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.
 \$1.50 CLEANERS
 MCALLEN TEXAS 78504, TX United States

Certificate Number:
 2024-1125310

Date Filed:
 02/19/2024

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

Date Acknowledged:
 02/19/2024

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.
 09-23-S76-94
 DRY CLEANING & LAUNRY SERVICES

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
 \$1.50 CLEANERS
 MCALLEN TEXAS 78504, TX United States

Certificate Number:
 2024-1125310

Date Filed:
 02/19/2024

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

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.
 09-23-S76-94
 DRY CLEANING & LAUNRY SERVICES

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.

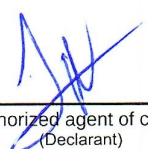
6 UNSWORN DECLARATION

My name is Felipe Avila, and my date of birth is 8-26-72.

My address is 1005 W Nolans (street), McAllen (city), TX (state), 78504 (zip code), Hidalgo (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 02 day of 19, 2024.
 (month) (year)



 Signature of authorized agent of contracting business entity (Declarant)

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.
 Lonestar Freightliner Group, LLC dba Lonestar Truck Group Waco
 Waco, TX United States

Certificate Number:
 2024-1124786

Date Filed:
 02/16/2024

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

Date Acknowledged:
 02/20/2024

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.
 01-24-P31-01
 TWO ROLL-OFF TRUCKS FOR RECYCLING CENTER & BRUSH DEPT. (TIPS)

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.

Lonestar Freightliner Group, LLC dba Lonestar Truck Group Waco
Waco, TX United States

Certificate Number:
2024-1124786

Date Filed:
02/16/2024

Date Acknowledged:

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

CITY OF MCALLEN

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.

01-24-P31-01
TWO ROLL-OFF TRUCKS FOR RECYCLING CENTER & BRUSH DEPT. (TIPS)

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 UNSWORN DECLARATION

My name is Jason Wade, and my date of birth is 03/16/1972.

My address is 430 S Main St, Georgetown, TX, 78626, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Williamson County, State of TX, on the 16 day of Feb, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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.
 MOR-WIL, LLC
 MISSION, TX, TX United States

Certificate Number:
 2024-1125867

Date Filed:
 02/20/2024

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

Date Acknowledged:
 02/20/2024

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.
 PROJECT NO. 10-23-C02-667
 PROJECT NO. 10-23-C02-667 BALBOA ACRES STORMWATER PUMP STATION IMPROVEMENTS

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
MOR-WIL, LLC
MISSION, TX, TX United States

Certificate Number:
2024-1125867

Date Filed:
02/20/2024

Date Acknowledged:

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

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.

PROJECT NO. 10-23-C02-667
PROJECT NO. 10-23-C02-667 BALBOA ACRES STORMWATER PUMP STATION IMPROVEMENTS

Table with 4 columns: Name of Interested Party, City, State, Country (place of business), and Nature of interest (Controlling, Intermediary). The table is currently empty.

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Albert Garza, and my date of birth is 10/14/1977.

My address is 22394 W. US Hwy 281, San Benito, TX, 78586, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 20 day of February, 2024.
(month) (year)

Handwritten signature: A. Garza
Signature of authorized agent of contracting business entity (Declarant)

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.
AQUATIC DESIGN & ENGINEERING, INC.
Orlando, FL United States

Certificate Number:
2024-1124798

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 McAllen Texas McAllen City Commission

Date Filed:
02/16/2024

Date Acknowledged:
02/21/2024

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.
Proj No 02-24-NBI35-01
Design & Engineering of Aquatic Features and Aquatic Leisure Destination of Boeye Reservoir Development

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Martin, Joshua	Orlando, FL United States	X	
	Martin, Kenneth	Orlando, FL United States	X	
	Martin, Patricia	Orlando, FL United States	X	
	Martin, Kerry L.G.	Orlando, FL United States	X	
	Weinbaum, Michael	Orlando, FL United States	X	
	Braswell, William	Orlando, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.

AQUATIC DESIGN & ENGINEERING, INC.
Orlando, FL United States

Certificate Number:
2024-1124798

Date Filed:
02/16/2024

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 McAllen Texas McAllen City Commission

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.

Proj No 02-24-NBI35-01
Design & Engineering of Aquatic Features and Aquatic Leisure Destination of Boeye Reservoir Development

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Martin, Joshua	Orlando, FL United States	X	
	Martin, Kenneth	Orlando, FL United States	X	
	Martin, Patricia	Orlando, FL United States	X	
	Martin, Kerry L.G.	Orlando, FL United States	X	
	Weinbaum, Michael	Orlando, FL United States	X	
	Braswell, William	Orlando, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is JOSHUA M. MARTIN, and my date of birth is 08/09/83

My address is 1000 SWEETBRIAR RD, ORLANDO, FL, 32806, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in ORANGE County, State of FLORIDA, on the 21 day of FEB, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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.
TEDSI Infrastructure Group, Inc.
Mission, TX United States

Certificate Number:
2024-1126284

Date Filed:
02/21/2024

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

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.
02-24-S23-01
PROJECT NO. 02-24-S23-01 TRAFFIC STUDY FOR BENTSEN ROAD WIDENING

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Bright, Paul	Houston, TX United States	X	
	Morris, Jr., Jules	Houston, TX United States	X	
	Salinas, Jesus	Mission, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jesus Salinas, and my date of birth is 12/24/1957.

My address is 2111 Scout Lane, Mission, TX, 78572, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 21 day of February, 20 24.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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:
2024-1126284

Date Filed:
02/21/2024

Date Acknowledged:
02/22/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
TEDSI Infrastructure Group, Inc.
Mission, 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.
City of McAllen, Texas

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.
02-24-S23-01
PROJECT NO. 02-24-S23-01 TRAFFIC STUDY FOR BENTSEN ROAD WIDENING

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Bright, Paul	Houston, TX United States	X	
	Morris, Jr., Jules	Houston, TX United States	X	
	Salinas, Jesus	Mission, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.

Rangeline Utility Services, LLC
Haslet, TX United States

Certificate Number:
2024-1127592

Date Filed:
02/23/2024

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

City of McAllen

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.

02-24-C10-01
Emergency Repair & Replacement of Transmission Water Lines

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 UNSWORN DECLARATION

My name is Chris Campbell, and my date of birth is 5/22/1990.

My address is 3926 Fm 455, Sanger, TX, 76266, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of TX, on the 26th day of February, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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.
 Perez Consulting Engineers, LLC
 McAllen, TX United States

Certificate Number:
 2024-1128010

Date Filed:
 02/26/2024

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

Date Acknowledged:
 02/27/2024

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.
 Project No. 02-24-S24-01
 Subdivision Plat for Quinta Mazatlan

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.

Chemical Containers, Inc.
Lake Wales, FL United States

Certificate Number:
2024-1129742

Date Filed:
02/29/2024

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

City of McAllen

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.

11-23-P23-95
PROJECT NO. 11-23-P23-95 PURCHASE OF TWO (2) CURRENT MODEL HERBICIDE TRUCKS

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 UNSWORN DECLARATION

My name is ANDREW MOTIS, and my date of birth is 9/8/1987.

My address is 413 ABC RD., LAKE WALES, FL, 33859, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in POLK County, State of FLORIDA, on the 29 day of FEB, 2024.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
 Chemical Containers, Inc.
 Lake Wales, FL United States

Certificate Number:
 2024-1129742

Date Filed:
 02/29/2024

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

Date Acknowledged:
 02/29/2024

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.
 11-23-P23-95
 PROJECT NO. 11-23-P23-95 PURCHASE OF TWO (2) CURRENT MODEL HERBICIDE TRUCKS

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
 Marcia Appia Civil Infrastructure Consultant Engineers, L.L.C.
 McAllen, TX United States

Certificate Number:
 2024-1130010

Date Filed:
 02/29/2024

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

Date Acknowledged:
 02/29/2024

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.
 Project 02-24-S31 WA#4
 Professional Engineering Services

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
SILSBEE FORD
SILSBEE, TX United States

Certificate Number:
2024-1129173

Date Filed:
02/28/2024

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

Date Acknowledged:
02/28/2024

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.
PROJECT NO. 11-23-P16-103
NEW CURRENT MODEL POLICE PKG. VEHICLES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DONALSON, DREW	SILSBEE, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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:
2024-1129173

Date Filed:
02/28/2024

Date Acknowledged:

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

SILSBEE FORD
SILSBEE, 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.

CITY OF MCALLEN

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.

PROJECT NO. 11-23-P16-103
NEW CURRENT MODEL POLICE PKG. VEHICLES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DONALSON, DREW	SILSBEE, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is A. Glan Angelle, and my date of birth is 3/24/58

My address is 1211 U.S. Hwy 96N SilsBee Tx 77656 U.S.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hardin County, State of Tx, on the 28 day of 2, 2024
(month) (year)

A. Glan Angelle
Signature of authorized agent of contracting business entity
(Declarant)

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.
GRAPEVINE DCJ, LLC
GRAPEVINE, TX United States

Certificate Number:
2024-1129067

Date Filed:
02/28/2024

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

Date Acknowledged:
03/01/2024

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.
11-23-P16-103
PURCHASE OF FOUR (4) NEW CURRENT MODEL POLICE PACKAGED VEHICLES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	BUEHLMAN, BRANDON	GRAPEVINE, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1129067

Date Filed:
 02/28/2024

Date Acknowledged:

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

GRAPEVINE DCJ, LLC
 GRAPEVINE, 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.

CITY OF MCALLEN

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.

11-23-P16-103
 PURCHASE OF FOUR (4) NEW CURRENT MODEL POLICE PACKAGED VEHICLES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	BUEHLMAN, BRANDON	GRAPEVINE, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Dennis Thomas, and my date of birth is 5-10-1958.

My address is 2601 William Tate, Grapevine, TX, 76051, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 28 day of February, 24.
(month) (year)


 Signature of authorized agent of contracting business entity
(Declarant)

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:
2024-1127234

Date Filed:
02/22/2024

Date Acknowledged:
03/06/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Silver Ribbon Community Partners
McAllen, 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.
City of McAllen CDBG

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.
B-23-MC-48-0506
Silver Ribbon provides the financial assistance to the elderly and disabled in Hidalgo and Starr County with rent, rent deposit, utility, utility deposit, medical expense, purchase of DME.

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1127234

Date Filed:
 02/22/2024

Date Acknowledged:

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

Silver Ribbon Community Partners
 Mcallen, 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.

City of Mcallen CDBG

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.

B-23-MC-48-0506

Silver Ribbon provides the financial assistance to the elderly and disabled in Hidalgo and Starr County with rent, rent deposit, utility, utility deposit, medical expense, purchase of DME.

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 UNSWORN DECLARATION

My name is Migdalia D Ochoa, and my date of birth is 05/11/1965.

My address is 1201 W Esperanza Ave, Mcallen, Tx, 78501, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 22 day of February, 2024.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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.

Easter Seals Rio Grande Valley
McAllen, TX United States

Certificate Number:
2024-1123195

Date Filed:
02/13/2024

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

Easter Seals Rio Grande Valley

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.

B-23-MC-48-0506
Rehab therapy services

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 UNSWORN DECLARATION

My name is PATRICIA ROSENLUND, and my date of birth is 03-13-1959.

My address is 3505 LOS INDIOS PARKWAY, MISSION, TX, 78572, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 13 day of Feb, 2024.
(month) (year)

Patricia Rosenlund - Easter Seals RG
Signature of authorized agent of contracting business entity
(Declarant)

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:
2022-896415

Date Filed:
03/14/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
ABLE CITY LLC
McAllen, 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.
CITY OF MCALLEN

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.
PROJECT NO. 06-22-S55-478
REQUEST FOR QUALIFICATIONS MCALLEN VISION ZERO PLAN

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	ROTNOSKY, FRANK	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is FRANK ROTNOFSKY, and my date of birth is 9/10/1960.

My address is 200 S. 10th Street. Suite. 907, McAllen, TX, 78501, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 14th day of March, 2023.
(month) (year)

FRANK ROTNOFSKY
Signature of authorized agent of contracting business entity
(Declarant)

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:
2022-896415

Date Filed:
06/08/2022

Date Acknowledged:
03/15/2023

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

ABLE CITY LLC
MISSION, 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.

CITY OF MCALLEN

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.

PROJECT NO. 06-22-S55-478
REQUEST FOR QUALIFICATIONS MCALLEN VISION ZERO PLAN

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	ROTNOSKY, FRANK	MISSION, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1128121

Date Filed:
 02/26/2024

Date Acknowledged:
 03/06/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 City of McAllen
 San Juan, 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.
 Catholic Charities of the Rio Grande

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.
 B-23-MC-48-0506.
 18,000

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	City of McAllen	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
 2024-1128121

Date Filed:
 02/26/2024

Date Acknowledged:

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

City of McAllen
 San Juan, 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.

Catholic Charities of the Rio Grande

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.

B-23-MC-48-0506.
 18,000

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	City of McAllen	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Sister Norma Pimentel I, and my date of birth is 7/1/1953

My address is 700 N. Virgen de San Juan Blvd San Juan Tx 78579 Hidalgo
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 24 day of February 2024.
(month) (year)


 Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1123661

Date Filed:
 02/13/2024

Date Acknowledged:
 03/07/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Access Esperanza Clinics Inc.
 McAllen, 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.
 Access Esperanza Clinics In.

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.
 B-22-MC-48-0506
 Health Care Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Access Esperanza Clinics Inc.	McAllen , TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1123661

Date Filed:
02/13/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Access Esperanza Clinics Inc.
McAllen, 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.
Access Esperanza Clinics In.

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.
B-22-MC-48-0506
Health Care Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Access Esperanza Clinics Inc.	McAllen , TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Patricio C Gonzalez, and my date of birth is April 19, 1952.

My address is 3111 Sunset Drive (street), Edinburg (city), TX (state), 78535 (zip code), 108 (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of TEXAS, on the 14th day of Feb., 2024.
(month) (year)

Patricio C Gonzalez
Signature of authorized agent of contracting business entity
(Declarant)

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.
 Comfort House Services, Inc.
 McAllen, TX United States

Certificate Number:
 2024-1123445

Date Filed:
 02/13/2024

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

Date Acknowledged:
 03/07/2024

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.
 B-23-MC-48-0506
 We provide twenty-four-hour care to the terminally ill.

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1123445

Date Filed:
02/13/2024

Date Acknowledged:

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

Comfort House Services, Inc.
McAllen, 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.

City of McAllen CDBG

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.

B-23-MC-48-0506
We provide twenty-four-hour care to the terminally ill.

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.

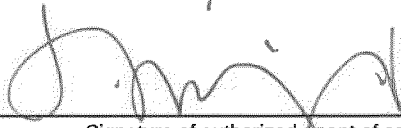
6 UNSWORN DECLARATION

My name is David A. Pérez, and my date of birth is 10.30.1974.

My address is 617 Dallas Ave. (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 13th day of Feb, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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.

McAllen Food Pantry Inc
P.O. Box 5413 McAllen, TX United States

Certificate Number:
2024-1130205

Date Filed:
03/01/2024

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

McAllen Food Pantry Inc

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.

B-22-MC-48-0506
Purchase Raw Foods

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 UNSWORN DECLARATION

My name is Felicitas Vela, and my date of birth is 5/16/1961.

My address is 912 N. Bentsen, McAllen Tx 78501 Hidalgo.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 1 day of 3, 2024.
(month) (year)

Felicitas Vela

Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1130205

Date Filed:
 03/01/2024

Date Acknowledged:
 03/07/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 McAllen Food Pantry Inc
 P.O. Box 5413 McAllen, 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.
 McAllen Food Pantry Inc

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.
 B-22-MC-48-0506
 Purchase Raw Foods

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
 Lower Rio Grande Valley Development Council
 Weslaco, TX United States

Certificate Number:
 2024-1123611

Date Filed:
 02/13/2024

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

Date Acknowledged:
 03/06/2024

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.
 B-23-MC-48-0506
 Our agency assists City of McAllen elderly residents with purchasing health maintenance items.

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.

Lower Rio Grande Valley Development Council
Weslaco, TX United States

Certificate Number:
2024-1123611

Date Filed:
02/13/2024

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

City of McAllen

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.

B-23-MC-48-0506

Our agency assists City of McAllen elderly residents with purchasing health maintenance items.

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.

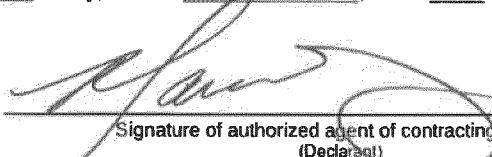
6 UNSWORN DECLARATION

My name is Manuel Cruz, and my date of birth is November 14, 1971

My address is 301 W. Railroad, Weslaco, Tx, 78596, USA
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 13 day of February, 2024
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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.
 E-Con Group, LLC
 Edinburg, TX United States

Certificate Number:
 2024-1133757

Date Filed:
 03/12/2024

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

Date Acknowledged:
 03/12/2024

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.
 12-23-C04-456
 Project No. 12-23-C04-456 Northwest Blueline Regional Detention Facility

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1133757

Date Filed:
03/12/2024

Date Acknowledged:

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

E-Con Group, LLC
Edinburg, 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.

City of McAllen

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.

12-23-C04-456
Project No. 12-23-C04-456 Northwest Blueline Regional Detention Facility

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 UNSWORN DECLARATION

My name is GILBERT ENRIQUEZ, and my date of birth is 12-07-1973.

My address is 3025 S. SUGAR RD. (street), EDINBURG (city), TX (state), 78539 (zip code), US (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of TEXAS, on the 12TH day of MARCH, 20 24.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.

VED Heritage Properties LTD dba Volvo & Mack Trucks of Waco
 Robinson, TX United States

Certificate Number:
 2024-1131343

Date Filed:
 03/05/2024

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

CITY OF MCALLEN

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.

02-24-P40-01
 TWO FRONT LOAD REFUSE COLLECTION TRUCKS

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 UNSWORN DECLARATION

My name is MARGARET A. SALOME, and my date of birth is 05.17.1979.

My address is 1287 SUN VALLEY RD., WACO, TX, 76706, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in MCLENNAN County, State of TEXAS, on the 12 day of MARCH, 2024.
(month) (year)

M. Salome
 Signature of authorized agent of contracting business entity
 (Declarant)

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.
VED Heritage Properties LTD dba Volvo & Mack Trucks of Waco
Robinson, TX United States

Certificate Number:
2024-1131343

Date Filed:
03/05/2024

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

Date Acknowledged:
03/12/2024

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.
02-24-P40-01
TWO FRONT LOAD REFUSE COLLECTION TRUCKS

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
 Red Wing Brands of America, Inc.
 Red Wing, MN United States

Certificate Number:
 2024-1133876

Date Filed:
 03/12/2024

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

Date Acknowledged:
 03/12/2024

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.
 PROJECT NO. 01-24-SP08-130 SAF
 SAFETY LEATHER BOOTS AND SHOES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Sweasy, William	Red Wing, MN United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
 2024-1133876

Date Filed:
 03/12/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Red Wing Brands of America, Inc.
 Red Wing, MN United States

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

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.
 PROJECT NO. 01-24-SP08-130 SAF
 SAFETY LEATHER BOOTS AND SHOES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Sweasy, William	Red Wing, MN United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Lisa Barrett, and my date of birth is 08/08/1964.

My address is 314 Main Street, Red Wing, MN, 55066, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Dakota County, State of Minnesota, on the 12th day of March, 2024.
(month) (year)

Lisa Barrett

Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1133899

Date Filed:
03/12/2024

Date Acknowledged:
03/13/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Dorsky Yue International LLC
Dallas, 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.
The City of McAllen

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.
Project No 11-23-S34-01
Architecture Services Boeye Reservoir

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
 Terra Firma Materials LLC
 Edinburg, TX United States

Certificate Number:
 2024-1134121

Date Filed:
 03/13/2024

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

Date Acknowledged:
 03/13/2024

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.
 01-24-P34-108
 Purchase & Delivery of Type D Hot Mix Asphaltic Concrete (2024 Single Machine Repaving Project)

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
Cutler Repaving, Inc.
Lawrence, KS United States

Certificate Number:
2024-1134191

Date Filed:
03/13/2024

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

Date Acknowledged:
03/13/2024

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.
01-24-C06-416 2024
2024 Single Machine Repaving Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Veskerna, Charles	Lawrence, KS United States	X	
	Mlles, John	Lawrence, KS United States	X	
	Rathbun, John	Lawrence, KS United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1134191

Date Filed:
 03/13/2024

Date Acknowledged:

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

Cutler Repaving, Inc.
 Lawrence, KS United States

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

City of McAllen

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.

01-24-C06-416 2024
 2024 Single Machine Repaving Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Veskerna, Charles	Lawrence, KS United States	X	
	Miles, John	Lawrence, KS United States	X	
	Rathbun, John	Lawrence, KS United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is CHARLES R. VESKERNA, and my date of birth is APRIL 6, 1950

My address is 11814 PAWNEE LN, LEAWOOD, KS, 66211, US.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Douglas County, State of KANSAS, on the 13th day of MARCH, 2024.
(month) (year)

Charles R. Veskerna
 Signature of authorized agent of contracting business entity
 (Declarant)

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.

Coufal-Prater Equipment, LLC Dba United Ag & Turf
Waco, TX United States

Certificate Number:
2024-1134895

Date Filed:
03/14/2024

Date Acknowledged:

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

City of McAllen

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.

PROJECT NO.02-24-P37-01
John Deere Pro-Gator with Select Sprayer

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 UNSWORN DECLARATION

My name is Curtis Abel, and my date of birth is 1/8/1979.

My address is 7736 Central Park Drive, Waco, TX, 76712, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in McLennan County, State of TX, on the 14 day of March, 2024.
(month) (year)

Curtis Abel

Signature of authorized agent of contracting business entity
(Declarant)

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.
 Coufal-Prater Equipment, LLC DbA United Ag & Turf
 Waco, TX United States

Certificate Number:
 2024-1134895

Date Filed:
 03/14/2024

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

Date Acknowledged:
 03/14/2024

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.
 PROJECT NO.02-24-P37-01
 John Deere Pro-Gator with Select Sprayer

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1123781

Date Filed:
02/14/2024

Date Acknowledged:

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

Boys & Girls Club of McAllen, Inc.
McAllen, 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.

City of McAllen

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.

B-23-MC-48-0506
General Funding

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.

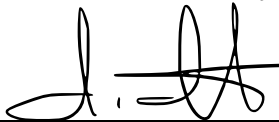
6 UNSWORN DECLARATION

My name is Dalinda Alcantar, and my date of birth is 9/23/1980.

My address is 1502 Hawk Circle, McAllen, TX, 78501, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of TX, on the 15 day of 2, 20 24.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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.
Boys & Girls Club of McAllen, Inc.
McAllen, TX United States

Certificate Number:
2024-1123781

Date Filed:
02/14/2024

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

Date Acknowledged:
03/14/2024

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.
B-23-MC-48-0506
General Funding

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
Rex Cafe & Bakery Inc.
McAllen, TX United States

Certificate Number:
2023-1095261

Date Filed:
11/15/2023

Date Acknowledged:

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

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.
09-23-SP37-118
Food services

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 UNSWORN DECLARATION

My name is Baldemar G. Guerrero, and my date of birth is 03/12/1978

My address is 321 So. 17th St. McAllen TX 78501 U.S.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 15 day of November, 2023
(month) (year)

Buenavista
 Signature of authorized agent of contracting business entity
(Declarant)

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.
 Rex Cafe & Bakery Inc.
 McAllen, TX United States

Certificate Number:
 2023-1095261

Date Filed:
 11/15/2023

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

Date Acknowledged:
 03/21/2024

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.
 09-23-SP37-118
 Food services

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1131987

Date Filed:
03/06/2024

Date Acknowledged:

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

LandDesign, Inc.
Charlotte, NC United States

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

City of McAllen, TX

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.

11-23-S35-01
Boeye Reservoir Consulting Site Planning Civil Engineering & Landscape Architecture Professional Services

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 UNSWORN DECLARATION

My name is Dawn Stephenson, and my date of birth is 11.30.1976.

My address is 223 N. Graham Street, Charlotte, NC, 28202, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Mecklenburg County, State of North Carolina, on the 25th day of March, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1139359

Date Filed:
 03/26/2024

Date Acknowledged:

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

RGV Cycles
 San Juan Texas, 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.

Mcallen Police Department

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.

10-23-P09-75
 PURCHASE AND DELIVERY OF THREE (3) POLICE MOTORCYCLES

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.

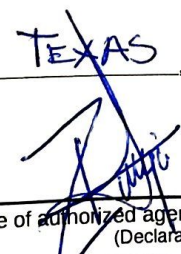
6 UNSWORN DECLARATION

My name is RODRIGO CALLEJA CONTRERAS, and my date of birth is 01 FEB 1971.

My address is 502 E INTERSTATE HWY 2 SAN JUAN TX 78589 USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in HIDALGO County, State of TEXAS, on the 26 day of MARCH, 2024.
(month) (year)



 Signature of authorized agent of contracting business entity (Declarant)

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.
RGV Cycles
San Juan Texas, TX United States

Certificate Number:
2024-1139359

Date Filed:
03/26/2024

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

Date Acknowledged:
03/27/2024

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.
10-23-P09-75
PURCHASE AND DELIVERY OF THREE (3) POLICE MOTORCYCLES

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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:
2024-1139714

Date Filed:
03/27/2024

Date Acknowledged:

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

Hollon Oil Company
Weslaco, 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.

City of McAllen

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.

01-24-SP07-283 SUP
Lubricants, coolants and diesel exhaust fluid (DEF)

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 UNSWORN DECLARATION

My name is DANIEL ARRIAGA, and my date of birth is 03/20/1954.

My address is 1300 DAVENPORT (street), WESLACO (city), TX (state), 78504 (zip code), US (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in HIDALGO County, State of TEXAS, on the 27 day of MARCH, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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.
Hollon Oil Company
Weslaco, TX United States

Certificate Number:
2024-1139714

Date Filed:
03/27/2024

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

Date Acknowledged:
03/27/2024

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.
01-24-SP07-283 SUP
Lubricants, coolants and diesel exhaust fluid (DEF)

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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.
 LMG Sales , Inc
 McAllen, TX United States

Certificate Number:
 2024-1139374

Date Filed:
 03/26/2024

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

Date Acknowledged:
 03/27/2024

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.
 01-24-SP07-283
 SUPPLY CONTRACT FOR THE PURCHASE AND DELIVERY OF LUBRICANTS

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.

LMG Sales, Inc
 McAllen, TX United States

Certificate Number:
 2024-1139374

Date Filed:
 03/26/2024

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

City of McAllen

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.

01-24-SP07-283
 SUPPLY CONTRACT FOR THE PURCHASE AND DELIVERY OF LUBRICANTS

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 UNSWORN DECLARATION

My name is Lupe Garza, and my date of birth is 12/23/1970.

My address is 2518 West Mile 10 North, Westaco, Texas, 78599, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 26 day of March, 2024.
(month) (year)

 Signature of authorized agent of contracting business entity (Declarant)

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:
2024-1139536

Date Filed:
03/27/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Andale Construction, Inc.
Wichita, KS United States

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

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.
Project # 03-24-C13-01
High Density Mineral Bond Pavement Preservation

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.

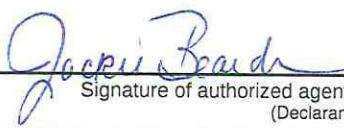
6 UNSWORN DECLARATION

My name is Jackie Bearden, and my date of birth is 07/10/1965.

My address is 3170 N Ohio St (street), Wichita (city), Kansas (state), 67219 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Sedgwick County, State of Kansas, on the 27th day of March, 2024.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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:
 2024-1144616

Date Filed:
 04/10/2024

Date Acknowledged:
 04/10/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 C & A Builders
 San Benito, 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.
 City of McAllen

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.
 PROJECT NO. 01-24-C08-531
 2019 DRAINAGE PROJECTS-NORTH MAIN ST & JAY AVENUE DRAINAGE IMPROVEMENTS

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
 Gateway Printing & Office Supply, Inc.
 San Antonio, TX United States

Certificate Number:
 2024-1144586

Date Filed:
 04/10/2024

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

Date Acknowledged:
 04/10/2024

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.
 PROJECT NO. 04-24-P50-01
 Purchase and Installation of Office Furniture for Finance Department

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Shook, Butch	San Antonio, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
 Gateway Printing & Office Supply, Inc.
 San Antonio, TX United States

Certificate Number:
 2024-1144586

Date Filed:
 04/10/2024

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

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.
 PROJECT NO. 04-24-P50-01
 Purchase and Installation of Office Furniture for Finance Department

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Shook, Butch	San Antonio, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Butch SHook, and my date of birth is 10/18/1968.

My address is 1403 Bulverde Rd, San Antonio, TX, 78247, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Bexar County, State of Texas, on the 10 day of April, 2024.
(month) (year)

B. Shook

Signature of authorized agent of contracting business entity
 (Declarant)

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.
 365 Builders LLC
 Mission, TX United States

Certificate Number:
 2024-1145126

Date Filed:
 04/10/2024

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

Date Acknowledged:
 04/11/2024

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.
 02-24-C09-595
 Quinta Mazatlan Wall Repairs

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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.
 Doggett Freightliner of South Texas, LLC DBA Freightliner of Austin
 Houston, TX United States

Certificate Number:
 2024-1145380

Date Filed:
 04/11/2024

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

Date Acknowledged:
 04/12/2024

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.
 Project No. 02-24-P41-01
 TRUCK PARTS & SERVICES

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 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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:
2024-1145380

Date Filed:
04/11/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Doggett Freightliner of South Texas, LLC DBA Freightliner of Austin
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.
City of McAllen

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.
Project No. 02-24-P41-01
TRUCK PARTS & SERVICES

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 UNSWORN DECLARATION

My name is Dustin Smith, and my date of birth is 04/11/2024.

My address is 6206 Riverchase Glen Dr, Kingwood, TX, 77345, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Harris County, State of Texas, on the 11 day of 04, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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:
 2024-1145932

Date Filed:
 04/12/2024

Date Acknowledged:

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

SILSBEE FORD
 SILSBEE, 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.

CITY OF MCALLEN

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.

PROJECT NO. 02-24-P39-01
 FIRE DEPARTMENT EMERGENCY RESPONSE PICK-UP

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DONALSON , DREW	SILSBEE, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is A. Glen Angelle, and my date of birth is 3/26/58

My address is 1211 U.S. Highway Silsbee TX 77656 US
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hardin County, State of Tx, on the 12 day of 4, 2024.
(month) (year)


 Signature of authorized agent of contracting business entity (Declarant)

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:
2024-1145932

Date Filed:
04/12/2024

Date Acknowledged:
04/15/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
SILSBEE FORD
SILSBEE, 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.
CITY OF MCALLEN

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.
PROJECT NO. 02-24-P39-01
FIRE DEPARTMENT EMERGENCY RESPONSE PICK-UP

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DONALSON , DREW	SILSBEE, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name 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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)