CERTIFICATE OF INTE ESTED PAI	RTIES		FOR	1295
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.	The second secon	CEF	OFFICE US	E ONLY
Name of business entity filing form, and the city, state and country of business.	untry of the business entity's place		ficate Number: -117162	
Terracon Consultants, Inc. Pharr, TX United States  Name of governmental entity or state agency that is a party to	the contract for which the form is	1	Filed: 7/2016	
being filed.  City of McAllen	the contract for which the form is	O9/27/2016  Date Acknowledged:		
Provide the identification number used by the governmental edescription of the services, goods, or other property to be proposed of the services, goods, or other property to be proposed of the services, goods, or other property to be proposed of the services, goods, or other property to be proposed of the services, goods, or other property to be pro	vided under the contract.	y the co		vide a f interest
Name of Interested Party	City, State, Country (place of busine			oplicable)
aboury, David	Olathe, KS United States		Controlling X	Intermediar
bb, Harold	Houston, TX United States		Х	
vert, Michael	Olathe, KS United States		Х	
vlicek, Robert	Raleigh, NC United States		X	
		-		
Check only if there is NO Interested Party.				

Sworn to and subscribed before me, by the said <u>OVGE A. Floves, F.t.</u>, this the <u>30Th</u> day of <u>September</u>, 20\_\_\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Rrinted name of officer administering oath

orporate Service Dapre Title of officer administering oath

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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 US		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2016-117162	· · · · · · · · · · · · · · · · · · ·	
	Terracon Consultants, Inc.		2010-111102		
	Pharr, TX United States		Date Filed:		
2			09/27/2016		
	City of McAllen Date 01/4			:	
3	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.			vide a	
	09-16-S64-284				
	Construction Materials Testing (CMT) and Geotechnical Serv	rices			
4			1	of interest	
	Name of Interested Party	City, State, Country (place of busin		pplicable)	
			Controlling	Intermediary	
Ga	aboury, David	Olathe, KS United States	X		
Cc	obb, Harold	Houston, TX United States	X		
Сс	overt, Michael	Olathe, KS United States	X		
Pa	avlicek, Robert	Raleigh, NC United States	X		
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above disclosure is tru	e and correct.	
		Signature of authorized agent of cont	tracting business antity		
		Signature of authorized agent of com-	tracting business entry		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	day of	,	
	20, to certify which, witness my hand and seal of office.			:	
		·			
			The state of the s		
	Signature of officer administering oath Printed name of o	officer administering oath T	Title of officer administer	ing oath	

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.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place		ificate Number: 7-149704	
	Melden & Hunt, Inc. Edinburg, TX United States		Date	Filed:	
2	being filed,			3/2017	
	City of McAllen, Texas	en, Texas Date Acknowledged:			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 08-16-S59-337-SOQ Surveying Services 2016	lity or state agency to track or identificed under the contract.	y the c		
4	Name of Interested Party	City, State, Country (place of busin	iess)	1	f interest oplicable)
				Controlling	Intermediary
					·
5	Check only if there is NO Interested Party.		I	<b>_</b>	
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	CELESTINE STEWART Notary ID 5994748 Ly Commission Expires August 26, 2017 AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of cont	tracting	business entity	
	Sworn to and subscribed before me, by the said Fred 20 17 , to certify which, witness my hand and seal of office.	. Kurth this the .	34	day of 1	an.
	Signature of officer administering oath Printed name of c	tine Stewart 70	itle of o	fficer administerir	ng oath

FORM **1295** 

			TOLE		
	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 countr of business.	ry of the business entity's place	Certificate Number: 2017-149704		
	Melden & Hunt, Inc.		İ		
	Edinburg, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	01/03/2017			
	City of McAllen, Texas	Date Acknowledged: 01/03/2017			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		the contract, and provide a		
	08-16-S59-337-SOQ				
	Surveying Services 2016				
4	Name of Interested Party	City State Country Inland of busine	Nature of interest		
	Name of interested Party	City, State, Country (place of busine	ess) (check applicable)  Controlling Intermediary		
			Condoming Intermediaty		
5	Check only if there is NO Interested Party.				
	<u> </u>				
6	AFFIDAVIT I swear, or a	ffirm, under penalty of perjury, that the	above disclosure is true and correct.		
		Signature of authorized agent of conti	racting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	, day of,		
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	fficer administering oath Ti	tle of officer administering oath		

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 2 of 2 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-151534 Halff Associates, Inc. McAllen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 01/06/2017 being filed. Date Acknowledged: City of McAllen 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. 08-16-S59-337 SOQ Surveying Services 2016 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. igent of contracting business entity AFFIX NOTARY STAM Sworn to and subscribed before me, by the said Roul Chief , to certify which, witness my hand and seal of office. Title of officer admini Printed name of officer authinistering oath

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1.	The state of the s	Certificate Number:
İ	of business.	2017-151534
	Halff Associates, Inc.	
	McAllen, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	01/06/2017
	City of McAllen	Date Acknowledged:

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. 08-16-S59-337 SOQ Surveying Services 2016

4	Name of interested Party	City, State, Country (place of business)		of interest pplicable)
			Controlling	Intermediary
Garcia, Raul		McAllen, TX United States	×	
Tanksley, Dan		Richardson, TX United States	X	
Skipwith, Walter		Richardson, TX United States	×	
Murray, Menton		McAllen, TX United States	х	
Plugge, Roman		Richardson, TX United States	х	
Molloy, Martin		Richardson , TX United States	Х	
Moya, Mike		Austin, TX United States	×	
Kunz, Pat		Richardson, TX United States	х	
Kuhn, Greg		Richardson, TX United States	х	
Killen, Russell		Fort Worth, TX United States	х	
Ickert, Andrew		Fort Worth, TX United States	×	
Jackson, Todd		Austin, TX United States	X	
Craig, Matthew		Richardson, TX United States	х	
Adams, Bobby		Conroe, TX United States	X	
			·	
				· · · · · · · · · · · · · · · · · · ·
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(EBRING)

# **CERTIFICATE OF INTERESTED PARTIES**

1/9/16 Page FORM 1295

		7 ZZZ Proston	7-6		2 of 2
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number: 7-151534	-
	Halff Associates, Inc. McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/0	6/2017	
	City of McAllen		01/0	Acknowledged: 6/2017	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT NO. 08-16-S59-337 SOQ Surveying Services 201.6	ity or state agency to track or identify ded under the contract.	the co		i
4	Name of Interested Party	City, State, Country (place of busin	ess)		f interest oplicable)
				Controlling	Intermediary
		•			
					:
,					
5	Check only if there is NO Interested Party.		· · · · · · · · · · · · · · · · ·		
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct,
		Signature of authorized agent of conf	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of o	fficer administeri	ng oath

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Halff Associates, Inc.	Certificate Number: 2017-151534
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	Date Filed: 01/06/2017
	City of McAllen	Date Acknowledged: 01/06/2017

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. 08-16-S59-337 SOQ Surveying Services 2016

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Garcia, Raul	McAllen, TX United States	×		
Tanksley, Dan	Richardson, TX United States	Х		
Skipwith, Walter	Richardson, TX United States	х	:	
Murray, Menton	McAllen, TX United States	Х		
Plugge, Roman	Richardson, TX United States	Х		
Molloy, Martin	Richardson , TX United States	Х		
Moya, Mike	Austin, TX United States	×	-	
Kunz, Pat	Richardson, TX United States	Х		
Kuhn, Greg	Richardson, TX United States	Х		
Killen, Russell	Fort Worth, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	х		
Jackson, Todd	Austin, TX United States	х		
Craig, Matthew	Richardson, TX United States	×		
Adams, Bobby	Conroe, TX United States	х		

FORM **1295** 

ᆫ				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 CERTIFICATION		
1	of housings.		Certificate Number: 2016-139573		
	Lawn Care Experts	2010-1999/9			
	Edinburg, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	11/22/2016		
	being filed.				
	City Of McAllen	Date Acknowledged:			
_					
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided to the services.	ity or state agency to frack or identify ded under the contract.	the contract, and prov	ide a	
	11-16-s10-78 Ground maintenance and services				
	Ground maintenance and services				
4			Nature of	interest	
7	Name of Interested Party	City, State, Country (place of busine	ess) (check ap	plicable)	
			Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	bove disclosure is true a	and correct.	
	YADIRA ESPINOZA  YADIRA ESPINOZA  Signature of authorized agent of contracting business entity  Notary Public, State of Texos  Signature of authorized agent of contracting business entity  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  Signature of authorized agent of contracting business entity  ADIRA ESPINOZA  ADIRA ESPINOZA  Signature of authorized agent of contracting bu				
-	Signature of officer administering oath Frinted name of offi	TPINOZLU Vificer administering oath Title	of officer administering	oath	

FORM 1295

				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2016-139573		
	Lawn Care Experts		2010 100070	
	Edinburg, TX United States		Date Filed:	
2		11/22/2016		
	City Of McAllen	Date Acknowledged: 01/10/2017		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ly or state agency to track or identify led under the contract.	the contract, and pro	vide a
	11-16-s10-78			
	Ground maintenance and services			
4			Nature o	f interest
•	Name of Interested Party	City, State, Country (place of busine	ess) (check a	oplicable)
			Controlling	Intermediary
_				
	,			
5	Check only if there is NO Interested Party.			
;	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury, that the a	bove disclosure is true	and correct.
		Signature of authorized agent of contra	acting business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said	, this the	day of	
	20, to certify which, witness my hand and seal of office.			
	Signature of officer administering oath Printed name of offi	ficer administering oath Title	e of officer administerin	g oath

FORM 1295

L					T 01 T
	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	<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> </ol>		Certificate Number:		
	Maldonado Nursery and Landscaping, Inc.	•	2016	5-138761	
	San Antonio, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	1.1/18	8/2016	
	being filed. City of McAllen		Date	Acknowledged:	
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.  11-16-s10-78			vide a		
	Service Contract for Grounds Maintenance				
4	Nowe of Interested Posts	City Ptata Carretor (place of hypina		Nature of	
	Name of Interested Party	City, State, Country (place of busine	:55)	(check ap Controlling	Intermediary
M	aldonado, Oscar	San Antonio, TX United States		Х	пистисииту
M	aldonado, Jerry	San Antonio, TX United States		X	
Ma	aldonado, Roy	San Antonio, TX United States		Х	
			1		
5	Check only if there is NO Interested Party.			<u></u>	
6	DONNA KOWALIK  DONNA KOWALIK  Notary Public, State of Texas  Notary Public, State of Texas  Notary ID 12446887-9  Notary ID 12446887-9  Signature of authorized agent of contracting business entity			and correct.	
	AFFIX NOTARY STAMP / SEAL ABOVE  Sworf to and subscribed before me, by the said			<u>√</u> ,	
	Signature of officer administering oath  Printed name of officer	tank (a)	a of of	ut do	ccust g oath

FORM **1295** 

						1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested pa Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	arties.		\	OFFICE US		
1	Name of business entity filing form, and the city, state and country of the business entity's place				CERTIFICATION OF FILING Certificate Number:		
	of business.			201	6-138761		
	Maldonado Nursery and Landscaping, Inc.			Doto	Filed:		
_	San Antonio, TX United States		to a contract for subject the forms in		.8/2016		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			2,11,7,21	.0,2020		
	City of McAllen			Date Acknowledged: 01/10/2017			
3	Provide the identification number used by the go description of the services, goods, or other prop			ify the c	ontract, and pro	vide a	
	11-16-s10-78						
	Service Contract for Grounds Maintenance						
4					Nature o	f interest	
4	Name of Interested Party		City, State, Country (place of bus	iness)	<u> </u>	oplicable)	
					Controlling	Intermediary	
M	aldonado, Oscar		San Antonio, TX United States		Х		
Ma	aldonado, Jerry		San Antonio, TX United States		Х		
Ma	aldonado, Roy		San Antonio, TX United States		Х		
-							
5	Check only if there is NO Interested Party.						
5	AFFIDAVIT	I swear, or	affirm, under penalty of perjury, that th	e above	disclosure is true	and correct.	
			Signature of authorized agent of co	ntractino	ı business entitv		
	APPLY MOTARY CTAMP (CFAL ABOVE		· ·				
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and s		, this the		day of		
	Signature of officer administering oath	Printed name of	officer administering oath	Title of a	officer administerir	ng gath	
	-grade of emor definitioning odd					J	

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	CERTIFICATE OF INTERESTED PART	TIES .		FOR	м 1295
L					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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place		ificate Number: 3-138231	
	Rodz Lawn Care and Landscaping			s: .	
Ļ	McAllen, TX United States	11-6-26	1	Filed: 7/2016	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	3 7.7.7	772010	
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide		fy the c	ontract, and pro	vide a
	11-16-S10-78				
	Service Contract for Grounds Maintenance				
4				Nature o	f interest
ľ	Name of Interested Party	City, State, Country (place of bus	ness)	(check ap	pplicable)
L				Controlling	Intermediary
L					
5	Check only if there is NO Interested Party.	,	·····		
6	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury that th	e above	disclosure is true	and correct.
	RAQUEL REYNOSO MY COMMISSION EXPIRES March 23, 2018	Signature of authorized agent of col	traction	business onting	
	AFTIV NOTADIV CTANDI CEAL ADOVE	Signature of augiorized agent of con	macmy	DUSINESS ENGLY	
	AFFIX NOTARY STAMP / SEAL ABOVE	6	o 4	1	
	Sworn to and subscribed before me, by the said <u>Guadaline</u> 20, to certify which, witness my hand and seal of office.	this the	<del>)</del> [	day of	- CV
_	Frakton Paquel	Reynosu N	Apri	Ablic	
_			<u></u>	fficer administerin	g oath

• • • •

FORM **1295** 

L	·			<del></del>	1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	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.			Certificate Number: 2016-138231			
	Rodz Lawn Care and Landscaping			, icozon			
	McAllen, TX United States		Date	Filed:			
2		the contract for which the form is	11/1	7/2016			
	being filed.		1				
	City of McAllen			Acknowledged: 0/2017			
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be pro-		y the co	ontract, and pro	vide a		
	11-16-S10-78						
	Service Contract for Grounds Maintenance						
4	Marine of the house stand Possible	Oite Otate Occupants (also a 4 female			f interest		
	Name of Interested Party	City, State, Country (place of busir	iessj		oplicable)		
			-	Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		Signature of authorized agent of conf	tracting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the	day of,				
	20, to certify which, witness my hand and seal of office.				·		
	Signature of officer administering oath Printed name of	f officer administering oath Ti	ue of of	fficer administerin	ng oath		

ack 1295 1/4/17 RS FORM 1295

# CERTIFICATE OF INTERESTED PARTIES

				1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEF	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.  LRGVDC-Area Ag4ncy on Aging	2017	Certificate Number: 2017-149701			
	Weslaco, TX United States	•	Filed: 3/2017			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	01/0	3/201/			
	LRGVDC-Area Agency on Aging	Date	Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract.  B-16-MC-48-0506	y the c	ontract, and pro	vide a		
	Our Agency assists low income City of McAllen Residents with purchasing medications and hea	uring ai	ds.			
_			Nature o	f interest		
4	Name of Interested Party City, State, Country (place of busi	ness)	(check a	oplicable)		
			Controlling	Intermediary		
H						
-		* **	200300			
	CITY		EIVED McALL	2000 R. W		
_		AN O				
_			0.0.14			
	Purchasi	ng (	<u>k Contr</u>	acting		
5	Check only if there is NO Interested Party.			and the second of the second o		
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	e above	e disclosure is tru	e and correct.		
	PRISCILLA DELGADO Notary Public, State of Texas My Commission Expires December 31, 2017  Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	312	$\frac{4}{2}$ day of $\sqrt{3}$	anuary		
	Priscilla Polyado Noscilla Delgado Nosci	Stu	M Publi officer administer	Cing oath		

FORM **1295** 

	the state of the s					
	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.			Certificate Number: 2017-149701		
	LRGVDC-Area Ag4ncy on Aging Weslaco, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		3/2017		
	being filed.					
	LRGVDC-Area Agency on Aging			Acknowledged: 6/2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
	B-16-MC-48-0506 Our Agency assists low income City of McAllen Residents wit	h purchasing medications and heari	ing aid	ds.		
				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)		plicable)	
				Controlling	Intermediary	
		·				
		-				
_						
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	racting	bueinoce ontitu		
		Signature of authorized agent of conti	acting	Dualifeaa eritity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	1	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of c	officer administering oath Til	tle of a	fficer administeri	ng oath	

Ack 1-4-178

# **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ificate 3-149	Number:	
	Valbridge Property Advisors / The Gerald A Teel Co. Houston, TX United States		Date	Filed	:	
2	Name of governmental entity or state agency that is a party to t being filed.	the contract for which the form is	12/2	9/201	.6	
	The City of McAllen	1	Date	Ackn	owledged:	:
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	ntity or state agency to track or identify vided under the contract.	the co	ontra	ct, and pro	vide a
	07-16-S57-13 SOQ Property Appraisal					
4	Name of Interested Party	City, State, Country (place of busine	ess)			of interest pplicable)
				Co	ntrolling	Intermediary
				_		
						·
				<u> </u>		
			pa pr	Source J. A.		
		CITY	5¥ JF	V	CALL	
	——————————————————————————————————————		AN (			
		Purchasi		l		racillo
5	Check only if there is NO Interested Party.	Puffilasii By:	<u> </u>			
	X	₩ <b>y</b> *		fanisania		
6	AFFIDAVIT 55 I swear, or	or affirm, under penalty of perjury, that the	above	disclo	sure is true	e and correct.
	MICHELLE VAZQUEZ Notary Public, State of Texas My Commission Expires August 15, 2017  Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	Lantz, this the	29	d	lay of De	<u>cember</u>
C	Michel Signature of officer administering oath  Printed name of		<b>P(A)</b> tle of o		Coord administeri	d. Mgr

FORM **1295** 

	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.			Certificate Number: 2016-149379		
	Valbridge Property Advisors / The Gerald A Teel Co.		TOTO-T42912			
	Houston, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	12/2	9/2016		
	The City of McAllen			Acknowledged: 1/2017		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
	07-16-S57-13 SOQ					
	Property Appraisal					
4				Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	•	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.				·	
6	AFFIDAVIT   swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of conti	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		dav of	.	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tle of o	fficer administeri	ng oath	

FORM 1295

_						
	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.		CEI	OFFICE USE		
1	. Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2016-149544		
	Sendero Appraisals, LP					
2	Katy, TX United States  Name of governmental entity or state agency that is a party to t	the contract for which the form is		Filed: 1/2016		
_	being filed.	the contract for which the form is	100000000000000000000000000000000000000			
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	itity or state agency to track or identify	the c	ontract, and pro	vide a	
	07-16-S57-13	rided under the contract,				
	Real Estate Appraisal Services					
2				Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
_				Controlling	Intermediary	
				1		
		***************************************				
_						
		9				
	×					
5	Check only if there is NO interested Party.	To State of the St				
6	AEEIDAVIT			ř. ř. ř.		
	JAN 09 2017	r affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	Contracting 2				rav	
	Purchasing & Contracting	m chiel				
	Ву:	Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMPY SEAL ABOVE					
	PEVIAL	ANGEL , this the	2/x	7 ()	)	
	Sworn to and subscribed before me, by the said 20 certify which, witness my hand and seal of office.	, this the	110	day of V	ce,	
	7)					
	112					
	TM) Mich	alle layen	F	SRIT		
	Signature of officer administering oath Printed name of	2255555		officer administering		
or	rms provided by Texas Ethics Commission www.et		NO CONTRACTOR	LE MARIE MA		

FORM 1295

	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 count of business.	try of the business entity's place	Certificate Number: 2016-149544			
	Sendero Appraisals, LP Katy, TX United States					
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date I 12/31	Fried: L/2016		
	being filed. City of McAllen		Date	Acknowledged:		
	ony or mornal			1/2017		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the co	ontract, and pro	vide a	
	07-16-S57-13 Real Estate Appraisal Services					
4	Name of Interested Party	City Ctata Country (place of byggin		Nature of		
	Name of Interested Party	City, State, Country (place of busine	<sup>388</sup> ,	(check ap	Intermediary	
5	Check only if there is NO Interested Party.			<b>J</b> .		
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above (	disclosure is true	and correct.	
		Signature of authorized agent of contr	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE	<b>3</b>		,		
	Swarn to and subscribed before we but he said	41x 3 41x xx		da., a6		
	Sworn to and subscribed before me, by the said	, this the		day or	,	
		ff and desired				
	Signature of officer administering oath Printed name of of	fficer administering oath Tit	ie of of	ficer administerir	ng oath	

Ack 1-10-1682

# **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

L					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> </ol>			Certificate Number:		
	The Revenue Markets, Inc.		2017	7-151024		
	Accord, NY United States		Data	Filed:		
_	CE WESTEROOPEN AND ASSESSED TO SECURITION OF ANALYSIS OF A SECURITION OF A SEC		645-466-45-045-4	5/2017		
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which the form is	01/00	3/2011		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a	
	Project No: 12-16-P10-01 Project No: 12-16-P10-01 International Toll Revenue Systems	s Upgrade				
_			<del></del> T	Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
	W. A. C. W.			Controlling	Intermediary	
×.						
			2 %			
			$\exists$			
			$\exists$			
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear or a	affirm, under penalty of perjury, that the a	ahove i	disclosura is trua	and correct	
		sining order periody or perjury, that the c	move (	alsolosule is little	and confect.	
	MARCY NIGRO PARIS Notary Public, State of New York NYS Reg. # 01NI6025091 Qualified in Ulster County Commission Expires May 17, 20   Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Henry K 20_17, to certify which, witness my hand and seal of office.	(roll, this the _5	<u>720</u>	day of <u>\</u>	nuany,	
Ļ	Mariguan Paris Marcy N Signature of officer administering oath Printed name of of	Igro Paris Officer administering oath Titl		Admini. fficer administerir		

FORM 1295

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place		tificate Number: 7-151024	
	The Revenue Markets, Inc.	,		<u> </u>	
	Accord, NY United States	,		Filed:	
2		ne contract for which the form is	01/0	)5/2017	
	City of McAllen	,		e Acknowledged: 10/2017	;
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a
	Project No: 12-16-P10-01 Project No: 12-16-P10-01 International Toll Revenue Systems	ıs Upgrade	_		
4	Name of Interested Party	City, State, Country (place of busine	e1	1	of interest pplicable)
	Name of interested Farty	City, State, Country (place or cosing	ess, ,	<del></del>	<del></del>
		<del> </del>		Controlling	Intermediary
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			1		
			—		
_		<del> </del>			<del> </del>
_					
_					
_					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is tru	e and correct.
	<u></u>	Signature of authorized agent of contr	tractin/	a husiness entity	
		Signature of Linear S		, , , , , , , , , , , , , , , , , , , ,	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	1
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	tle of c	officer administeri	ng oath	

Ack 1-6-1787

#### **CERTIFICATE OF INTERESTED PARTIES**

 $^{A_{1}}\underline{z_{1}}\cdots \underline{z_{k}}^{-1}\underline{T_{k}}$ 

FORM 1295

_					1 01 1	
					CE USE ONLY CATION OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-151437		
ı	CVQ Land Surveyors LLC			202101		
	McAllen, TX United States		000 CONT.	Filed:		
2	Name of governmental entity or state agency that is a party t being filed.	o the contract for which the form is	01/0	6/2017		
	City of McAllen, TX		Date	Acknowledged:	1000	
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr	entity or state agency to track or identify ovided under the contract.	the co	ontract, and pro	vide a	
	08-16-S59-337 Land Surveying Services 2016-17					
				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busing	ess)	57 124	pplicable)	
	•	1.37, 1.00.7, 1.00.00, (1.00.00.00)		Controlling	Intermediary	
Va	squez, Carlos	McAllen, TX United States		x		
		2				
		4				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear,	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
			1			
}	CLAUDIA N YBARRA Notary ID # 11903480	( All Dard				
}	My Commission Expires March 23, 2020	Signature of authorized agent of contr	racting	business entity	<del></del>	
	APFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	Vasquez, this the	64	day of	musiz.	
	Claudia M. Mana Claudi Signature of officer administering oath Printed name	dia N. Ybarra No of officer administering oath	of a	ary Publi officer administeri	ng oath	
	V					

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-151437 CVQ Land Surveyors LLC McAllen, TX United States Date Filed: 01/06/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, TX 01/06/2017 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. 08-16-S59-337 Land Surveying Services 2016-17 Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Vasquez, Carlos McAllen, TX United States 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_\_ \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Prev. ack 12-15-163/82/4-1

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2016-133344 Southmost Realty, Appraisals & Court Expert Witness Harlingen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 11/07/2016 being filed. Hidalgo County Purchasing Department Date Acknowledged: 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. Professional Appraisal Services and/or Appraisal Review Services Pool-Hidalgo County Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Gonzales MBA, Adelaido Harlingen, TX United States X 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. CHRISTINE VALDEZ Notary Public, State of Texas My Commission Expires JUNE 24, 2017 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Adelaido G. Gonzales, this the 15th day of November , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-133344 Southmost Realty, Appraisals & Court Expert Witness Harlingen, TX United States Date Filed: 11/07/2016 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Hidalgo County Purchasing Department 11/15/2016 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. 2016-005A Professional Appraisal Services and/or Appraisal Review Services Pool-Hidalgo County Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Gonzales MBA, Adelaido Harlingen, TX United States Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath

Signature of officer administering oath

Printed name of officer administering oath

Art 1-12-1787

CERTIFICATE OF INTERESTED	PARTIES		FOR	м 1295	
			FUR	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 p	parties.	CE	OFFICE USE		
Name of business entity filling form, and the city, state of business.     Cutler Repaving, Inc.	and country of the business entity's place	Certi	ificate Number: 6-147449		
Lawrence, KS United States  2 Name of governmental entity or state agency that is a	party to the contract for which the form is		Filed: .8/2016		
being filed.  City of McAllen	party to the contract for thines are termine	Date Acknowledged:			
Provide the identification number used by the governmescription of the services, goods, or other property to 12-16-C12-216 Single Machine Repaving	nental entity or state agency to track or identify be provided under the contract.	y the co	ontract, and prov	vide a	
4 Name of Interested Party	City, State, Country (place of busin	ness)	1	f interest	
Veskerna, Charles	Leawood, KS United States		X	Intermediary	
				-11.	
**************************************					
5 Check only if there is NO Interested Party.			<u> </u>		
6 AFFIDAVIT	swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
NOTARY PUBLIC - State of Kansas  JUDITH K. COFFMAN  My Appt. Exp. 2-13-17  Signature of authorized agent of contracting business entity					
AFFIX NOTARY STAMP / SEAL ABOVE	A M	a TH	man.	_	
Sworn to and subscribed before me, by the said		<u> </u>	day of <u></u>	CEMBER.	
L. J. T. K. Ceppman	JUDITH K. COFFMAN	Not	TARY PUBLIC	د	
			officer administerir		

FORM 1295

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 count of business.	itry of the business entity's place	1	Certificate Number: 2016-147449			
	Cutler Repaving, Inc.	\$ -1		) And Color			
	Lawrence, KS United States			Filed:			
2		ne contract for which the form is	12/18	12/18/2016			
	being filed.		Date	Acknowledged:			
	City of McAllen			.2/2017			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a		
ı	12-16-C12-216						
	Single Machine Repaving						
		T		Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of busine	iess)	(check ap			
i	Maille of Interested Larcy	Oity states sound , there are	650,	Controlling	Intermediary		
V€	eskerna, Charles	Leawood, KS United States		X	inco.m.c		
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			!	<u> </u>			
	'		_	!			
_		***************************************	—				
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_							
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or a	r affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
ı							
ı							
		Signature of authorized agent of conf	tracting	g business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of			
	20, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of o	officer administering oath T	itle of	officer administeri	ing oath		
		•			J		

ACK 1-12-1752

# **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

Ш					
	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.		CEF	OFFICE USE	1
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2016-147986			
	Upper Valley Materials, LLC d/b/a CAPA		ZU10-14/980		
2	Palmview, TX United States  Name of governmental entity or state agency that is a party to the	a contract for which the form is	Date Filed: 12/20/2016		
_	being filed.	e contract for which the form is			
	City of McAllen		Date Acknowledged:		
3	Provide the identification number used by the governmental enti-	ty or state agency to track or identify	the co	ontract, and prov	vide a
Ĭ	description of the services, goods, or other property to be provide	led under the contract.		, , , , , , , , , , , , , , , , , , , ,	
	12-16-SP12-57 Supply Contract for the Purchase & Delivery of Type D Hot Mi	iv Asphaltic Concrete (HMAC For S	ingla I	Machino Donas	ina 2017)
	- Supply Solition for the Faranass & School of Type S Flot M	ix Aspiratio Concrete (HiviAc For S	ingle i	•	
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap	
	,	City, Citte, Country (pieces of Second		Controlling	Intermediary
			_		
					<del></del>
			<del></del>		
_	Observation in NO least and A I D				
Đ	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above -	disclosure is true	and correct.
	NANCY M. RODRIGUEZ	a consequence			
	SENotary Public, State of Texas			3000m	
	Comm. Expires 08-24-2020 Notary ID 11425683		7		ANAMASSI A
	1112003	Signature of authorized agent of contr	acting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the	20	day of O	سر سین
	20, to certify which, witness my hand and seal of office.	Eller Cing and True True		uay or <del></del>	<u> </u>
		8 A A 8			
	- Nancy	M. Kodryver	N	otary	
	Signature of officer administering oath Printed name of o	fficer administering oath Tit	le of of	fficer administerir	ıg oath

FORM 1295

					T (1) T	
	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.		1	OFFICE USE ONLY CERTIFICATION OF FILING		
1	at the state of th			Certificate Number: 2016-147986		
	Upper Valley Materials, LLC d/b/a CAPA					
	Palmview, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is	12/20/2016			
	City of McAllen		Date Ackno 01/12/201	_		
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro-		fy the contract, and provide a			
	12-16-SP12-57 Supply Contract for the Purchase & Delivery of Type D Hot	t Mix Asphaltic Concrete (HMAC For S	ingle Mach	ine Repav	/ing 2017)	
,				Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)	
			Con	Controlling Intermedia		
				··· · · · · · · · · · · · · · · · · ·		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear,	or affirm, under penalty of perjury, that the	above disclo	sure is true	and correct,	
	<del> </del>	Signature of authorized agent of cont	racting busin	ess entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	da	ay of	·	
	, to estay thinks, makes my hard and estal of billion				;	
	Signature of officer administering oath Printed name of	of officer administering oath Ti	tle of officer a	administerir	ng oath	

CITY OF MCALLEN grev ack 1230-163/52

CERTIFICATE OF INTERESTED PARTIES 05	2017		FOR	м 1295		
Durchasing &	Contractin	ıa		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.	V		OFFICE USE			
Name of business entity filing form, and the city, state and country of the business.  Aranda and Associates, Inc  McAllen, TX United States	ness entity's place	Certificate Number: 2016-149497				
Name of governmental entity or state agency that is a party to the contract for being filed.  City of McAllen	which the form is	12/30/2016  Date Acknowledged:				
Provide the identification number used by the governmental entity or state agreescription of the services, goods, or other property to be provided under the 08-16-S59-337-SOQ Surveying Services	ency to track or identify contract.	identify the contract, and provide a				
Name of Internated Parks			Nature of			
Name of interested Party City, State, (	Lountry (place of busir	iess)		plicable) Intermediary		
Check only if there is NO Interested Party.						
AFFIDAVIT  KARLA RUZ  Notary ID # 130901568  My Commission Expires November 14, 2020  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said  20 V , to certify which, witness my hand and seal of office.  Level Affix Notary Stamp / Seal Above  Sworm to and subscribed before me, by the said  20 V , to certify which, witness my hand and seal of office.	authorized agent of con	tracting	business entity  May of De	cember		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Name of business entity filing form, and the city, state and country of the business.  Aranda and Associates, Inc McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agesciption of the services, goods, or other property to be provided under the 08-16-559-337-SOQ  Surveying Services  Name of Interested Party  City, State, or affirm, under property to the contract for being filed.  Check only if there is NO Interested Party.  I swear, or affirm, under property to the provided under the organization of the services and the provided under the organization of the services.  AFFIDAVIT  I swear, or affirm, under property to the provided under the organization of the services.  AFFIDAVIT  I swear, or affirm, under property to the said organization of the services of the provided under the organization of the services.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said organization of the services or the provided under the organization of the services.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said organization of the services organization of the services or the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization	Complete Nos. 1 - 4 and 6 if there are interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Aranda and Associates, Inc.  McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract.  08-16-S59-337-SOQ  Surveying Services  Name of Interested Party  City, State, Country (place of busing Services)  Name of Interested Party  I swear, or affirm, under penalty of perjury, that the State of Services (Services)  **North Country State Above Swom to and subscribed before me, by the said Services my hand and seal of office.  **AGLARULA ABOVE Swom to and subscribed before me, by the said Subscribed before me, by the subscribed before me, by the subscribed before me, by the subscribed before me, by the subscribed before me, by the subscribed before me, by the subscrib	Complete Nos. 1 - 4 and 6 if there are interested parties.  Certification of business entity filing form, and the city, state and country of the business entity's place of business.  Certification of business entity filing form, and the city, state and country of the business entity's place of business.  Cathoria of business entity filing form, and the city, state and country of the business entity's place of business.  Cathoria of business entity filing form, and the city, state and country of the business entity's place of business.  Cathoria of developmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  City of McAllen  Check only if there is NO Interested Party.  I swear, or affirm, under penalty of perjury, that the above signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting swear of contracting signature of authorized agent of contracting signature of authorized agent of contracting swear of contracting signature of authorized agent of contracting swear of contracting signature of authorized agent of contracting swear of contracting signature of authorized agent of contracting swear of contracting signature of authorized agent of contracting swear of contracting signature of authorized agent of contracting swear of contracting signature of authorized agent of contracting swear of contracting signature of authorized agent of contracting swear of contracting swear of contracting swear of swear of contracting swear of contracting swear of contracting swear of contracting swear of contracting swear of contracting sw	Complete Nos. 1-4 and 6 if there are interested parties.  Complete Nos. 1-4 and 6 if there are interested parties.  Complete Nos. 1-2, 3, 8, and 6 if there are no interested parties.  Complete Nos. 1, 2, 3, 8, and 6 if there are no interested parties.  Complete Nos. 1, 2, 3, 8, and 6 if there are no interested parties.  Description of the business entity tiling form, and the city, state and country of the business entity's place of business.  Are not governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provides or interested party.  City, State, Country (place of business)  Name of Interested Party  City, State, Country (place of business)  Name of Interested Party  Check only if there is NO Interested Party.  AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true.  Signature of authorized agent of contracting business entity  AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true.  Signature of authorized agent of contracting business entity  AFFIDAVIT  AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true.  Signature of authorized agent of contracting business entity  AFFIDAVIT  A		

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.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	Certificate Number: 2016-149497				
	Aranda and Associates, Inc		2010-145457			
	McAllen, TX United States		Date Filed: 12/30/2016			
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	12/30/2010			
	City of McAllen			Acknowledged: 0/2016		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.	lity or state agency to track or identify ided under the contract.	itify the contract, and provide a			
	08-16-S59-337-SOQ Surveying Services					
_				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)	
				Controlling	Intermediary	
					:	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	racting	husinosa ontitu		
		Signature of authorized agent of conti	acang	DUSINESS EMILY		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20, to certify which, witness my hand and seal of office.					
	Clanature of officer administrating cath	officer administration soft	lo of	Higgs of the first of		
	Signature of officer administering oath Printed name of o	officer administering oath Tit	ie oi o	fficer administerir	iy oatri	

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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.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country	of the business entity's place	Certif	ficate Number:		
	of business. Salinas Engineering & Associates		2017	-155102		
	McAllen, TX United States		Date Filed:			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			01/17/2017			
City of McAllen				Date Acknowledged:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the co	ontract, and prov	⁄ide a	
	08-16-559-337					
	Surveying Services					
4	Non-Alleranda (Barta	Olive Olive On the fall of the original of the	,	Nature of		
	Name of Interested Party	City, State, Country (place of busine	ss)	(check applicable)  Controlling Intermed		
		RECEIVED CITY OF MeAL	)			
		GITY OF MeAL	.FE			
		JAN 17 291	7			
		Purchasing & Con	trac	ting		
				Oddoniamy -		
5	Check only if there is NO Interested Party.				,	
6	AFFIDAVIT I swear, or affi	firm, under penalty of perjury, that the a	bove	disclosure is true	and correct.	
	MONICA GUERRA Notary Public, State of Texas My Commission Expires July 13, 2019	Signature of authorized agent of contra	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	SACINAS , this the /	72	day of A	May.	
1	Dovias GUDRA Monica	······································	***************************************	zary		
	Signature of officer administering oath Printed name of officer	icer administering oath Titl	le of o	fficer administerir	ng oath	

FORM **1295** 

					10.1	
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.  CERTIFICATION OF F						
Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-155102			
	Salinas Engineering & Associates		2017-1	20102		
	McAllen, TX United States		Date Fi	iled:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	01/17/2017			
<i>~</i> -	being filed.	to contract for which the form to				
City of McAllen			Date Acknowledged: 01/17/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.				
	08-16-559-337					
	Surveying Services					
4				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	ess) 📙	(check ap	plicable)	
				Controlling	Intermediary	
			-			
5	Check only if there is NO Interested Party.					
 3	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above di	isclosure is true	and correct,	
		Signature of authorized agent of cont	racting b	rusiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	7	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath Ti	ue of offi	icer administerir	ng oatn	

FORM 1295

		754500000000000000000000000000000000000		TOLI		
	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 ERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and countr of business.	y of the business entity's place	Certificate Number:			
	McAilen Food Pantry Inc		2016-131403			
	P.O. Box 5413 McAllen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	11/01/2016			
	being filed.					
	McAllen Food Pantry Inc		Date Acknowledged:			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		ntify the contract, and provide a			
	B-16-MC-48-0506					
	Purchase raw foods					
4	Name of Interested Party	City, State, Country (place of busine		of interest applicable)		
	······································		Controlling			
		Sandari (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
		· · · · · · · · · · · · · · · · · · ·		·		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or at	ffirm, under penalty of perjury, that the	above disclosure is t	rue and correct.		
	ROBIN RAMOS  Notary Public, State of Texas  My Commission Expires  FEBRUARY 23, 2019	Josquis Cava Signature of authorized agent of contr		:		
	AFFIX NOTARY STAMP / SEAL ABOVE	٠.	d			
	Sworn to and subscribed before me, by the said	<u>AVUZ-US</u> , this the <u>3</u>	rU day of ∆	Jovambu		
	Signature of officer administering oath  Printed name of of	Ramus  fficer administering oath Tit	NITW-X tle of officer administ	ering oath		

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-131403 McAllen Food Pantry Inc P.O. Box 5413 McAllen, TX United States Date Filed: 11/01/2016 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Food Pantry Inc. 01/17/2017 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-16-MC-48-0506 Purchase raw foods Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. |X|6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_ \_\_\_\_, this the \_\_\_\_\_ day of \_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

_				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.	CE	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.		Certificate Number:			
	Children's Advocacy Center of Hidalgo County, Inc	2016	6-132042			
	Edinburg, TX United States		Filed:	:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	11/0	2/2016			
	City of McAllen Community Development Department	Date	Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identified description of the services, goods, or other property to be provided under the contract.	y the co	ontract, and pro	vide a		
	2016-2017 Services for abused and neglected children					
4			Nature of	f interest		
	Name of Interested Party City, State, Country (place of busi	ness)	(check ap			
			Controlling	Intermediary		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
	RAQUEL GARZA My Commission Expires April 10, 2019  Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>VICTUOA Medina</u> , this the, to certify which, witness my hand and seal of office.	mo	day of Mo	vember.		
	2011/11/ Suza Raquel Garza A	bla	ry Publ	ī <u>c</u>		
_	Signature of officer administering oath Printed name of officer administering oath	itle of o	fficer administerir	ng oath		

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2016-132042 Children's Advocacy Center of Hidalgo County, Inc. Edinburg, TX United States Date Filed: 11/02/2016 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Community Development Department 01/19/2017 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. Services for abused and neglected children Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct, Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_ \_\_\_, this the \_\_\_ \_\_\_\_ day of \_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

					1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested p	parties.		Ī.,	OFFICE USE		
Complete Nos. 1, 2, 3, 5, and 6 if there are no inte			_	RTIFICATION	OF FILING	
<ol> <li>Name of business entity filing form, and the cit of business.</li> </ol>	ly, state and coun	try of the business entity's place	Certificate Number: 2016-140359			
Behavioral Health Systems, Inc.				rijed.		
Birmingham, AL United States  2 Name of governmental entity or state agency t	hat is a narry to th	a continue for which the form is	1	Filed: 8/2016		
<ol> <li>Name of governmental entity or state agency t being filed.</li> </ol>	natisa party to to	te contract for which the form is				
			Date	Date Acknowledged:		
3 Provide the identification number used by the	governmental ent	ity or state agency to track or identify	the co	ontract, and pro	vide a	
description of the services, goods, or other pro	operty to be provide	ded under the contract.				
10-14-S06-44	Thind	The Administration for Alcohol on	1 5 412	· O-lination/Toc	than Camilaga	
"This supercedes certificate 2016-140341" C	:onsomum/imra	Party Administration for Alcohol and	) Drug	Collection/Tes	ting Services	
4	Farmer				f interest	
Name of Interested Party	•	City, State, Country (place of busin	ess)	(check ap		
				Controlling	Intermediary	
Gordon, Mark		Birmingham, AL United States		Х		
Patterson, William		Birmingham, AL United States		Х		
Stephens, Deborah		Birmingham, AL United States		Х		
		·				
					<u>,                                    </u>	
	·					
<u> </u>						
Charle only if they is NO Interested Dorty		,				
5 Check only if there is NO Interested Party.						
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said _ 20, to certify which, witness my hand an	Mark did seal of office.	$D$ , Gordon, this the $\alpha$	194	$\frac{h}{h}$ day of $\frac{h}{h}$	ovember	
EUZASUS AMULCAN Signature of officer administering oath	Clizabs Printed name of	officer administering oath T	itle of (	Secrete officer administeri	SUY ing oath	

					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.		CEI	OFFICE USE ONLY CERTIFICATION OF FILI			
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	Certificate Number: 2016-140359				
	Behavioral Health Systems, Inc. Birmingham, AL United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is		8/2016			
	City of McAllen		01/14	Acknowledged: 4/2017			
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.  10-14-S06-44  "This supercedes certificate 2016-140341" Consortium/Third Party Administration for Alcohol and Drug Collection/Testing Services						
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	f interest		
Go	ordon, Mark	Birmingham, AL United States		Controlling X	Intermediary		
 Pa	utterson, William	Birmingham, AL United States		Х			
Ste	ephens, Deborah	Birmingham, AL United States		Х			
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
	<del></del>	Signature of authorized agent of contr	racting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	,		
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tle of o	officer administeri	ng oath		

L				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.	CE	OFFICE US	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	i i	ificate Number:	
	Hermes Trading Co., Inc. dba Hermes Music	2010	5-139862	
2	Pharr, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is	8	Filed: 3/2016	
	being filed.  City of McAllen	Data	Acknowledged:	_
	City of MicAllett	Date	Acknowledged;	:
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	the co	ontract, and pro	vide a
	12-16-P06-42			
	Professional Stage Lighting for the McAllen Performing Arts Center			
4	Name of Interested Posits		1	f interest
	Name of Interested Party City, State, Country (place of busin	ess)	(check ap	pplicable) Intermediary
5	Check only if there is NO Interested Party.			
3	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the a	above (	disclosure is true	and correct,
	ANAHI Y PEREZ My Commission Expires		la -	
	May 21, 2018 Signature of authorized agent of contr	acting I	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE		•	
		0	•	
	Sworn to and subscribed before me, by the said <u>Eduardo Zamorano</u> , this the <u>2</u> 20 <u>16</u> , to certify which, witness my hand and seal of office.	<u>)                                    </u>	day of <u>\\ (</u>	<u> </u>
	(Was 18 D) Darlow Value		1 - 1	
-	Signature of officer administering dath  Printed name of officer administering oath  Title		to 1/2y 2	ibleS
	The second of th	2 OI OIJI	เออา สนาเทาเรเยทก์	y vaur

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.	CEI	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.			Certificate Number: 2016-139862		
	Hermes Trading Co., Inc. dba Hermes Music Pharr, TX United States		1	Filed:		
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	11/23	3/2016		
	being filed.		Date	A oknowledned:		
	City of McAllen			Date Acknowledged: 01/25/2017		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a	
	12-16-P06-42 Professional Stage Lighting for the McAllen Performing Arts C	Center				
4					f interest	
``	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
					:	
_						
		·				
5	Check only if there is NO Interested Party.		I			
6	AFFINAVIT	Constitution of particular that the	-1	Part in true		
-	i Sweat, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
				* * · · · · · · · · · · · · · · · · · ·		
		Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20 to certify which, witness my hand and seal of office.				,	
	Signature of officer administering oath Printed name of c	officer administering oath Ti	itle of o	officer administeri	ng oath	

Ack 1295 1/24/17 RS

### **CERTIFICATE OF INTERESTED PARTIES**

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	Complete Nos. 1 - 4 and 6 if there are interested partie Complete Nos. 1, 2, 3, 5, and 6 if there are no interested					OFFICE USE	·
1	1 Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
	of business.  Prodigy Construction Management LLC				2017-	150288	
	McAllen, TX, TX United States				Date F	ilad:	
2		s a party to th	ne contract for which the fo	rm is	01/04/		
	being filed.	(					
	Prodigy Construction Management, LLC				Date A	cknowledged:	
3	Provide the identification number used by the gove description of the services, goods, or other propert	ernmental ent ty to be provid	ity or state agency to track ded under the contract.	or identify	the con	ntract, and pro	∕ide a
	01-17-C13-365 Construction of McAllen Public Safety Building Pa	arking Garag	де				
_			1	1774 U.U.		Nature of	finterest
4	Name of Interested Party		City, State, Country (plac	e of busine	ss)	(check ap	plicable)
						Controlling	Intermediary
							:
					$\top$		
					+		
_							
					+		
 5	Check only if there is NO Interested Party.			,		<u> </u>	
	AFFIDAVIT					<del></del>	
, 1	AFFIDAVII	f swear, or a	affirm, under penalty of perjur	y, that the a	bove di	sclosure is true	and correct.
	JEANETTE SALINAS Notary Public, State of Texas Comm. Expires 10-20-2020 Notary ID 130870039	A CONTRACTOR CONTRACTOR	- lu	13	2	S. S. S. S. S. S. S. S. S. S. S. S. S. S	
1	- sather most in the same		Signature of authorized ag	ent of contra	acting b	usiness entity	
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	lex Pala l of office.	cios , th	is the 2	44	day of <u></u>	nuaria,
		mette Sal	linus 1	Tex up No	tw4	Public	
	/ Signature of officer administering oath Prin	nted name of o	officer administering oath	Titl	e of offic	cer administerin	g oath

FORM 1295

_						
	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.		CE	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.			Certificate Number: 2017-150288		
	Prodigy Construction Management LLC McAllen, TX, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to	the contract for which the form is	B	04/2017		
	being filed. Prodigy Construction Management,LLC			Date Acknowledged: 01/26/2017		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided in the services.		the c	ontract, and pro	vide a	
	01-17-C13-365 Construction of McAllen Public Safety Building Parking Gard	rage				
,		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ar	pplicable)	
				Controlling	Intermediary	
				***		
_						
		†				
5	Check only if there is NO Interested Party.		3	<u> </u>		
6	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct,	
		Signature of authorized agent of contr		~ husinges antitu		
		Signature of authorized agent of confi	racunç	j business enuty		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	·	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name o	of officer administering oath Ti	tle of c	officer administeri	ng oath	

	CERTIFICATE OF INTERESTED PART	ΓΙES	FO	RM <b>1295</b>
L				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 US CERTIFICATIO	
1	Name of business entity filing form, and the city, state and countr of business.  Cruz-Hogan Consultants, Inc.  McAllen, TX United States	, ,	Certificate Number 2017-159072 Date Filed:	:
2			01/27/2017	
	being filed. McAllen Public Utility		Date Acknowledge	d:
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide 02-17-C17-342  Professional Civil Engineering Services	y or state agency to track or identify ed under the contract.	the contract, and pr	ovide a
4			1 .	of Interest
•	Name of Interested Party	City, State, Country (place of busine	·	applicable)
_			Controlling	Intermediary
_				
		·		
		· · · · · · · · · · · · · · · · · · ·		
5	Check only if there is NO Interested Party.			
3	AFFIDAVIT	PARTICIPATION OF THE PARTICIPA		
	LORENA GARZA Notary Public, State of Texas My Commission Expires December 12, 2017	Firm, under panalty of perjury, that the a		
	Sworn to and subscribed before me, by the said Rolando 20, to certify which, witness my hand and seal of office.	(MZ this the 30	oth day of Jo	anuany.
	Signature of officer administering oath  Printed name of officer.	Gar 7a M-	any Public e of officer administer	ring oath

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L				1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION		
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place	Certificate Number: 2017-159072		
	Cruz-Hogan Consultants, Inc.	<b>!</b>	ZU11-103017		
	McAllen, TX United States	<b>!</b>	Date Filed:		
2		a contract for which the form is	01/27/2017		
~	being filed.	Contract for which the form is	GIIZIIZOA.		
	McAllen Public Utility		Date Acknowledged:	:	
			02/01/2017		
3	description of the services, goods, or other property to be provide		the contract, and pro	vide a	
	02-17-C17-342 Professional Civil Engineering Services				
4				of interest	
4	Name of Interested Party	City, State, Country (place of busine		pplicable)	
			Controlling	Intermediary	
_					
_					
_					
_					
_					
_					
_					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or aff	affirm, under penalty of perjury, that the a	above disclosure is true	e and correct.	
		Signature of authorized agent of contra	racting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the	day of		
	20, to certify which, witness my hand and seal of office.	, uns une	uay u		
	20				
	Signature of officer administering oath Printed name of off	fficer administering oath Titl	tle of officer administeri	ing oath	
	Signature of officer authinistering oath France hathe of offi	ncer authinistering oath Till	le of officer aurilinisteri	ing oani	

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-136292 BOKF, NA (Bank of Texas) Austin, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 11/14/2016 being filed. City of McAllen, Texas Date Acknowledged: 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. WWSS Rev Bnds Srs 16 - TWDB Paying Agent/Registrar Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary BOKF, NA Austin, TX United States Х Gaytan, Jose Austin, TX United States Х Hansen, Anne-Marie Austin, TX United States Х 5 Check only if there is NO interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. JOAN L. ROY Notary Public, State of Texas Comm. Expires 01-14-2020 Notary ID 130496514 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

				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.			JSE ONLY ON OF FILING			
	Name of business entity filing form, and the city, state and count of business.  BOKF, NA (Bank of Texas)  Austin, TX United States	try of the business entity's place	Certificate Number: 2016-136292  Date Filed:				
<ul> <li>Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</li> <li>City of McAllen, Texas</li> </ul>			11/14/2016 Date Acknowledge 02/06/2017	ed:			
	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.  WWSS Rev Bnds Srs 16 - TWDB  Paying Agent/Registrar Services						
4	Name of Interested Party	City, State, Country (place of busine		re of interest k applicable) g Intermediary			
ВС	DKF, NA	Austin, TX United States		Х			
Gε	aytan, Jose	Austin, TX United States		X			
Ha	ansen, Anne-Marie	Austin, TX United States		×			
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above disclosure is t	true and correct.			
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of conti	tracting business enti	ity			
	Sworn to and subscribed before me, by the said	, this the	day of				
	Signature of officer administering oath Printed name of c	officer administering oath Ti	itle of officer administ	itering oath			

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!	CERTIFICATE OF INTERESTED PAR	TIES		FOR	RM <b>1295</b>	
	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.		Ţ	OFFICE USE	E ONLY	
1	Name of business entity filing form, and the city, state and coun of business.  BOKF, NA (Bank of Texas)  Austin, TX United States	try of the business entity's place	CERTIFICATION OF FILIS Certificate Number: 2016-136294			
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen, Texas	ie contract for which the form is	Date Filed: 11/14/2016  Date Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid WWSS Rev Bnds Srs 16 - TWDB Escrow Agent Services	ntity or state agency to track or identify the contract, and provide a vided under the contract.				
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling	f interest pplicable) Intermediary	
ВС	OKF, NA	Austin, TX United States		Controlling	X	
Gε	aytan, Jose	Austin, TX United States	_		х	
Ha	ansen, Anne-Marie	Austin, TX United States			X	
_						
5	Check only if there is NO interested Party.					
,	AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said	affirm, under penalty of perjury, that the a	racting i	<b>)</b>		
-	Signature of officer adplifilistering oath Printed name of of	Roy / Interest administering oath Titl	Vota	in Public	ng oath	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-136294 BOKF, NA (Bank of Texas) Date Filed: Austin, TX United States 11/14/2016 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 02/06/2017 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. WWSS Rev Bnds Srs 16 - TWDB **Escrow Agent Services** Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Х BOKF, NA Austin, TX United States Х Austin, TX United States Gaytan, Jose Х Austin, TX United States Hansen, Anne-Marie 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_ Sworn to and subscribed before me, by the said \_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

	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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		tificate Number: 7-155678	
	F&W Electrical Contractors, Inc. Floresville, TX United States	. !		Filed:	•
2	Name of governmental entity or state agency that is a party to the being filed.			18/2017	
	City of McAllen		Date	Acknowledged:	:
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a
	11-16-C09-565 MIAP Rotating Beacon and Tower Replacement		,		
4	Name of Interested Party	City, State, Country (place of busine		1	of interest
	Name of interestor i arty	City, State, Courting (place of pasing	:55)	Controlling	pplicable) Intermediary
Cit	ty of McAllen	McAllen, TX United States		X	Interneus, ,
			$\dashv$		
		1			
		DF			
				EIVED NGALL	
		FE FE			
				2 2017	
		Purchasin	9	& Contra	cling
		- y -	_		and the state of t
5 -	Check only if there is NO Interested Party.				
6		affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.
	CAROLYN KIOLBASSA Notary Public, State of Texas Comm. Expires 06-03-2020 Notary ID 5753393	Signature of authorized agent of contra	acting	j business entity	
1	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said CARUA HIL  20 17 , to certify which, witness my hand and seal of office.	this the 3	<u>574</u>	day of <u>JA</u>	بالادائي.
	Signature of officer administering oath  Printed name of off	w/bass	la of c	officer administerin	
	Signature of onicer authinistening oath Printed hame of on	ilicer administering oath — — —	e oi oi	mcer administerin	ng oath

# CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 **OFFICE USE ONLY** 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-155678 F&W Electrical Contractors, Inc. Floresville, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 01/18/2017 being filed. Date Acknowledged: City of McAllen 01/31/2017 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. 11-16-C09-565 MIAP Rotating Beacon and Tower Replacement Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Х City of McAllen 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_\_, this the \_\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-162812 Stifel, Nicolaus & Company, Incorporated San Antonio, TX United States Date Filed: 02/06/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 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. Toll Brdg Rev Ref Bds 2017A&B **Bond Underwriting** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary St. Louis, MO United States Х Kruszewski, Ronald J. St. Louis, MO United States Х Zemlyak, James M. Х Himelfarb, Richard J. Ballimore, MD United States Х Imhoff, Michael F. Denver, CO United States Kendrick IV, Thomas R. St. Louis, MO United States Х

Mulroy, Thomas P.	Baltimore, MD United States	х		
Sliney, David D.	St, Louis, MO United States	х		
Warns III, Hugo J.	Baltimore, MD United States	X		
5 Check only if there is NO Interested Party.				
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct NORMA JEAN MALEWSKI NORMA JEAN MALEWSKI HORARY PUBLIC STATE OF TEXAS 101 1 3 0 4 4 6 7 6 6 00 00 00 MM. EXP. 11-19-2019  Signature of authorized agent of contracting business entity				
Sworn to and subscribed before me, by the said DANEP. Kopinski, this the 6th day of February.  20, to certify which, witness my hand and seal of office.				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	AN MAIGWSK' Ad of officer administering oath Title	M.A. AStistantof of officer administering oath		

				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		
Name of business entity filing form, and the city, state and cof business.     Stifel, Nicolaus & Company, Incorporated San Antonio, TX United States		2017-1	Certificate Number: 2017-162812 Date Filed:		
2 Name of governmental entity or state agency that is a party being filed. City of McAllen, Texas	to the contract for which the form is	02/06/2017  Date Acknowledged: 02/07/2017			
Provide the identification number used by the governmental description of the services, goods, or other property to be p Toll Brdg Rev Ref Bds 2017A&B Bond Underwriting	I entity or state agency to track or identify provided under the contract.	/ the con	tract, and prov	vide a	
4 Name of Interested Party	City, State, Country (place of busin	· · ·		f interest pplicable) Intermediary	
Kruszewski, Ronald J.	St. Louis, MO United States		X	IIIIGimouaa ,	
Zemlyak, James M.	St. Louis, MO United States		Х		
Himelfarb, Richard J.	Baltimore, MD United States		X		
Imhoff, Michael F.	Denver, CO United States		Χ		
Kendrick IV, Thomas R.	St. Louis, MO United States		X		
Mulroy, Thomas P.	Baltimore, MD United States		Х		
Sliney, David D.	St. Louis, MO United States		Х		
Warns III, Hugo J.	Baltimore, MD United States	;	Х		
5 Check only if there is NO Interested Party.				l <u> </u>	
6 AFFIDAVIT I swea	ar, or affirm, under penalty of perjury, that the	above di	isclosure is true	and correct.	
	Signature of authorized agent of con	itracting b	ousiness entity		
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office		wa.	day of		
Signature of officer administering oath Printed nam	ne of officer administering oath T	Title of off	ficer administeri	ing oath	

FORM **1295** 

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	of business.  Oppenheimer & Co. Inc. (a wholly owned subsidiary of Oppenheimer Holdings Inc.)	Certificate Number: 2017-163023
2	being filed.	Date Filed: 02/07/2017
	City of McAllen, Texas	Date Acknowledged:

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.

Toll Brdg Rev Ref Bds 2017A&B Bond Underwriting

City, State, Country (place of business)	Nature of interest (check applicable)		
	Controlling	Intermediary	
New York, NY United States	×	1	
New York, NY United States	×		
New York, NY United States	х		
New York, NY United States	х		
New York, NY United States	Х		
New York, NY United States	Х		
New York, NY United States	X		
New York, NY United States	×		
New York, NY United States	X		
Samford, CT United States		×	
Dallas, TX United States		×	
Houston, TX United States		×	
Dallas, TX United States		Х	
Dallas, TX United States		Х	
Dallas, TX United States		Х	
		· · · · · · · · · · · · · · · · · · ·	
	New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States	City, State, Country (place of business)  New York, NY United States  X  New York, NY United States  X  New York, NY United States  X  Samford, CT United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-163023 Oppenheimer & Co. Inc. (a wholly owned subsidiary of Oppenheimer Holdings Inc.) Dallas, TX United States Date Filed: 02/07/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 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. Toll Brdg Rev Ref Bds 2017A&B **Bond Underwriting** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. AMY CRUE Notary Public, State of Texas Comm Expires 07-03-2020 ₩ 10 126579674 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Roseveare to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	of business.  Oppenheimer & Co. Inc. (a wholly owned subsidiary of Oppenheimer Holdings Inc.)	Certificate Number: 2017-163023
2	Dallas, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	Date Filed: 02/07/2017
	City of McAlleri, Texas	Date Acknowledged: 02/14/2017

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.

Toll Brdg Rev Ref Bds 2017A&B Bond Underwriting

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Oppenheimer Holdings Inc.	New York, NY United States	Х		
Lowenthal, Albert	New York, NY United States	Х		
Oughtred, Winn	New York, NY United States	×		
Roberts, Elaine	New York, NY United States	Х		
Friedman, Paul	New York, NY United States	Х		
Lowenthal, Robert	New York, NY United States	Х		
McArthur, Kenneth	New York, NY United States	Х		
Crystal, Richard	New York, NY United States	Х		
Keener, Michael	New York, NY United States	Х		
Wolchock, Beth	Samford, CT United States		Х	
Roseveare, Daniel	Dallas, TX United States		х	
Sharpless, Carlos	Houston, TX United States		×	
Stock, Brit	Dallas, TX United States		х	
Bruning, Robert	Dallas, TX United States		х	
Brightwell, Misty	Dallas, TX United States		Х	

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	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2017-163023		
	Oppenheimer & Co. Inc. (a wholly owned subsidiary of Opper	nheimer Holdings Inc.)			
	Dallas, TX United States		Date I	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	02/07	7/2017	
	being filed.				
	City of McAllen, Texas	;	Date Acknowledged: 02/14/2017		
			02/14	HZUI1	
3	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.				
	Toll Brdg Rev Ref Bds 2017A&B				
	Bond Underwriting				
_		Ī		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)
	·	1	1	Controlling	Intermediary
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			$\dashv$		
5	Check only if there is NO Interested Party.		i		
6	AFFIDAVIT LOUGH OF	affirm, under penalty of perjury, that the	above	dicelacura ie trua	and correct
	i Swedi, de	animi, under penalty of perjury, martine	abuve	disclosure is tide	and correct.
		Signature of authorized agent of cont	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal of office.				
	Cignature of officer administrating onth	officer administrating ceth	itle of a	officer administeri	ng gath
	Signature of officer administering oath Printed name of o	officer administering oath Ti	ae oi o	meer aurinnistern	ng eaut

				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 USI	E ONLY I OF FILING	
<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business. KSA Engineers, Inc. Longview, TX United States</li> </ol>		Certificate Number: 2017-165986 Date Filed:			
being filed.			02/13/2017 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. 01-17-S16-01 Baggage Carousel Civil Engineering Services					
4 Name of Interested Party	ess)	(check ap			
Fortner, Mitchell	Longview, TX United States		Controlling   X	Intermediary	
Hicks III, Walter F.	Tyler, TX United States		×		
Phipps, Craig	Sugar Land, TX United States		X		
Burns, Michael	Longview, TX United States	2	×		
Buck, Lanny	Longview, TX United States	,	X		
Ringler, John	Longview, TX United States	,	x	<del>- Marine de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de</del>	
Waller, Molly	McKinney, TX United States	)	×		
5 Check only if there is NO interested Party.					
6 AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above dis	sclosure is true	and correct.	
SHEILA MARIE ROGERS Notory Public, State of Texas My Commission Expires June 20, 2017 Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Mitchell L. Forther this the 15th day of February.  20 16, to certify which, witness my hand and seal of office.					
Shedw Orw Printed name of o	Marie Rogers  flickradministering cath Tit	le of offic	Totan er administerly	g cath	
~	<b>.</b>		I = I	i	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-165986 KSA Engineers, Inc. Longview, TX United States Date Filed: 02/13/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 02/16/2017 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. 01-17-S16-01 Baggage Carousel Civil Engineering Services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Longview, TX United States Fortner, Mitchell Tyler, TX United States Х Hicks III, Walter F. Sugar Land, TX United States Χ Phipps, Craig Х Longview, TX United States Burns, Michael Χ Longview, TX United States Buck, Lanny Х Longview, TX United States Ringler, John Х Waller, Molly McKinney, TX United States 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_\_\_, this the \_\_\_\_ Sworn to and subscribed before me, by the said \_ day of 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Forms provided by Texas Ethics Commission

Signature of officer administering oath

www.ethics.state.tx.us

Printed name of officer administering oath

Version V1.0.277

Title of officer administering oath

					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.		CEI	OFFICE USI		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:		
	Curry Supply Co. Deer Park, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is		9/2017		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a	
	01-17-P12-69  Removal of three existing 4000 cellen water tanks and purch	age installation of the				
	Removal of three existing 4000 gallon water tanks and purcharemounted on existing cab and chassis	ase installation of three new unused	4000			
4	Name of Interested Party	City, State, Country (place of busine	ess)		f interest oplicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.				<u> </u>	
3	AFFIDAVIT I swear, or a	affirm, under penalty of perjugy, that the a	ahove	dischasure is true	and correct	
	MARISA F. LEAL Notary Public, State of Texas My Commission Expires April 28, 2019	Signature of authorized agent of contr				
	NOTARY 10 # 124 S6564-8  AFFIX NOTARY STAMP / SEAL ABOVE					
:	Sworm to and subscribed before me, by the said on Christopher Wilson, this the day of day of day of the said of office.					
× ·	Marina Hal Marisa F	heal not fiftier administering oath Titl	۹۲ e of o	ficer administerin	ng oath	

FORM 1295

	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.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number: 2017-156131			
	Curry Supply Co.					
3	Deer Park, TX United States	ha courtered for which the forms in	Date Filed: 01/19/2017			
_	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	01/13/2017			
	City of McAllen	Date Acknowledged: 02/21/2017				
Provide the identification number used by the governmental entity or state agency to track or identify the contract, a description of the services, goods, or other property to be provided under the contract.					vide a	
	01-17-P12-69	and installation of these new years	. 4000	\		
	Removal of three existing 4000 gallon water tanks and purch remounted on existing cab and chassis	iase installation of three new unused	14000	gallon water ta	inks to de	
4	Nows of Interested Parts	City Chata Country (slave of business		Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap Controlling	Intermediary	
				Controlling	mormoulary	
_				·		
•••						
5	Check only if there is NO Interested Party.	<u> </u>				
ŝ	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of conti	racting	t husings optitu		
		Signature of authorized agent of confi	acini	j business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of	officer administering oath Ti	tlo of a	officer administeria	an ooth	
	orgradule of onloci administratily oddit — Fillitett flattle of	onice autilitistening batti - It	ae Ol O	инсен айпшимен	ny vaui	

CE	RTIFICATE OF INTERES	STED PAR	RTIES		FOI	 км <b>1295</b>
						1 of 1
Compl Compl	lete Nos. 1 - 4 and 6 if there are interested pa lete Nos. 1, 2, 3, 5, and 6 if there are no inter	arties. rested parties.		C	OFFICE US ERTIFICATION	
Fergu	son Service Systems, Inc.	y, state and coun	itry of the business entity's p	place Cer	rtificate Number: 17-161583	
Ranch 2 Name being t	Rancho Viejo, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		te Filed: /02/2017			
[	en Public Utility				te Acknowledged:	
01-17-	e the identification number used by the g ption of the services, goods, or other prop -C15-413 TP Reclaimed System Improvements &	perty to be provid	ity or state agency to track o ded under the contract.	r Identify the o	contract, and pro	vide a
4	Name of Interested Party	I	City, State, Country (place	of business)	(check a	of interest opplicable)
					Controlling	Intermediary
				····		
		,				
F-14						
<del></del>						
t	:			<del></del>		
5 Check o	only if there is NO Interested Party.	<u></u>				L
6 AFFIDA		Swear, or a	affirm, under penals of perjury,	that the above	- disolocura is true	- and correct
"Heration"	CLAUDIA GARZA  Notary Public, State of Texas  My Commission Expires  November 20, 2017		Signature of authorized ager	•		anu conect,
AFFIX N	OTARY STAMP / SEAL ABOVE			å		
Sworn to	o and subscribed before me, by the said, to certify which, witness my hand and s	Woods seal of office.	Dave S this	the 2nd	day of Feb	rvarif.
<u></u>	ature of officer administering oath	Claud Printed name of c	Ja Gayza  Officer administering oath	Title of	OFFICE Ma	UNIGOT na oath

And the second

FORM **1295** 

L					1017
	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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	itry of the business entity's place	Certificate Number: 2017-161583		
	Ferguson Service Systems, Inc.			-101000	
	Rancho Viejo, TX United States	·	Date	Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is			2/2017	
_	being filed.				
	McAllen Public Utility	!	Date Acknowledged: 02/23/2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a
	01-17-C15-413				
	NWWTP Reclaimed System Improvements & Pump Station				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	<u> </u>
				Controlling	Intermediary
			-		
_					
	•				
_		1			
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of contr	racting	j business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the		day of	
	20, to certify which, witness my hand and seal of office.				*
	Signature of officer administering oath Printed name of o	officer administering oath Til	tle of c	officer administeri	ng oath

				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.		CEF	OFFICE USI	
Name of business entity filing form, and the city, state and country of the business entity's place of business,		Certificate Number: 2017-170064		
Coffman Associates, Inc. Lee's Summit, MO United States		1	Filed:	
<ol> <li>Name of governmental entity or state agency that is a party to being filed.</li> </ol>	the contract for which the form is		2/2017	
City of McAllen		Date Acknowledged:		
3 Provide the Identification number used by the governmental endescription of the services, goods, or other property to be prov05-15-S51-284 Airport Master Plan	atity or state agency to track or identify rided under the contract.	the co	ontract, and pro	vide a
4	City Ctate County (place of hygin		Nature of interest ) (check applicable)	
Name of Interested Party	Name of Interested Party City, State, Country (place of busin	lessj	Controlling	Intermediary
Dmyterko, Michael	Lee's Summit, MO United States	3	Х	
Fitz, David	Lee's Summit, MO United States	3	X	
Wagner, Stephen	Lee's Summit, MO United States	3	X	
Harris, James Scottsdale, AZ United States X		×		
Benson, Steven	Lee's Summit, MO United States	5	X	
				······································
	1- 4-4-1			
5 Check only if there is NO Interested Party,				
SHERRY J. IRVIN Notary Public - Notary Seal State of Missouri, Jackson County Commission Number 12492468 My Commission Expires Aug 5, 2020  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.				
AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Steven G. Bense, this the 300 day of Jebruary				
20		ota i	ny Rubl fficer administer	

					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			
Name of business entity filing form, and the city, state and country of the business entity's place of business. Coffman Associates, Inc. Lee's Summit, MO United States		Certificate Number: 2017-170064 Date Filed:			
2	Name of governmental entity or state agency that is a party to t	he contract for which the form is	02/22	2/2017	
5-ty 5-th 5-th 5-th 5-th 5-th 5-th 5-th 5-th		1	Date Acknowledged: 02/23/2017		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided to the services of the property to be provided to the services of the services of the governmental endescription of the services of the governmental endescription of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the se		the co	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of interest (check applicable)	
				Controlling	Intermediary
Dr	myterko, Michael	Lee's Summit, MO United States		Х	
Fitz, David		Lee's Summit, MO United States		Х	
Wagner, Stephen Lee's		Lee's Summit, MO United States		х	
Harris, James		Scottsdale, AZ United States		Х	
Вє	enson, Steven	Lee's Summit, MO United States		Х	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT   swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of conti	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE			•	
	Sworn to and subscribed before me, by the said, this theday of,  20, to certify which, witness my hand and seal of office.				,
	Signature of officer administering oath Printed name of	officer administering oath Ti	tle of o	fficer administeri	ng oath

FORM **1295** 

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			Certificate Number:		
_	of business.			152016	
	Pavement Restoration Inc		Detc F	ilad:	
2	Boerne, TX United States  Name of governmental entity or state agency that is a party to the co		Date F 01/09/		
_	being filed.	THE COLUMN THE COLUMN TO			
	City of McAllen		Date A	cknowledged:	
	Parallel at Libertic attention with a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	r ntata awanay ta tua ah an lalamata -	.ha		falo a
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided in		ine cor	ntract, and prov	ide a
	01-17-C14-139				
	Pavement Restoration - Reclamite				:
		<del> </del>		Nature of	interest
4	Name of Interested Party Cit	ty, State, Country (place of busine	ss)	(check applicable)	
				Controlling	Intermediary
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-			$\dashv$	-	
				Ì	
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			-+		
			T		
5	Check only if there is NO Interested Party.		L		
	X				
6	AFFIDAVIT I swear, or affirm	n, under penalty of perjury, that the a	bove d	lisclosure is true	and correct.
	THERESA PECK	1.11			
	Notary Public, State of Texas  My Commission Expires				
	September 18, 2018	MM		<b>(</b>	
	S	ignature of authorized agent of contra	acting t	business entity	_
	AFFIX NOTARY STAMP / SEAL ABOVE	· /			
	かし こしい	12 . 500		\	
	Sworn to and subscribed before me, by the said	1100 115 , this the		day of	all.
	20, to certify which, witness my hand and seal of office.	)			
		an 1	<u>lı</u> .	5	(1)-
مسته	Man Mall Thora	sa Donk	$\mathbb{N}_{\sim}$	traci 1	) Min
	Signature of officer administering oath Printed name of office	er administering oath Titl	v (人 le of off	ficer administerir	ig oath
			_, _,	1	

FORM **1295** 

		<del></del>		1011	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number:			
	Pavement Restoration Inc		2017-152016		
	Boerne, TX United States		Date Filed:		
2			01/09/2017		
<i>د</i>	being filed.	contract for which the form is	02,00,202.		
	City of McAllen		Date Acknowledged: 02/23/2017		
3 Provide the identification number used by the governmental entity or state agency to track or identify the c description of the services, goods, or other property to be provided under the contract.				vide a	
	01-17-C14-139				
	Pavement Restoration - Reclamite				
4	Name of Interested Party	City, State, Country (place of busine		f interest oplicable)	
	Name of interested Party	City, State, Country (place of busine	Controlling	Intermediary	
			Controlling	intermediary	
5	Check only if there is NO Interested Party.				
ŝ	AFFIDAVIT I swear, or af	offirm, under penalty of perjury, that the a	above disclosure is true	e and correct.	
	<del></del>	Signature of authorized agent of contr	racting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the	day of		
	20, to certify which, witness my hand and seal of office.		auy oi	1	
	Signature of officer administering oath Printed name of off	fficer administering oath Tit	tle of officer administeri	ng oath	
	J			J	

CERTIFICATE OF INTERESTED PAR	TIES	FOF	RM <b>1295</b>	
Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE US	1 of 1	
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CERTIFICATION		
<ol> <li>Name of business entity filing form, and the city, state and count of business.</li> </ol>	try of the business entity's place	Certificate Number:		
Amegy Bank, a division of ZB, National Association		2017-169258		
Houston, TX United States  Name of governmental entity or state agency that is a party to the		Date Filed:		
being filed.		02/21/2017		
City of McAllen		Date Acknowledged:	:	
Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid TOLL BRDG REV REF BDS 2017A&B Paying Agent	ty or state agency to track or identify t led under the contract,	he contract, and pro	vide a	
4 Name of International Property			f interest	
Name of Interested Party	City, State, Country (place of busines		pplicable)	
Zions Bancorporation	Salt Lake City, UT United States	Controlling	Intermediary	
	- Can Adid City, C. Cinical City			
			ı [	
			<del></del>	
	-			
5 Check only if there is NO Interested Party.		1		
6 AFFIDAVIT			<u>.</u>	
ASHLEY REED NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 11/04/18  AFFIX NOTARY STAMP / SEAL ABOVE  ASHLEY REED NOTARY PUBLIC STATE OF TEXAS STATE OF TEXAS SIgnature of authorized agent of contracting business entity				
Sworn to and subscribed before me, by the said	IcLendon, this the2	day of Fee	bruany.	
Oshley Reed Ashley Signature of officer administering oath Printed name of offi	Reld Tr	ust Officer of officer administering	·	
Open demonstrating order	icei adiministering oaur i inc	or onicer administering	g oath	

FORM **1295** 

					1011	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number: -169258		
Amegy Bank, a division of ZB, National Association			2017-169258			
	Houston, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	02/21/2017			
being filed. City of McAllen			Date Acknowledged:			
				7/2017		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	the identification number used by the governmental entity or state agency to track or identify the contract, and provide a gion of the services, goods, or other property to be provided under the contract.				
	TOLL BRDG REV REF BDS 2017A&B					
	Paying Agent					
				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ar		
			_	Controlling	Intermediary	
Zi	ons Bancorporation	Salt Lake City, UT United States		Х		
			·			
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT   swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
		Signature of authorized agent of con	tracting	n business entity		
		agont of doing	9	,		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of	officer administering oath T	itle of c	officer administer	ing oath	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-170741 Rush Truck Centers of Texas LP New Braunfels, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 02/23/2017 being filed. City of McAllen Date Acknowledged: 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, PURCHASE OF NEW CURRENT MODEL CAB & CHASSIS WITH VARIOUS REFUSE BODIES Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Lyons, Michael New Braunfels, TX United States Х Weaver, Derrek New Braunfels, TX United States Х Keller, Steve х New Braunfels, TX United States Anderson, Scott New Braunfels, TX United States X Naegelin, Jr. Martin A. New Braunfels, TX United States Х Rush, W.M. "Rusty" New Braunfels, TX United States Х Rushtex, Inc. New Braunfels, TX United States Х Rushco, Inc. New Braunfels, TX United States Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perloy, that the above disclosure is true and correct. NICOLE JOHNSON My Commission Expires **December 3, 2020**

AFFIX NOTARY STAMP / SEAL ABOVE

NOTARY ID: 12922201-8

Sworn to and subscribed before me, by the said Michael S. Lyons , this the 33rd day of February to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Signature of authorized agent of contracting business entity

			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 US CERTIFICATIO	<del>-</del>		
of business. Rush Truck Centers of Texas LP		Certificate Number: 2017-170741 Date Filed:	;		
<ol> <li>Name of governmental entity or state agency that is a party to the being filed.</li> </ol>	ne contract for which the form is	02/23/2017			
City of McAllen		Date Acknowledged 02/28/2017	d:		
Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided in the services of the property to be provided in the services of the provided in the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the serv	ided under the contract.	S			
4 Name of Interested Party	City, State, Country (place of busine		of interest applicable)		
igane of interested i any	City, State, Country (piece c. 222	Controlling	Intermediary		
Lyons, Michael	New Braunfels, TX United States	s X			
Weaver, Derrek	New Braunfels, TX United States	s X			
Keller, Steve	New Braunfels, TX United States	s X			
Anderson, Scott	New Braunfels, TX United States	s X			
Naegelin, Jr, Martin A.	New Braunfels , TX United State:	es X			
Rush, W.M. "Rusty"	New Braunfels, TX United States	s X			
Rushtex, Inc.	New Braunfels, TX United States	s X			
Rushco, Inc.	New Braunfels, TX United States	s X			
5 Check only if there is NO Interested Party.					
6 AFFIDAVIT I swear, or	6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.				
Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL_ABOVE					
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	day of			
Signature of officer administering oath Printed name of	officer administering oath Ti	Title of officer administe	ering oath		

_					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.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.  Doggett Freightliner of South Texas, LLC  Pharr, TX United States	try of the business entity's place	2017	Certificate Number: 2017-170917 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	ne contract for which the form is	02/23/2017 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.  01-17-P11-106  New Freightliner cab and chassis with a roll off hoist					
4	Name of Interested Party	City, State, Country (place of busing	ess)	Nature of (check ap Controlling		
Do	eggett Industries Investments, LLC	Dallas, TX United States			×	
Do	ggett, William	Houston, TX United States		х	<u> </u>	
	·					
5	Check only if there is NO Interested Party.					
6	BRIANNE HEATHER HERRERA Notary ID # 129795444 My Commission Expires April 23, 2018  AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>humanless</u> 20_17, to certify which, witness my hand and seal of office.	Cruellett, this the 2	320	day of <u>fe</u>	<u>6.                                    </u>	
	Signature of officer administering cath Printed name of	Herrera For administering oath T	21 file of a	the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer o	ing oath	

FORM **1295** 

					1011		
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
	of business.  Doggett Freightliner of South Texas, LLC		2017	-170917			
	Pharr, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to t	he contract for which the form is	02/23	3/2017			
	being filed,		Date	Acknowledged:			
	City of McAllen		1	4/2017			
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov		the co	ontract, and pro	vide a		
	01-17-P11-106						
	New Freightliner cab and chassis with a roll off hoist						
				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	plicable)		
				Controlling	Intermediary		
Do	oggett Industries Investments, LLC	Dallas, TX United States			X		
Do	oggett, William	Houston, TX United States		X			
					.,		
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		Signature of authorized agent of con	tracting	business entity			
			v	,			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	,		
	20, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

Adtrowledge 9-6168 FORM 1295

# CERTIFICATE OF INTERESTED PARTIES

		.*	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 US	
Name of business entity filing form, and the city, state and coun of business.     J.A. Garza Associates, LLC	Certificate Number: 2016-96425		
McAllen, TX United States	•	Date Filed:	
2 Name of governmental entity or state agency that is a party to th	e contract for which the form is	08/08/2016	
being filed. City Of McAllen	Date Acknowledged	:	
Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided. 08-16-S59-337 Surveying Services 2016	ity or state agency to track or identify ded under the contract.	the contract, and pro	ovide a
4 Name of Interested Party	City, State, Country (place of busin	ess) (check a	of interest pplicable)
		Controlling	Intermediary
Garza, Maria	McAllen, TX United States	X	
Garza, Jesus	McAllen, TX United States	X	
5 Check only if there is NO Interested Party.			
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above disclosure is tru	e and correct.
<del></del>	Signorum of outhorized agent of each		
AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of con	racting business entity	,
Sworn to and subscribed before me, by the said $\frac{\sqrt{5505}}{2}$	Gasta this the	ライト day of A	<u> </u>
20 1 6, to certify which, witness my hand and seal of office.	- Canada		
Emilio A	1. Taring	EMILIO A My Commiss	100
Signature of officer administering oath Printed name of o	officer administering oath	August 1 He of officer administer	5, 2016 ing oath

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-96425 J.A. Garza Associates, LLC McAllen, TX United States Date Filed: 08/08/2016 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: 09/06/2016 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. 08-16-S59-337 Surveying Services 2016 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Garza, Maria McAllen, TX United States Х Garza, Jesus McAllen, TX United States Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_ \_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

,					
	CERTIFICATE OF INTERESTED PART	TES	·	FOR	м 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.		CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and countr of business.	y of the business entity's place		ficate Number: '-171122	
	Cruz-Hogan Consultants, Inc. McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is		3/2017	
	McAllen Public Utility		Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		fy the c	ontract, and pro	vide a
	01-08-S06-143 SOQ-PROFESSIONAL ENGINEERING SERVICES FOR WAT IMPROVEMENTS	TER/SEWER IMPROVEMENTS	K-CEN	TER SEWER &	WATERLINE
1	Name of Interested Party	City, State, Country (place of busi	ness)	(check a	f interest oplicable)
_				Controlling	Intermediary
_	RECEIVED CITY OF MOALLEN				
	CITY OF MORLLET			<u> </u>	
	MAROLZUN				
	Purchasing & Contracting				
	Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio				
	V .				
_			. ,		

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

LORENA GARZA
Notary Public, State of Texas
My Commission Expires
December 12, 2017

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

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Rolando Cruz

this the

H day or February

Men Ja

Printed name of officer administering oath

Title of officer administering path

FORM 1295

=					
	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 count of business.	Certificate Number: 2017-171122			
	Cruz-Hogan Consultants, Inc. McAllen, TX United States	:	Date Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/23/2017		
	being filed.  McAllen Public Utility		Date Acknowledged: 03/01/2017		
_	Provide the identification number used by the governmental entit			******	
3	description of the services, goods, or other property to be provide		a a a a		
	01-08-S06-143 SOQ-PROFESSIONAL ENGINEERING SERVICES FOR WATMEROVEMENTS	TER/SEWER IMPROVEMENTS K-		Е	
4	Name of Interested Party	City, State, Country (place of busine	Nature of interest (check applicable)		
	-		Controlling Intermedian	у	
				ᅦ	
				$\exists$	
				-	
				4	
				_	
				╛	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or at	ffirm, under penalty of perjury, that the a	above disclosure is true and correct.	1	
		Signature of authorized agent of contra	acting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	day of,		
	20, to certify which, witness my hand and seal of office.				
			<b>.</b>		
	Signature of officer administering oath Printed name of of	fficer administering oath Titl	e of officer administering oath		
		·		1	

Ack 3-2-1782

# 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.		CER	OFFICE USE	1	
L.	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-157628		
	H & V EQUIPMENT SERVICES, INC.	'				
	Progreso, TX United States		Date I	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/24	1/2017		
-	being filed.		1			
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	ide a	
	Project No. 01-17-P13-71 Purchase of Two (2) New and Unused Current Model Wheel	Loaders with Quick Coupler and M	ulti-Pu			
				Nature of		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)	
				Controlling	Intermediary	
G	arces, Ana	Progreso, TX United States			Χ	
M	pore, Thad	Progreso, TX United States			×	
Ha	arvey, Bruce	Progreso, TX United States		X		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	e above	disclosure is true	and correct.	
	VERONICA CANTU NOTARY PUBLIC-STATE OF TEXAS COMM. EXP. 10-03-2017 NOTARY ID 123991109	Timed R. Moore Signature of authorized agent of con	ntractin	g business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE	0 4	A 1	th 1	,	
	Sworp to and subscribed before me, by the said	$R. Moore_{\underline{}}$ , this the $\underline{}$	<u> 14°</u>	day of	unuary	
	Neumica Cunto Ve	cronica Canta 17	roto	ny		
	Signature of officer administering oath Printed name of	officer administering oath	Title of	officer administer	ing oath	

					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		
	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number: -157628		
H&VE	QUIPMENT SERVICES, INC.		ZOI	-131020		
	, TX United States		Date !	Filed:		
,	governmental entity or state agency that is a party	to the contract for which the form is		1/2017		
City of M				Date Acknowledged: 03/02/2017		
3 Provide ti description	ne identification number used by the governmental on of the services, goods, or other property to be p	entity or state agency to track or identif rovided under the contract.	y the co	ontract, and pro	vide a	
-	lo. 01-17-P13-71 e of Two (2)  New and Unused Current Model Wl	heel Loaders with Quick Coupler and N	/ulti-Pu	rpose Bucket		
_				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busing	ness)	(check ar	oplicable)	
	-		<u> </u>	Controlling	Intermediary	
Garces, Ana	1	Progreso, TX United States		<u> </u>	Х	
Moore, Thac	Moore, Thad Progreso, TX United States				Х	
Harvey, Bruce Progreso, TX U		Progreso, TX United States		Х		
5 Check onl	y if there is NO Interested Party.					
6 AFFIDAVI	T I swear	r, or affirm, under penalty of perjury, that the	above (	disclosure is true	and correct.	
		Signature of authorized agent of cor	itracting	business entity		
AFFIX NO	TARY STAMP / SEAL ABOVE					
	nd subscribed before me, by the said			day of		
20	_, to certify which, witness my hand and seal of office.					
Cianat	ure of officer administering oath Printed name	of officer administering oath	Title of o	fficer administer	na nath	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

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.		CEF	OFFICE USE			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-174212			
	Romco Equipment Company		2011-114212				
	Mercedes, TX United States		Date				
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/03	3/2017			
	City of McAllen		Date	Acknowledged:			
	ord of Modifich		Date !	nomiowicagea.			
3	Provide the identification number used by the governmental enti	ity or state agency to track or identify	the co	intract and area	rido a		
3	description of the services, goods, or other property to be provide	ded under the contract.	uie ce	minaci, and pro	nu <del>e</del> a		
	515-16						
	Volvo L30 with Grapple rake						
		1	<del></del>	<b>b</b> t-4			
4	Name of Interested Party	City, State, Country (place of busine	1994	Nature of (check ap			
		only, otato, country (place of business	,,,,	Controlling	Intermediary		
				Controlling	intermediary		
			l				
		***************************************					
		-					
5	Check only if there is NO Interested Party.						
5	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above (	disclosure is true	and correct.		
	BELINDA A. CAVAZOS MY COMMISSION EXPIRES	1/1/2_					
	April 21, 2018	Off	<del>~</del>				
		Signature of authorized agent of contr	acting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE	·					
	Sworn to and subscribed before me, by the said ( a ( d ) )	$^{\prime}$	•		,		
	Sworn to and subscribed before me, by the said  20, to certify which, witness my hand and seal of office.	J. Carlo, this the 3	<u> </u>	day of	ench.		
	,,,	-					
	- A A				l		
	Belle day (h Coulons Role 1	a A. Carazos n		D D.	615		
	Signature of officer administering oath Printed name of o		le of of	ficer administerin	g oath		
	Printed name of officer administering oath						

FORM **1295** 

_					
	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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place	1	tificate Number: 7-174212	
	Romco Equipment Company Mercedes, TX United States			Filed:	
2		he contract for which the form is		3/2017	
_	being filed.	is constant to the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the			
_	City of McAllen			Acknowledged: 03/2017	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a
_	515-16 Volvo L30 with Grapple rake				
4	· · · · · · · · · · · · · · · · · · ·			1	of interest
~	Name of Interested Party	City, State, Country (place of busin	iess) l	1	pplicable)
			!	Controlling	Intermediary
_					
_					
			$\longrightarrow$		
5	Check only if there is NO Interested Party.		]		
_	<u> X </u>				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	: disclosure is true	e and correct.
		Signature of authorized agent of cont	tracting	a husiness entity	
		orginators of additionable and a	.100	J DUSHIOGO C J	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of o	officer administeri	ng oath

# CERTIFICATE OF INTERESTED PARTIES 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. Name of business entity filing form, and the city, state and country of the business entity's place of business. Certificate Number: 2017-176792

of business.

REIM Construction, Inc.

Mission, TX United States

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

City of McAllen

City of McAllen

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.

01-17-C16-183

A Mary

North Wastewater Reuse Project

4	Name of Interested Party	City, State, Country (place of business)		of interest applicable)	
,		Controlling	Intermediary		

proceedings and every state	44				l l
Check only if there is NO In	erpsted Party.				
AFFIDAVIT RA	ARY PUBLIC TO A	I swear, or affirm, under	er penalty of perjury, that the	e above disclosure	is true and correct.
AFFIX NOTARY STAMP / SE	EXPIRES	Signatur	e of authorized agent of co	ntracting business	entity
AFFIX NOTARY STAMP / SE Sworn to and subscribed belo 20, to certify which,	o-18-1111	liquel A. R	gmu, this the	9th day o	March.
	^				

signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM 1295

	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.			Certificate Number: 2017-176792		
	REIM Construction, Inc. Mission, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/0	9/2017		
	being filed.		Date	A almawladaad		
	City of McAllen			Acknowledged: 9/2017		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
	01-17-C16-183					
	North Wastewater Reuse Project	1		T 3/1		
4	Name of Interested Party	City, State, Country (place of busine	nee)	•	f interest oplicable)	
	Name of interested Party	City, State, Country (place of Susmis	333)	Controlling	Intermediary	
				,		
				***************************************		
		<del> </del>				
<u> </u>	Check only if there is NO Interested Party.	· L				
	<u>[X]</u>	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is true	e and correct.	
		Signature of authorized agent of contr	racting	J business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath Tit	tle of c	officer administeri	na oath	
	anginates of onition against only out.	· · · · · · · · · · · · · · · · · · ·				

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	maine of business office, fining form, and any office and overlay a fining	Certificate Number: 2017-172139
	Tion Total III Distor States	Date Filed:
2	being filed.	02/27/2017  Date Acknowledged:
	City of McAllen, Texas (Hidalgo County)	Dato Actilowicagou.

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.

TOLL BRDG REV REF BDS 2017A&B Bond Insurance

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)		
		Controlling	Intermediary	
Bailenson, Robert	New York, NY United States	х		
Albert, Howard	New York, NY United States	Х		
Assured Guaranty Ltd.	Hamilton Hamilton Bermuda	Х		
Assured Guaranty US Holdings Inc.	New York, NY United States	X	- <del></del>	
Assured Guaranty Municipal Holdings Inc.	New York, NY United States	х		
Stern, Bruce	New York, NY United States	х		
Rosenblum, Benjamin	New York, NY United States	X		
Paston, Donald	New York, NY United States	X		
Michener, James	New York, NY United States	×		
Frederico, Domínic	New York, NY United States	Х	:	
Donnarumma, Stephen	New York, NY United States	X		
Chow, Ling	New York, NY United States	×		
Brewer, Russell	New York, NY United States	Х		
			1-	
<u>, , , , , , , , , , , , , , , , , , , </u>				

	CERTIFICATE OF INTERESTED PARTIE	ES		FORM	ı <b>1</b> 295		
				•	2 of 2		
:	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		-	FICE USE	ONLY OF FILING		
1	Name of business entity filing form, and the city, state and country of business.  Assured Guaranty Municipal Corp.	of the business entity's place	Certificate 2017-172  Date Filed	139			
2	New York, NY United States  Name of governmental entity or state agency that is a party to the cibeing filed.  City of McAllen, Texas (Hidalgo County)						
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided TOLL BRDG REV REF BDS 2017A&B Bond Insurance	or state agency to track or identify under the contract.	the contra				
_				Nature of			
4	Name of Interested Party	ity, State, Country (place of busin		(check ap	Intermediary		
				Mittorini B	Hiteriticain		
-							
F							
_							
Ę.	Check only if there is NO Interested Party.			<u>:</u>			
ľ		· · · · · · · · · · · · · · · · · · ·					
6	AUDREY A UDIT AND I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Notary Public, State of New York No. 01UD4973019 Qualified in Queens County Commission Expires October 9, 2018  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said (Aristopher Junger), this the advantage of day of february.  20 1 , to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of off	d.t. Ndlev Nicer administering oath	Mark Title of office	<u>Publi</u> eAadminister	C Ing oath		

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Assured Guaranty Municipal Corp.	Certificate Number: 2017-172139
2	New York, NY United States  Name of governmental entity or state agency that is a party to the contract for which the form is	Date Filed: 02/27/2017
	being filed. City of McAllen, Texas (Hidalgo County)	Date Acknowledged: 03/09/2017

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.

TOLL BRDG REV REF BDS 2017A&B Bond Insurance

4 Name of Intercepted Ports	City, State, Country (place of business)	Nature of interest (check applicable)		
Name of Interested Party	City, State, Country (place of business)	Controlling	Intermediary	
Bailenson, Robert	New York, NY United States	Х		
Albert, Howard	New York, NY United States	Х		
Assured Guaranty Ltd.	Hamilton Hamilton Bermuda	х	-	
Assured Guaranty US Holdings Inc.	New York, NY United States	×		
Assured Guaranty Municipal Holdings Inc.	New York, NY United States	×		
Stern, Bruce	New York, NY United States	Х		
Rosenblum, Benjamin	New York, NY United States	Х		
Paston, Donald	New York, NY United States	×		
Michener, James	New York, NY United States	Х		
Frederico, Dominic	New York, NY United States	х		
Donnarumma, Stephen	New York, NY United States	х		
Chow, Ling	New York, NY United States	х		
Brewer, Russell	New York, NY United States	Х		

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 2 of 2 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-172139 Assured Guaranty Municipal Corp. New York, NY United States Date Filed: 02/27/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas (Hidalgo County) 03/09/2017 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. TOLL BRDG REV REF BDS 2017A&B Bond Insurance Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_, this the \_\_\_\_\_ day of \_\_\_ Sworn to and subscribed before me, by the said \_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath

	CERTIFICATE OF INTERESTED PART	FORM <b>1295</b>					
				1 of :			
	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.		1	ICE USE ONLY CATION OF FILIN	JG		
1	Name of business entity filing form, and the city, state and country of business.  Amegy Bank, a division of ZB, National Association	y of the business entity's place	Certificate Number: 2017-169259				
2	Houston, TX United States  Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	contract for which the form is	Date Filed: 02/21/2017 Date Acknowledged:				
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide TOLL BRDG Rev Ref Bds 2017A&B Escrow Agent	y or state agency to track or identify ed under the contract.	the contract	, and provide a			
4	Name of Interested Party	City, State, Country (place of busine	ss)	Nature of interest (check applicable) trolling Intermedia	arv		
Zio	ons Bancorporation	Salt Lake City, UT United States	Х				
<b></b>					_		
••••							
5	Check only if there is NO Interested Party.						
В	ASHLEY REED NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 11/04/18  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  ASHLEY REED NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 11/04/18  Signature of authorized agent of contracting business entity  Deirdre H. McLendon , this the 2/5t day of February						
	20_17, to certify which, witness my hand and seal of office.   Askley Reed Askle  Signature of officer administering oath Printed name of officer.	y Rud	The	st officer	/		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, sta of business.		Certificate Number: 2017-169259			
٠	Amegy Bank, a division of ZB, National Association	on				
	Houston, TX United States		1	Filed:		
2	Name of governmental entity or state agency that is	a party to the contract for which the form is	02/2	1/2017		
	being filed.		Date	Acknowledged		
	City of McAllen			9/2017	•	
		www.autal.autitr.au.atata.august to track or idantif	v the e	antract and pro	nido o	
3	Provide the identification number used by the gover description of the services, goods, or other property	nmental entity of state agency to track of identity to be provided under the contract.	у ше с	ontract, and pre	viue a	
	TOLL BRDG Rev Ref Bds 2017A&B					
	Escrow Agent					
				Nature o	of interest	
4	Name of Interested Party	City, State, Country (place of busin	ness)		pplicable)	
				Controlling	Intermediary	
Zi	ons Bancorporation	Salt Lake City, UT United States	5	Х		
				E		
_			•			
			_			
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the	e above	disclosure is tru	e and correct.	
		Signature of authorized agent of cor	-tvo otio	husingge entitu		
		Signature or authorized agent or cor	wacun	g business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal					
	Signature of officer administering oath Prin	nted name of officer administering oath	Title of	officer administer	ing oath	
	Signature or emoti administrating odd 1 111				J	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-177605 Musco Sports Lighting, LLC Oskaloosa, IA United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 03/13/2017 being filed. City of McAllen, TX Date Acknowledged: 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, 08-16-C22-591 McAllen Youth BB sports lighting equipment Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Х Oskaloosa, IA United States Musco Corporation Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. KARYL L THÓMAS ---Commission Number 111111 My Commission Expires April 24, 2017 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_James M. Hansen , this the , to certify which, witness my hand and seal of office. Karyl L. Thomas Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-177605 Musco Sports Lighting, LLC Oskaloosa, IA United States Date Filed: 03/13/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, TX 03/16/2017 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. 08-16-C22-591 McAllen Youth BB sports lighting equipment Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Oskaloosa, IA United States Х Musco Corporation 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_, this the \_\_\_\_\_ day of \_\_\_\_ Sworn to and subscribed before me, by the said \_\_\_\_\_ 20 , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

				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 USI CERTIFICATION	
1	Name of business entity filing form, and the city, state and country o of business.	Certificate Number: 2017-179534		
	Nardis Public Safety San Antonio, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to the co	ntract for which the form is	03/17/2017	
	being filed.	·		
	McAllen Fire Department		Date Acknowledged:	
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided u	state agency to track or identify under the contract.	the contract, and pro	vide a
	1-17-p16-01 firefighter uniforms			
_			Nature o	f interest
4	Name of Interested Party Cit	ty, State, Country (place of busine	ess) (check a	pplicable)
	***************************************		Controlling	Intermediary
	RECEIVED			
	CITY OF MEALLEN	1 1 11 2		
<del></del>	MAR 2 O CATE		27. 1	-
	Purchasing & Contracting			
	Byr	1.00.000.000.000.000		
	V			
5	Check only if there is NO Interested Party.			
6	AFFIDAVIT I swear, or affirm	n, under penalty of perjury, that the	above disclosure is true	e and correct.
	BARBARA H. THURMON	Company of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro		
	Notary Public			
	STATE OF TEXAS	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
	My Comm. Exp. May 1, 2017	gnature of authorized agent of conti	racting business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said RENE MAR	TINEZ, this the	day of M	PRCH_
	20, to certify which, witness my hand and seal of office.			
	Barbara & Mus man Branca	H. THURMON	Notabl	
/	Signature of officer administering oath Printed name of office	***************************************	Ile of officer administeri	ng oath
		<b></b>		J

FORM 1295

	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 cour of business.	Certificate Number: 2017-179534			
	Nardis Public Safety San Antonio, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	he contract for which the form is		7/2017	
	being filed.		Data	A alemany da alema ale	
	McAllen Fire Department			Acknowledged: 0/2017	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided to the services.		the co	ontract, and pro	vide a
	1-17-p16-01 firefighter uniforms				•
4	Name of Interested Party	City State Country (place of busin	1000		f interest
	Name of Interested Party	City, State, Country (place of busing	essj	Controlling	oplicable) Intermediary
					- Internation
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	<del></del>	1			
					· · · · · · · · · · · · · · · · · · ·
5	Check only if there is NO Interested Party.		1		
6	AFFIDAVIT ] swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of cont	ractine	r businoss ontitu	
		Signature of authorized agent of cont	acting	) business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of	officer administering oath Ti	tle of c	officer administeri	ng oath

# 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. Name of business entity filing form, and the city, state and country of the business entity's place of business. O.G. Construction Co., LLC

EDINBURG, TX United StatesName of governmental entity or state agency that is a party to the contract for which the form is being filed.

02/23/2017

Date Filed:

City of McAllen

Date Acknowledged:

Moture of interest

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.

02-17-C17-342

Installation of Sanitary Sewer Improvements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
			Controlling	Intermediary	
	i				

5	Check	only	if	there	is	NO	Interested	Part	у
---	-------	------	----	-------	----	----	------------	------	---



6 AFFIDAVIT

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



Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Owav & Gavera, this the 22 day of March 20 7, to certify which, witness my hand and seal of office.

. 11

Signature of officer administering oath

Printed name of officer administering oath

Title of office administering oath

L						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	ies.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and of business.	Certificate Number: 2017-171174					
	O.G. Construction Co., LLC			2017	X1 XX1 -		
	EDINBURG, TX United States			Date	Filed:		
2	Name of governmental entity or state agency that is a part	ty to th	ne contract for which the form is		3/2017		
	being filed. City of McAllen			3	Acknowledged: 2/2017		
3	Provide the identification number used by the governmen description of the services, goods, or other property to be			the co	ontract, and pro	vide a	
	02-17-C17-342 Installation of Sanitary Sewer Improvements						
4	Name of Interested Party		City, State, Country (place of busin	ess)	Nature of (check ap		
	•				Controlling	Intermediary	
_					Controlling	intermediary	
	<u> </u>						
					-		
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I Swe	ear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
			Signature of authorized agent of conf	tracting	husiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE			cacang	, been ees en as		
	Sworn to and subscribed before me, by the said		, this the		day of	,	
	20, to certify which, witness my hand and seal of office						
	Signature of officer administering oath Printed na	ame of a	officer administering oath Ti	itle of o	officer administeri	ng oath	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-173250 Border Trade Alliance Rio Grande City, TX United States Date Filed: 03/01/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 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. Association to promote public policy to facilitate trade and cross border business between the US, Canada and Mexico. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Plano, TX United States Stumfall, Carrie Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct, YADIRA SALAZAR Notary Public - Artzona Yuma County My Commission Expires February 24, 2018 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 1205 ell L Jone S , to certify which, witness my hand and seal of office.

Title of officer administering oath

FORM **1295** 

			=			
	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.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ificate Number: 7-173250		
	Border Trade Alliance	,			4	
	Rio Grande City, TX United States			e Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/0.	01/2017		
	City of McAllen	!	Date Acknowledged: 03/27/2017			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a	
	GF2016 Association to promote public policy to facilitate trade and cross		S, Car	nada and Mexic	:0.	
4			<del></del>		of interest	
~	Name of Interested Party	City, State, Country (place of busine	ess) I		pplicable)	
		<del> </del>	!	Controlling	Intermediary	
Stı	umfall, Carrie	Plano, TX United States			Х	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
			2***		· · · · · · · · · · · · · · · · · · ·	
		Signature of authorized agent of contr	racting	រ business enucy		
	AFFIX NOTARY STAMP / SEAL ABOVE					
		Sworn to and subscribed before me, by the said, this the day of,				
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath	officer administering oath Til	itle of c	officer administeri	ng oath	

	CERTIFICATE OF INTERES	STED PAR	TIES				
		<b>7. ——</b>	1120		FOR	RM <b>1295</b>	
_			*****			1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested $\mu$ Complete Nos. 1, 2, 3, 5, and 6 if there are no inte			CE	OFFICE USE		
1	Name of business entity filing form, and the cit of business.	ity, state and coun	try of the business entity's place	Certi	Certificate Number: 2017-176164		
	Texas Cordia Construction, LLC Edinburg, TX United States				e Filed:		
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			08/2017	-		
_	-				Date Acknowledged:		
3	description of the services, goods, or other pro-	governmental enti roperty to be provi	ity or state agency to track or iden ded under the contract.	tify the c	ontract, and pro-	vide a	
_	Project No. #03-17-C19-512 16TH& BEECH SANITARY SEWER SYSTE	EM IMPROVEME	NTS				
4	Name of Interested Party	1	City, State, Country (place of bu	siness)	1	of interest pplicable)	
_	****				Controlling	Intermediary	
He —	leredia, Isaac		Edinburg, TX United States	·	X		
Cc	orbitt, Yara		Edinburg, TX United States		Х		
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_	***************************************		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				
5	Check only if there is NO Interested Party.		manada.	ent m	**·		
;	AFFIDAVIT	I swear, or	affirm, under penalty of perjury, that t	the above	disclosure is true	and correct.	
	.a009n		.///	110		tura con	
	ISABEL G. MARTINEZ My Notary ID # 128118614 Expires December 3, 2017		Han hut it				
	Willim. Evhiles Decelling 2' 5011		Signature of authorized agent of co	ontracting	j business entity	<del></del>	
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said		itt, P.E., CEO, this the _	9	day of Mar	rch,	
	1 /2						
	late	Isabel G. Ma	artinez	Admi	inistrative Ass	sistant	
_	Signature of officer administering oath	Printed name of r	officer administering oath	Title of c	officer administerin	ng oath	

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-176164 Texas Cordia Construction, LLC Edinburg, TX United States Date Filed: 03/08/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 04/05/2017 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. #03-17-C19-512 16TH& BEECH SANITARY SEWER SYSTEM IMPROVEMENTS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Edinburg, TX United States Х Heredia, Isaac Edinburg, TX United States Х Corbitt, Yara 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Forms provided by Texas Ethics Commission

Signature of officer administering oath

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_

20\_\_\_\_\_, to certify which, witness my hand and seal of office.

www.ethics.state.tx.us

Printed name of officer administering oath

Signature of authorized agent of contracting business entity

, this the \_\_\_\_\_ day of \_\_\_\_

Version V1.0.277

Title of officer administering oath

CERTIFICATE OF INTERESTED PAI	RTIES	FO	RM 1295			
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 US	SE ONLY			
Name of business entity filing form, and the city, state and country of the business entity's place of business.		CERTIFICATION OF FILIN Certificate Number:				
RDH SITE & CONCRETE, LLC PAŁMVIEW , TX United States		2017-191412 Date Filed:				
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		04/12/2017				
		· ·	Date Acknowledged:			
3 Provide the identification number used by the governmental en description of the services, goods, or other property to be prov Contract Number: 0317C20233	itity or state agency to track or identify ided under the contract.	the contract, and pre	ovide a			
Project Name: 2017 Sidewalk & Bus Stop Improvements		Site & (	Concrete work			
4 Name of Interested Party	City, State, Country (place of busine	ess) (check a	of interest pplicable)			
Garza, Denise	Palmview , TX United States	Controlling	Intermediary X			
De Hoyos , Rogelio	Pharr, TX United States	X				
De Hoyos , Dianaly	Pharr, TX United States	х				
			-			
			· · · · · · · · · · · · · · · · · · ·			
Challen I. 16th						
Check only if there is NO Interested Party.						
AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Claricatina Puente My Commission Expires 05/19/2018  Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said	Christina Puente Notaw Dublic					
, and the of the	1118 (	of officer ådministering	oath			

					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.		CE	OFFICE USE		
	Name of business entity filing form, and the city, state and country of the business entity's place of business.  RDH SITE & CONCRETE, LLC  PALMVIEW, TX United States		Certificate Number: 2017-191412 Date Filed:			
	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of Mcallen			04/12/2017  Date Acknowledged: 04/12/2017		
	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.  Contract Number: 0317C20233  Project Name: 2017 Sidewalk & Bus Stop Improvements  Site & Concrete work					
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling	f interest oplicable) Intermediary	
Ga	arza, Denise	Palmview , TX United States			×	
De	e Hoyos , Rogelio	Pharr, TX United States		х		
De Hoyos , Dianaly		Pharr, TX United States		Х		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of cont	racting	j business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	Signature of officer administering oath Printed name of c	officer administering oath Ti	itle of r	officer administeri	ing oath	

F					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 US		
1		44-			V OF FILING	
	of business.	ess entity's place		icate Number: -188915		
	Greenscapes Six, LLC		2017-	-199312		
_	Baytown, TX United States		Date F			
2	Name of governmental entity or state agency that is a party to the contract for vibeing filed.	hich the form is	04/06	/2017		
	City of McAllon			Acknowledged		
			Ouic F	-controlled	•	
3	Provide the identification number used by the governmental entity or state agendescription of the services, goods, or other property to be provided under the contract of the services.	cy to track or identify to	the co	ntract, and pro	vide a	
	03-17-S21-104					
	Resurfacing of Greens at Palmview Golf Course					
4						
4	Name of Interested Party City, State, Co	untry (place of busine	ss)		f interest oplicable)	
			~	Controlling	Intermediary	
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			i			
			$\neg$			
			一			
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			+			
				1		
i (	Check only if there is NO Interested Party.			<u></u> <u>_</u>		
-	AFFIDAVIT		···			
	I swear, or affirm, under pena	fty of perjury, that the ab	ove dis	sclosure is true	and correct.	
	JODIE MCADAMS					
	Notary Public, State of Texas  My Commission Expires	n				
	October 10, 2017 Mike Sh	Ker				
	Signature of au	thorized agent of contrac	ting bu	ısiness entity		
AFFIX NOTARY STAMP / SEAL ABOVE						
c	Word to and when the last of	,	1/2	1		
2	worn to and subscribed before me, by the said MIKE ARCHER  0	, this the <i>(0</i>	TVL	_day of _HP	RIL	
-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				j	
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	ANDON ME COMMENTE ANCA	3	1			
_	Signature of officer administering oath  Printed name of officer administering	<u>Ams</u> L	1077.	ARU		
	Signature of officer administering oath Printed name of officer administering	oath Title	of offic	er administering	oath .	
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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 cour of business.	Certificate Number: 2017-188915			
	Greenscapes Six, LLC		2017-100913		
	Baytown, TX United States		Date Filed:		
2		he contract for which the form is	04/06/2017		
-	being filed.	ne contract for which the form is			
	City of McAllen		Date Acknowledged	<b>:</b>	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	tity or state agency to track or identify	the contract, and pro	ovide a	
	03-17-S21-104				
	Resurfacing of Greens at Palmview Golf Course				
4			Nature (	of interest	
-+	Name of Interested Party	City, State, Country (place of busine	, <del></del>	pplicable)	
			Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above disclosure is tru	e and correct.	
		Signature of authorized agent of conti	racting business entity	· ·	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the	day of		
	20, to certify which, witness my hand and seal of office.	, uns ale	day or	,	
	20, to definy which, whitess my hand and sear of office.				
	Signature of officer administering oath Printed name of	officer administering oath Ti	tle of officer administe	ring oath	

Ack 1295 Cory-Pros On 4/2/17/25

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-191464 Mata G. Construction Inc. Penitas, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 04/12/2017 being filed. Date Acknowledged: City of McAllen 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. 03-17-C18-530 Wash Facility Construction: Canopy, concrete slab, water and drainage connections, paving Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen Х McAllen, TX United States 5 Check only if there is NO Interested Party. **6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. BERNICE LIMON Rotary Public STATE OF TEXAS My Comm. Exp. 06-15-2018 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said , to certify which, witness my hand and seal of office, Signature of officer administering oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-191464 Mata G. Construction Inc. Penitas, TX United States Date Filed: 04/12/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 04/12/2017 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. Wash Facility Construction: Canopy, concrete slab, water and drainage connections, paving Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Χ McAllen, TX United States City of McAllen 5 Check only if there is NO Interested Party. П 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_ Sworn to and subscribed before me, by the said \_\_ 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

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Printed name of officer administering oath

Title of officer administering oath

FORM 1295

	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	me of business entity filing form, and the city, state and country of the business entity's place business.  astal turf inc. dba champion turf farms			Certificate Number: 2017-191862		
	bay city, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			2/2017		
	city of mcallen			Date Acknowledged: 04/17/2017		
3	Provide the identification number used by the governmental entity	or ctata agonal to track as identific			vide e	
3	description of the services, goods, or other property to be provided	d under the contract.	ine co	ontiact, and pro-	vide a	
	04-17-P21-01 SPRIGGING OF GRASS AT PALMVIEW GOLF COURSE					
4			. "	Nature of		
	Name of Interested Party	City, State, Country (place of busine	SS)		applicable)	
		1		Controlling	Intermediary	
				:		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affi	irm, under penalty of perjury, that the a	bove	disclosure is true	and correct,	
		Signature of authorized agent of contra	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of officer	cer administering oath Titl	e of o	fficer administerir	ng oath	

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.	T <sub>CE</sub>	OFFICE US	SE ONLY N OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  coastal turf inc. dba champion turf farms	e Cert	tificate Number: 7-191862		
	bay city, TX United States	Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	04/1	04/12/2017		
	city of mcallen	Date	: Acknowledged	:	
3	Provide the identification number used by the governmental entity or state agency to track or id description of the services, goods, or other property to be provided under the contract.  04-17-P21-01  SPRIGGING OF GRASS AT PALMVIEW GOLF COURSE	entify the c			
4	Name of Interested Party City, State, Country (place of	business)		f interest pplicable)	
		-h	Controlling	Intermediary	
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		-			
		- v			
	Check only if there is NO Interested Party.				
6	AFFIDAVIT  I swear, or affirm, under penalty of perjury, the  Signature of authorized agent of			and correct.	
	AFFIX NOTARY STAMP / SEAL ABOVE	<i>בת</i> נ		0	
	Sworn to and subscribed before me, by the said	12	day of	me.	
	JEANETTE OPE A NOTARY PLE State of Text Comm. Exp. 12-13	7 <b>}</b>			
	Signature of officer administering oath Printed name of officer administering oath		officer administer	ng oath	

FORM 1295

					1 07 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		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		Certificate Number: 2017-197805		
	Milnet Architectural Services, PLLC					
	McAllen, TX United States	· · · · · · · · · · · · · · · · · · ·	Date Fi			
2	Name of governmental entity or state agency that is a party to the being filed.		04/25/			
	City of McAllen		Date A	Acknowledged:		
3	description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the con	ntract, and prov	vide a	
	Project #07-16-S54-450 Architectural Services for the Federal Motor Carrier Safety Ad Project	dministration (FMCSA) Port of Entry	(POE)	Southern Boro	der Upgrade	
4	1			Nature of		
•	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
М	olina , Rodolfo	McAllen, TX United States		×		
					· 	
			-			
-						
5	Check only if there is NO Interested Party.	<u> </u>				
c	APPRANT					
	SANJUANITA MARIBEL SANDOVAL Notary Public, State of Texas Comm. Expires 09-06-2020 Notary ID 130808713  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.  **Lalah** In the above disclosure is true and correct.					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Rodoco.  20 17 to certify which, witness my hand and seal of office.	$Mol(M)$ , this the $\mathcal{E}$	<u> 26</u>	day of	XIL	
	Signature of officer administering oath  Printed riame of o	NHAM GANDON L officer administering oath Tit	tle of off	LOX (UV U) ficer administerin	P.W.C ng oath	

FORM **1295** 

	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.			Certificate Number: 2017-197805			
	Milnet Architectural Services, PLLC		2011	201000			
	McAllen, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	04/2	5/2017			
	being filed.			n			
	City of McAllen		Date Acknowledged: 04/25/2017				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a		
	Project #07-16-S54-450						
	Architectural Services for the Federal Motor Carrier Safety Ac Project	dministration (FMCSA) Port of Entry	(POE				
4				1	f interest		
	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)		
				Controlling	Intermediary		
М	olina , Rodolfo	McAllen, TX United States		Х			
	,						
5	Check only if there is NO Interested Party.	<u> </u>	· · ·	<b></b>	, , , , , , , , , , , , , , , , , , , ,		
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
	- <del></del>	Signature of authorized agent of conf	tracting	g business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	,		
	20, to certify which, witness my hand and seal of office.	,,					
				ı			
	Signature of officer administering oath Printed name of	officer administering oath T	itle of o	officer administer	ing oath		
					1		

FORM **1295** 

					10,1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested p	parties.	CE	OFFICE US		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-202404		
	The HON Company LLC		201	7-202404		
_	Muscatine, IA United States			Filed:		
2	Name of governmental entity or state agency that is a pelng filed.	party to the contract for which the form is	05/0	)4/2017		
	City of McAllen			Acknowledged: 05/2017	:	
3	Provide the identification number used by the government description of the services, goods, or other property to	nental entity or state agency to track or identi o be provided under the contract.	fy the c	ontract, and pro	ovide a	
	National IPA R142208 Project NO: 04-17-P24-01 P&I Office Furniture for T	TIC and YAC				
4				1	of interest	
	Name of Interested Party	City, State, Country (place of busi	ness)		pplicable)	
H	NI Corporation	Muscatine, IA United States		Controlling X	Intermediary	
			•			
				!		
5	Check only if there is NO Interested Party.		1			
6	AFFIDAVIT I :	swear, or affirm, under penalty of perjury, that the	e above	disclosure is true	and correct.	
		Signature of authorized agent of cor	tracting	business entity	<del></del>	
	AFFIX NOTARY STAMP / SEAL ABOVE	<b>.</b>				
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20, to certify which, witness my hand and seal of c					
,	Signature of officer administering oath Printed	name of officer administering oath	itle of o	officer administeri	ng oath	

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	км <b>1295</b>	
L					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.	!	CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.  The HON Company LLC	rtry of the business entity's place	,	ificate Number: 7-202404		
Ĺ	Muscatine, IA United States	The state of the state of the state of		Filed: 4/2017		
4	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	te contract for which the torm is		Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide National IPA R142208 Project NO: 04-17-P24-01 P&I Office Furniture for TTIC and	ided under the contract.	the contract, and provide a			
		<u> </u>		l Notitro o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
	regino or microsica i mily	Oily otates country (proces or answer	300,	Controlling	<u>, i i </u>	
н	NI Corporation	Muscatine, IA United States		х	_	
_						
	Check only if there is NO Interested Party.					
	AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  CHRISTINE D MCCORMICK COMMISSION NUMBER 772228 MY COMMISSION EXPIRES MARCH 20, 2018  Signature of authorized agent of contracting business entity					
	Sworn to and subscribed before me, by the said	oSHY , this the	<u>+</u> ++	day of	iay.	
i	Signature of officer administering oath  One of the printed name o	McCornick Ab officer administering oath Tit	tar itle of o	1 Publi	ng oath	

FORM **1295** 

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.			CEF	OFFICE USE ONLY CERTIFICATION OF FILING		
1	of business			Certificate Number: 2017-183634		
	Rodz Lawn Care and Landscaping		2017 10000-			
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the cor	atract for which the form in		Filed: 7/2017		
-	being filed.	tract for which the form is	00,2,	TLOLI		
	City of McAllen			Acknowledged: 3/2017		
3	Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided users.	state agency to track or identify nder the contract.	the co	ontract, and pro	vide a	
	03-17-S22-73 Service Contract For The Trimming & Peeling of Tall Palm Trees					
_				Nature of	finterest	
4	Name of Interested Party City	, State, Country (place of busine	ss)	(check ap		
_				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
	x					
6	AFFIDAVIT I swear, or affirm,	under penalty of perjury, that the a	lbove (	disclosure is true	and correct.	
	Sig	nature of authorized agent of contra	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				_	
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of officer	administering oath Titl	e of of	ficer administerir	ig oath	

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.		CEF	OFFICE USE			
1				Certificate Number: 2017-183634			
	Rodz Lawn Care and Landscaping McAllen, TX United States		Data	Filed:			
2	Name of governmental entity or state agency that is a party to the contract fo	र which the form is		7/2017			
	being filed. City of McAllen		Date	Date Acknowledged:			
	City of MicAllett						
3	Provide the identification number used by the governmental entity or state ag description of the services, goods, or other property to be provided under the 03-17-S22-73  Service Contract For The Trimming & Peeling of Tall Palm Trees		the co	ontract, and prov	vide a		
4	Name of Interested Party City, State,	Country (place of busine	ess)	Nature of (check ap			
				Controlling	Intermediary		
	·						
			:				
5	Check only if there is NO Interested Party.				·		
6	AFFIDAVIT I swear, or affirm, under p	penalty of perjury, that the	above	disclosure is true	and correct.		
	ROSA E. COSS  Notary Public, State of Toxas  ID# 12430155-8  My Commission Expires  ATRIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Guadalupe Rodviguz, this the 78th day of March.						
	20	<del></del>					
(	Signature of officer administering oath  Printed name of officer adminis	)55 stering oath Tr	$\mathcal{N}^{\underline{1}}$	Jay Publ	ng oath		

FORM 1295

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.			Certificate Number: 2017-190672			
	Tipton Motors, Inc.						
~	Brownsville, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	U4/1	1/2017	!		
	City of McAllen		Date Acknowledged: 05/03/2017				
3		entity or state agency to track or identify	the c	ontract, and pro	vide a		
	description of the services, goods, or other property to be pro	ovided under the contract.					
	04-17-P22-67 vehicles						
	vernotes						
4	News of laterance and Decision		_		f interest		
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ar			
				Controlling	Intermediary		
					i		
			1				
_							
j	Check only if there is NO Interested Party.						
ò	AFFIDAVIT I swear,	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		Signature of authorized agent of contr	acting	business entity	,		
	AFFIX NOTARY STAMP / SEAL ABOVE						
					İ		
	Sworn to and subscribed before me, by the said	, this the		day of			
	20, to certify which, witness my hand and seal of office.						
	Circulature of officers administrative at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circu						
	Signature of officer administering oath Printed name of	of officer administering oath Tit	le of o	fficer administerir	ng oath		

Ack 5-3-1780

### **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

			<del></del>	2.0.2		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place	Certificate Number: 2017-190672			
	Tipton Motors, Inc.					
_	Brownsville, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	04/11/2017			
	City of McAllen		Date Acknowledged:			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided.		the contract, and prov	ride a		
	04-17-P22-67					
	vehicles					
_	1		Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busine	B.			
			Controlling	Intermediary		
_						
				· · ·		
	······································					
_				• • • • • • • • • • • • • • • • • • • •		
		* * * , * * , * * * , * * * , * * * * *				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of periury, that the	above disclosure is true	and correct.		
	VERONICA PERALES My Commission Expires June 8, 2019  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	AFFIX NOTARY STAMP / SEAL ABOVE	_1	1/2	]		
	Sworn to and subscribed before me, by the said 2017 to certify which, witness my hand and seal of office.	(ho mer this the	// # day of	pr,		
	Signature of officer administering oath Printed name of of		Motor of Pabilities of officer administering			
	Signature of officer administering oath Printed name of of	incer auministering batti – H	ue or omicer auministent	iy vatii		

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-191121 Caldwell Country Chevrolet Caldwell, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 04/11/2017 being filed. Date Acknowledged: City of McAllen 05/03/2017 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. 04-17-P22-67 2017/2018 Vehicles Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Knapp, Averyt Caldwell, TX United States Way, Stephen Caldwell, TX United States Х Hildebrand, Jon Caldwell, TX United States Χ 5 Check only if there is NO Interested Party. **6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_ \_, this the \_\_\_\_\_ day of \_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM **1295** 

	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	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place		ficate Number: 7-191121	
	Caldwell Country Chevrolet		201.	"131161	ļ
	Caldwell, TX United States	· · · · · · · · · · · · · · · · · · ·		Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	04/1.1	1/2017	ļ
	being filed. City of McAllen	· •	Date	Acknowledged:	
	City of ivicalien			71000000	!
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		the co	ontract, and prov	/ide a
	04-17-P22-67				
	2017/2018 Vehicles				
_		1		Nature of	f interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
Kr	napp, Averyt	Caldwell, TX United States			Х
W	/ay, Stephen	Caldwell, TX United States		Х	
Hi	ildebrand, Jon	Caldwell, TX United States			Х
				++	
	,		_		
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	Adrienne Marble Gattis My Commission Expires 03/31/2021 ID No. 125250244	Signature of authorized agent of cont		g business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	KNEPP, this the	11	day of A	Pril.
(	Signature of officer administering oath Printed name of	MYKMMC MAYDIC f officer administering oath Ti	itle of	th's Northead of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the	OTAW ing oath

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-191831 Randall Reed's Prestige Ford Garland, TX United States Date Filed: 04/12/2017 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: 05/03/2017 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. 04-17-P22-67 FLEET VEHICLES AND TRUCKS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Sarac, Admir GARALAND, TX United States Χ 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_ \_\_, this the \_\_\_\_\_ day of \_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Ack 5-3-1782

### **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

8/	1.				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		
1	Name of business entity filing form, and the city, state and coun of business. Randall Reed's Prestige Ford Garland, TX United States	ntry of the business entity's place	2017- Date F	Certificate Number: 2017-191831 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	<b>I</b>				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 04-17-P22-67 FLEET VEHICLES AND TRUCKS	tity or state agency to track or identify ided under the contract,	the co	ntract, and prov	ride a	
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling		
Sa	ırac, Admir	GARALAND, TX United States			Х	
					<del> </del>	
5	Check only if there is NO Interested Party.					
6	ADDAKLOCK  Votary Public, State of Jexas	affirm, under penalty of perjury, that the	above (	disclosure is true ·	and correct,	
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of cont	tracting	business entity		
	Sworn to and subscribed before me, by the said Admir to certify which, witness my hand and seal of office.	Sarac , this the 12	2 1	day of	DAL.	
	Signature of officer administering oath  Printed name of	officer administering oath	Hu itle of o	Oc Clo	ng oath	
	- v	-			j	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-190986 Weston Nissan Davie, FL United States Date Filed: 04/11/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 05/03/2017 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. 04-17-P22-67 30 Vehicles Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. |X|6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_, this the \_\_\_\_\_ day of \_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

1-1-2-3-482

## CERTIFICATE OF INTELESTED PARTIES

FORM **1295** 

	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.			Certificate Number: 2017-190986		
	Weston Nissan					
	Davie, FL United States		Date F			
2	Name of governmental entity or state agency that is a party to the co	ontract for which the form is	04/11/	/2017		
	being filed.		Data A	cknowledged:		
	City of McAllen		Dale A	cknowledged.		
			41			
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided	under the contract.	tne cor	ntract, and prov	ide a	
	04-17-P22-67					
	30 Vehicles					
A.				Nature of	interest	
4	Name of Interested Party Ci	ity, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
	,					
	ч					
	Check only if there is NO Interested Party.					
_						
6	ELISE RUSIZER	rm, under penalty of perjury, that the	above o	disclosure is true	and correct.	
	Notary Public - State of Florida My Comm. Expires Sep 26, 2018 Commission # FF 136670 Bonded Through National Notary Assn.	1 Coffee	)			
	S	Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said PEKNONY K	acwar . this the	12	day of A	oriL.	
	20, to certify which, witness my hand and seal of office.	havn, this the I Elyse Kostrev			g	
	Signature of officer administering oath Printed name of officer	cer administering oath Ti	itle of of	fficer administeri	ng oath	

FORM 1295

l						
	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.		CEI	OFFICE USE		
1	at herein and			Certificate Number:		
	The Center Of Industrial Rehabilitation Services McAllen, TX United States		ĺ	2017-193796		
2	Name of governmental entity or state agency that is a party to the contract for whic	th the form is		Filed: 7/2017		
	being filed. City Of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency description of the services, goods, or other property to be provided under the conti		the co	ontract, and prov	vide a	
	04-17-S30-60					
	Health and Wellness Program-McAllen Fire Department					
4	Name of Interested Party City, State, Coun	try (place of busine	ess)	Nature of (check ap	f interest oplicable)	
				Controlling	Intermediary	
-						
	<u> </u>					
5	Check only if there is NO Interested Party.			<b>-</b>		
6	AFFIDAVIT I swear, or affirm, under penalty	of perjury, that the	above	disclosure is true	and correct.	
	REFUGIA S. VELEZ My Notary ID # 7926569					
٠	Expires March 9, 2020	orized agent of contr	acting	business entity	<u>`</u>	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said £/0/80 LamuS	) this the	100	in day of	o. I	
	20	<u> </u>	<i>o</i>	day or Cyf	yu .	
	(1.14)		-			
	M/W) Refugir SVei	lez No	2 fa	vy Pub	lic	
	Signature of office administering dath  Printed name of officer administering	oath Tit	le of o	office dadministerir	ng oath	

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FORM **1295** 

				1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.		Certificate Number: 2017-193796			
	The Center Of Industrial Rehabilitation Services					
	McAllen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the o	contract for which the form is	04/17/2017			
	being filed.		Date Acknowledged:			
	City Of McAllen		05/10/2017			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify		∕ide a		
	04-17-S30-60					
	Health and Wellness Program-McAllen Fire Department					
4			Nature of			
•	Name of Interested Party	City, State, Country (place of busine	·	<del></del>		
			Controlling	Intermediary		
_						
_						
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT   swear, or affi	rm, under penalty of perjury, that the a	above disclosure is true	and correct.		
		Signature of authorized agent of contr	actina business entity			
		agone or contr	J			
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	this the	day of			
	20, to certify which, witness my hand and seal of office.		<del></del>	····· <del></del> -		
			do of -tt:-	mar c sit-		
	Signature of officer administering oath Printed name of officer	cer administering oath Tit	tle of officer administeri	ng oath		

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.			Certificate Number: 2017-173520		
	Santex Truck Centers, LTD. Pharr, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contr			L/2017		
_	being filed.	action willow the form is				
	City of McAllen		Date /	Acknowledged:		
3	Provide the identification number used by the governmental entity or st description of the services, goods, or other property to be provided und		the co	ontract, and prov	∕ide a	
	Project No. 03-17-P17-90 C & C W/VARIOUS BODIES - HEAVY & MEDIUM DUTY DIESEL TO	RUCKS				
4			,	Nature of		
	Name of Interested Party City,	State, Country (place of busine	SS)	(check ap		
_				Controlling	Intermediary	
		**************************************				
		•				
	4.4		$\dashv$		•••••	
5	Check only if there is NO Interested Party.		<b>_</b> _			
6	AFFIDAVIT I swear, or affirm, u	nder penalty of perjury, that the a	ibove (	disclosure is true	and correct.	
	Solero Vela Jr. Notary Public, State of Texas Expires: 09-05-2018 Signa	COACULE A.  uture of authorized agent of control	K.c.	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE	,			ļ	
	Sworn to and subscribed before me, by the said <u>Udyne A</u> kg 20, to certify which, witness my hand and seal of office.	/ <i>NiSh</i> , this the		day of <i>211</i>	wch.	
	Alles Tel Sotero	Vela 4	(3 D.)			
	Signature of officer administering oath Printed name of officer ad		e of of	fficer administerir	ng oath	
	- -	-			-	

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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place		ificate Number: 7-173520	
	Santex Truck Centers, LTD.	!			
	Pharr, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which the form is	03/0.	1/2017	
	City of McAllen	!	1	Acknowledged:	
_			05/13	2/2017	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a
	Project No. 03-17-P17-90 C & C W/VARIOUS BODIES - HEAVY & MEDIUM DUTY DIE	ESEL TRUCKS			
		<u> </u>		1 Noture o	5 Indanage
4	Name of Interested Party	City, State, Country (place of busine	ess)		f interest oplicable)
	Number of Interested 1 day	Oity outer country (piece of seems	633,	Controlling	Intermediary
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_					
	1				
				-	
5	Check only if there is NO Interested Party.	<u> </u>		•	
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	_	Signature of authorized agent of contr	racting	j business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Curery to and authors had hefare me but he said	this the		day of	
	Sworn to and subscribed before me, by the said			uay ui	
	Signature of officer administering oath Printed name of c	officer administering oath Til	tle of c	officer administeri	ng oath

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.		CEI	OFFICE USE	
1		of the business entity's place		ficate Number;	OF FILING
-	of business.	or the submission chary o place		'-197706	
	HD Supply Waterworks, Ltd. McAllen, TX United States		Doto	Filed.	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is		Filed: 5/2017	
-	being filed.	contract for which the form is			
	City of McAllen TX		Date	Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or identify d under the contract.	the co	ontract, and pro	vide a
	04-17-SP05-76				
	NEW COMPOUND COLD WATER METERS				
4				Nature o	f interest
	Name of Interested Party	City, State, Country (place of busine	ess)	(check a	
-				Controlling	Intermediary
Г					
L					
		•	'		7. UV.
L					
Г					
Ļ	Cheek and if there is NO Interceted Doub				
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT Lewear or aff	firm, under genalty of perjury, that the	ahova	disclosura is true	and correct
		inini, didder genalty of perjury, that the	above	disclosure is true	and correct.
	ROSA E. COSS  Notary Public, State of Texas				
	ID# 12430155-8 My Commission Expires				
	08-13-2016	Signature of authorized agent of cont	racting	j business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE	**			
	Sworn to and subscribed before me, by the said Juan Antonio		1 c-t	u	
	20_ [7], to certify which, witness my hand and seal of office.	Hucrrerb , this the <u>c</u>	<del>7</del> 2.	day of	Lbul.
	20_ 1 1 3 to overally militing mane 35 my mand and 35 at of office,				
/	$\sim$			<b>~</b>	_
	Kom & dom Kran	E COBSETTION D		Heren	ablix
`	Signature of officer administering oath Printed name of off	icer administer/hgroath/\ \a\ Notary	flerquip COM	officented ministeri	ng oath
			11.44 11	2430166-8 <del>celon E:;Glie V</del> e 3-2018	Ø.
Fo	ms provided by Texas Ethics Commission www.ethic	s.state.tx.us	08-1	3-2018 Ve	sion V1.0.883

FORM **1295** 

_						
	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.		CEF	OFFICE USE		
1				Certificate Number: 2017-197706		
	HD Supply Waterworks, Ltd.					
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for wh			Filed: 5/2017		
_	being filed.					
	City of McAllen TX			Acknowledged: 6/2017		
3	Provide the identification number used by the governmental entity or state agenc description of the services, goods, or other property to be provided under the cor	y to track or identify ntract.	the co	ontract, and prov	/ide a	
	04-17-SP05-76 NEW COMPOUND COLD WATER METERS	`				
4	City Chats Court		\	Nature of		
	Name of Interested Party City, State, Cou	ıntry (place of busine	ss)	(check ap	Intermediary	
_				Controlling	memoralary	
				:		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under pena	lty of perjury, that the a	above	disclosure is true	and correct.	
	Signature of au	thorized agent of contr	acting	business entity	<del></del>	
	AFFIX NOTARY STAMP / SEAL ABOVE	•				
		atorio atorio		dou of		
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, uns the		uay 0i	,	
	Signature of officer administering oath Printed name of officer administering	ng oath Tit	le of c	officer administeri	ng oath	

FORM 1295

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					1071
	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 CERTIFICA		
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place	Certificate Num	ber:	
	Mission Western Wear	•	2017-205833		
	Mission, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the c	contract for which the form is	05/10/2017		
	being filed.		Data Aalmanda	- المديدات	
	City of McAllen		Date Acknowled	igea:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify I under the contract.	the contract, an	d prov	ide a
	01-17-SP13-129				
	Safety Leather Boots				
4			Nat	ure of	interest
•	Name of Interested Party	City, State, Country (place of busine	· }		olicable)
			Controll	ing	Intermediary
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-		print print Fine him h & him had		$\dashv$	
		RECEIVED			
		CITY OF MOALLET	A.		
		MAY 1 A ZUIT			
		WAL 16 5011			
		Purchasing & Contract	ing	$\dashv$	
		- <del>Bv. (YA)</del>	ere (Albert		
5	Check only if there is NO Interested Party.			J_	
			<del> </del>		
6	AFFIDAVITATION MA RIVERING TO Affir	rm, under penalty of perjury, that the a	above disclosure i	s true	and correct.
	ARY PUBLIC STATES	•			
		0 .0 1			
		wil Denos	ore		
	E COFTE OF THE SE	Signature of authorized agent of contra	acting business e	ntity	
	AFFIX NOTAL ASSISTANCE AND ABOVE				
	A THE COUNTY OF THE ABOVE				ĺ
	Sworn to and subscribed before me, by the said Aviel Long	05 a, this the	Se day of	mo	<u>  </u>
	20, to certify which, witness my hand and seal of office.				′ -
		(	1.		
	Thelma Kivey	<u>,</u> /4	odery Tub	Lie	
	Signature of officer administering oath Printed name of office	er administering oath Titl	e of officer admin	isterinç	oath
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FORM **1295** 

⊢							
	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				Certificate Number: 2017-205833			
	Mission Western Wear	'		LUUUUU			
_	Mission, TX United States		1	Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract for which the form is	05/10	0/2017			
	City of McAllen	'	Date	Acknowledged:			
	ony or	'	05/10	6/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a		
	01-17-SP13-129						
	Safety Leather Boots						
_				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ar	oplicable)		
	1			Controlling	Intermediary		
	-						
			$\dashv$				
			$\longrightarrow$				
5	Check only if there is NO Interested Party.		····				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		Circulative of authorized agent of cont		incoo ontitu			
		Signature of authorized agent of conti	racuny	J business enuty			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	1		
	20, to certify which, witness my hand and seal of office.			<u> </u>			
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of c	officer administeri	ng oath		

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м <b>1295</b>		
=	Constitution of Acad Cifficulty in Internal Algorithm	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	<del></del>	OFFICE USE			
	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,			RTIFICATION			
1	Name of business entity filing form, and the city, state and count of business. silsbee ford	ntry of the business entity's place		icate Number: -207179			
	SILSBEE, TX United States		Date F				
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which the form is	105/15	5/2017			
	city of McAllen		Date /	Acknowledged;			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	ntract, and prov	/ide a		
	04-17-P25-50 POLICE VEHICLES						
4	Name of Interested Dayly	City State Country (place of hyple	222)	Nature of			
	Name of Interested Party	City, State, Country (place of busin	ess	(check ap	Intermediary		
DO	DNALSON, DREW	SILSBEE, TX United States		х			
	. "						
					~		
		***			: :		
				·	<u> </u>		
5	Check only If there is NO Interested Party.						
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
	MAXINE CARAWAY Notary ID # 4014284 My Commission Expires July 3, 2020  MAXINE CARAWAY Signature of authorized agent of contracting business entity						
	Sworn to and subscribed before me, by the said 20	Augustine 1	7th	day of	LAY,		
	may from MAXIN	Le CARAWAY	- A	notor			
	Signature of officer administering oath Printed name of c	officer administering oath T	rde of o	fficer administeri	ng oa <b>y</b> i		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.0.883

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.			FFICE USE	ONLY OF FILING	
1	silsbee ford			Certificate Number: 2017-207179 Date Filed:		
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			05/15/2017 Date Acknowledged: 05/17/2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 17-P25-50 POLICE VEHICLES		the cont	ract, and prov	vide a	
4	Name of Interested Party	City, State, Country (place of busin	Nature of interes usiness) (check applicable Controlling Interm			
DO	DNALSON, DREW	SILSBEE, TX United States	>	<		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above dis	sclosure is true	and correct.	
		Signature of authorized agent of cont	tracting bu	usiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				7.7. 7.7. 8.8. 8.8.	
	Sworn to and subscribed before me, by the said	, this the		_ day of	·'	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of offic	cer administeri	ng oath	

CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 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.  Name of business entity filing form, and the city, state and cour of business. Doggett Freightliner of South Texas, LLC Converse, TX United States  Name of governmental entity or state agency that is a party to the being filed. City of McAllen  Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided.	he contract for which the form is tity or state agency to track or identify	CER Certifi 2017- Date F 05/15	/2017 Acknowledged:	OF FILING
03-17-P17-90 C&C W/Various Bodies				
4 Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap	f interest oplicable) Intermediary
Doggett Industries Investments, LLC	Dallas, TX United States			X
doggett, william	Houston, TX United States		X	
	Diffes board			
	RECEIVED CITY OF McAL		l i	
	MAY 18 2017		*	
	urchasing & Cont	raç	ting	
5 Check only if there is NO Interested Party.				
<u> </u>				
5 Check only if there is NO Interested Party.  6 AFFIDAUT  NICK FERRELL Notary ID # 129898477 My Commission Expires July 25, 2018  Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  2017  to certify which, witness my hand and seal of office.				
Signature of officer administering oath  Printed name of	<u> </u>	itle of of	ficer administeri	ng oath

FORM **1295** 

					1 0f 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.		1	OFFICE USE	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number: 2017-207197		
	Doggett Freightliner of South Texas, LLC		Data	Filed:	
2	Converse, TX United States  Name of governmental entity or state agency that is a party to the	he contract for which the form is	Date   05/15	Filea: 5/2017	
	being filed. City of McAllen			Acknowledged:	;
	Daniel de identification accessos and by the recognized and			5/2017	vide e
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 03-17-P17-90		the co	miraci, and prov	vide a
	C&C W/Various Bodies				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap Controlling	Intermediary
De	oggett Industries Investments, LLC	Dallas, TX United States			Х
dc	ggett, william	Houston, TX United States		Х	
_					
•					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of cont	vanting	huginoga antitu	
		Signature of authorized agent of cont	ı acui iy	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	Signature of officer administering oath Printed name of	officer administering oath Ti	tie of o	fficer administeri	ng oath

	CERTIFICATE OF INTERESTED PART	TIES		FOI	RM <b>1295</b>
F	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 US	
1	Name of business entity filing form, and the city, state and count of business. SHI Government Solutions Austin, TX United States		CERTIFICATION OF FILI Certificate Number: 2017-207521 Date Filed:		NOF FILING
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen		05/15/2017  Date Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide 05-17-P27-01 Purchase of Microsoft office licensing	y or state agency to track or identify ed under the contract.	the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	<b>SS</b> )	(check a	f interest pplicable)
				Controlling	Intermediar
			1. 14.8 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
5	Check only if there is NO interested Party.		Y S		
-	AFFIDAVITX				
1	VICTORIA PUBYLSKI Notary Public, State of Texas Comm. Expires 10-11-2020 Notary ID 130868106	firm, under penalty of perjury, that the a			and correct,
	AFFIX NOTARY STAMP / SEAL ABOVE			,,,	
	Sworn to and subscribed before me, by the said	this the	vê th	day of _M	ey.
	Signature of officer administering path Printed name of off	PUBYLSK Icer administering oath Title		Lanagey	

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.				Certificate Number:		
	SHI Government Solutions	Solutions			1-2013ZT		
	Austin, TX United States			Date	Date Filed:		
2	Name of governmental entity or state agency that is a	a party to th	ne contract for which the form is		05/15/2017		
	being filed.						
	City of McAllen				Acknowledged:		
				05/1	.8/2017		
3	Provide the identification number used by the govern description of the services, goods, or other property	mental enti to be provid	ity or state agency to track or ident ded under the contract.	ify the c	ontract, and pro	vide a	
	05-17-P27-01						
	Purchase of Microsoft office licensing						
_			1				
4	Name of Intercepted Posts					finterest	
	Name of Interested Party City, State, Country (place of busin		iness)		oplicable)		
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.					-	
6	AFFIDAVIT	I swear, or	affirm, under penalty of perjury, that the	ne above	disclosure is true	and correct.	
			Signature of authorized agent of co	ntracting	g business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE						
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	Sworn to and subscribed before me, by the said		, uns tre		uay u	,	
	20, to obtain which manage my stand and obtain	, amou,					
	Signature of officer administering oath Printe	ed name of c	officer administering oath	Title of o	officer administeri	ng oath	

#### **CERTIFICATE OF INTERESTED PARTIES** FORM **1295** 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-209639 Landscape Forms, Inc. Kalamazoo, MI United States Date Filed: 05/18/2017 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: 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. Manufacture and deliver solar powered bus shelters Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Havera, Jodi Kalamazoo, MI United States Х Heriford, Richard Kalamazoo, MI United States Х Martin, Kirt Kalamazoo, TX United States Х May, Jamie Kalamazoo, MI United States Х Waugh, Daniel Kalamazoo, MI United States Χ Main, William Kalamazoo, MI United States Χ Fulgoni, Rebecca Kalamazoo, MI United States Х Northrup, Jamie Kalamazoo, MI United States Х Marshall, Jim Kalama, MI United States Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office BARBARA A. HOLLMES Notary Public, State of Michigan County of Kalamazoo My Commission Expires Dec. 08, 2017 Acting in the County of

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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FORM **1295** 

			1 01 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		
<ol> <li>Name of business entity filing form, and the city, state and coun of business.</li> <li>Landscape Forms, Inc.</li> </ol>	Certificate Number: 2017-209639		
Kalamazoo, MI United States		Date Filed:	
2 Name of governmental entity or state agency that is a party to the	ne contract for which the form is	05/18/2017	
being filed. City of McAllen	Date Acknowledged: 05/18/2017	; 	
Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided. 209011		the contract, and pro-	vide a
Manufacture and deliver solar powered bus shelters		N. A. was	
4 Name of Interested Party	City, State, Country (place of busine	1	of interest pplicable)
Name of thorones.	Only, Otatio, Course, (p	Controlling	Intermediary
Havera, Jodi	Kalamazoo, MI United States	X	
Heriford, Richard	Kalamazoo, MI United States	Х	
Martin, Kirt	Kalamazoo, TX United States	Х	
May, Jamie	Kalamazoo, MI United States	Х	
Waugh, Daniel	Kalamazoo, MI United States	Х	
Main, William	Kalamazoo, MI United States	Х	
Fulgoni, Rebecca	Kalamazoo, MI United States	Х	
Northrup, Jamie	Kalamazoo, MI United States		Х
Marshall, Jim	Kalama, MI United States	Х	
5 Check only if there is NO Interested Party.			
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the a	above disclosure is true	e and correct.
	Signature of authorized agent of contr	racting business entity	
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said	, this the	day of	
Signature of officer administering oath Printed name of o	officer administering oath Tit	itle of officer administeri	ing oath

CERTIFICATE OF INTERESTE	D PARTIES		FOR	м 1295		
<u> </u>				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			
Name of business entity filing form, and the city, stat of business.	e and country of the business entity's place	Certificate Number: 2017-208112				
Grapevine DCJ, LLC GRAPEVINE, TX United States		Date Filed:				
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		05/16/2017  Date Acknowledged:				
Provide the identification number used by the govern description of the services, goods, or other property	nmental entity or state agency to track or identi	fy the contract, and provide a				
14-17-P25-50 POLICE VEHICLES	to be provided bruce the commen					
			Nature o	of interest		
Name of Interested Party	City, State, Country (place of bus	iness)		pplicable)		
ENNANT, BILL	GRAPEVINE; TX United States	ŝ	Controlling X	Intermediary		
ENIVARY, DILL						
		√:		-		
f						
Check only if there is NO Interested Party.						
6 AFFIDAVIT	I swear, or affirm, under penalty of perjury, that t	he above	e disclosure is tr	ue and correct.		
EMMITT ALLER SALYERS NOTARY PUBLIC State of Texas Comm. Exp. 06/06/2018	Signature of authorized agent of c	ontractin	ıg business entil	y		
AFFIX NOTARY STAMP / SEAL ABOVE		Į.	<b>L</b>			
Sworn to and subscribed before me, by the said	ennis (homos this the _	16	day of $V$	nay		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.0.883

FORM **1295** 

	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.			Certificate Number: 2017-208112		
	Grapevine DCJ, LLC		201,	200112		
	GRAPEVINE, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to	the contract for which the form is	05/16/2017			
	being filed.		Date Acknowledged:			
	CITY OF MCALLEN		05/16/2017			
			<u> </u>			
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-	ntity or state agency to track or identity vided under the contract.	the c	ontract, and pro	vide a	
	14-17-P25-50					
	POLICE VEHICLES					
				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busin	ess) (check applic		oplicable)	
			,	Controlling	Intermediary	
TE	NNANT, BILL	GRAPEVINE, TX United States		Х		
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	Charles (About to NO between 1 Parts					
5	Check only if there is NO Interested Party.					
â	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
					;	
		Signature of authorized agent of con-	traction	a business antitu		
		Signature of authorized agent of con-	uacmi	J DUSINESS ENILY		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of	of officer administering oath T	itle of	officer administer	ing oath	

FORM **1295** 

					1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested partie Complete Nos. 1, 2, 3, 5, and 6 if there are no interested			T <sub>CEI</sub>	OFFICE US		
·		CERTIFICATION OF FILIN				
Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number:			
Caldwell Country Ford			2017	'-207421		
Caldwell , TX United States		Date	Filed:			
2 Name of governmental entity or state agency that is a party to the contract for which the form is		e contract for which the form is	Date Filed: 			
being filed.	being filed.					
City of McAllen		Date A			Acknowledged:	
3 Provide the identification number used by the gove description of the services, goods, or other propert	ernmental enti ty to be provid	ity or state agency to track or identified under the contract.	y the co	ontract, and pro	ovide a	
04-17-P25-50						
Police Vehicles						
4 Name of Interested Party		City, State, Country (place of busir		Nature of interest		
name of merested i arry		City, State, Country (place of busin			pplicable)	
			$\longrightarrow$	Controlling	Intermediary	
Way, Stephen		Caldwell, TX United States		X		
Hildebrand, Jon		Caldwell, TX United States			X	
Knapp, Averyt		Caldwell, TX United States			Х	
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		<u>Y OF MCALLEN</u>				
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		<u>MAY № 2017</u>	$\longrightarrow$			
	Durch	ising & Contractio	10			
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Check only if there is NO Interested Party.	<u>_</u>					
S AFFIDAVIT						
(0.10) P.44	l swear, or a	affirm, under penalty of perjury, that the	above (	disclosure is true	e and correct.	
KALYN M COMSTOCK					i	
My Commission Expires	iA					
August 21, 2018		rely along			i	
		Signature of authorized agent of cont	tracting	hucinose ontitu		
		orginatare or dainonager agent or com	lacing	Dusiness entity		
AFFIX NOTARY STAMP / SEAL ABOVE						
	, , ,					
Sworn to and subscribed before me, by the said Mic	thank h	Viles, this the/	15	day of	€9	
20, to certify which, witness my hand and seal	l of office.					
1 Daniel Mariale	101	1	1- 0	<b>~</b>		
Signature defines desirable	<u>yulur</u>	J CANBACI E	NOT	$\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{$		
Signature of officer administering oath Prin	nea name of∙ol	fficer administering oath Ti	tie of of	ficer administerir	ng oath	

FORM 1295

<u> —                                   </u>			_			
	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.			tificate Number: 7-207421		
	Caldwell Country Ford					
	Caldwell , TX United States		1	Filed:		
2		the contract for which the form is	05/1	15/2017		
	being filed. City of McAllen		Date	Acknowledged:	•	
	Oity of Moralett			.6/2017		
3					vide a	
	description of the services, goods, or other property to be pro-	vided under the contract.				
	04-17-P25-50 Police Vehicles					
4				ł	of interest	
	Name of Interested Party	City, State, Country (place of busin	iess)		pplicable)	
—				Controlling	Intermediary	
W	/ay, Stephen	Caldwell, TX United States	<u> </u>	х		
Hi	ildebrand, Jon	Caldwell, TX United States			х	
Kr	napp, Averyt	Caldwell, TX United States			×	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
					I	
		Signature of authorized agent of conf	tracting	business entity ر	İ	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	<del></del>	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of	of officer administering oath Ti	male of (	officer administeri	*	
	Signature of officer administering datif	a) Officer administering oath	itte o: o	Allicer aumministen	ing cam	

FORM **1295** 

Certii 2017 Date	ificate Number: 7-212811	N OF FILING			
2017 Date	7-212811	:			
Date					
	Filed:				
05/24					
	05/24/2017				
Date	Date Acknowledged:				
y the co	ontract, and pr	ovide a			
	1	of interest			
ness)					
	Controlling	Intermediary			
	Х				
	***				
I		<u> </u>			
above	disclosure is tru	ie and correct.			
HECTOR H. HERRERA My Notary ID # 2573753 Expires December 28, 2020 Signature of authorized agent of contracting business entity					
3	,				
Sworn to and subscribed before me, by the said <u>JAVIER GARCIA</u> , this the <u>24TH</u> day of <u>MAY</u> , 20_17, to certify which, witness my hand and seal of office.					
A					
	ıtractinç				

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-212811 S&GE, L.L.C. San Antonio, TX United States Date Filed: 05/24/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 05/26/2017 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. 04-17-S34-01 Professional Engineering Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Χ Garcia, Javier San Antonio, TX United States 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_ , this the \_\_\_\_\_ day of \_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

			<u> </u>	MINE SANGERCAUSE WAS ASSESSED.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
!	CERTIFICATE OF INTERESTED PAR	TIES		FOR	RM <b>1295</b>
	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.		CE	OFFICE USE	E ONLY
1	Name of business entity filing form, and the city, state and coun of business.  Ungerboeck Systems International, Inc.	itry of the business entity's place	Certi 2017	ificate Number: 7-212686	
2	OFallon, MO United States  Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	ne contract for which the form is	05/2	Filed: 4/2017 Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 10-16-P05-110 Event Management Software & Services	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap Controlling	
Un	ngerboeck, Justin	OFallon, MO United States		X	***************************************
Un	ngerboeck, Ryan	OFallon, MO United States		×	
Un	ngerboeck, Krister	OFallon, MO United States		Х	
Un	ngerboeck, Dieter	OFallon, MO United States		X	· · · · · · · · · · · · · · · · · · ·
			-		
				<del></del>	
·	Check only if there is NO interested Party.				
	APSIDe Vet	2			
•	BERNICE K. ORF Notary Public - Notary Seal State of Missouri, St Charles County Commission # 14433892 My Commission Expires Apr 20, 2018	affirm, under penalty of perjury, that the a			and correct.
:	AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said 20 17 , to certify which, witness my hand and seal of office.	Ngerbacek, this the 2	14	day of M	lų.
Ž	Bernie & Dy Bernie	e K Gr F	No.	GTY fficer administerin	ng oath

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 partie	es,	OFFI	CE USE C	
Name of business entity filing form, and the city, state and of business.     Ungerboeck Systems International, Inc.	d country of the business entity's place	Certificate N 2017-21268	lumber:	-
OFallon, MO United States  2 Name of governmental entity or state agency that is a part	to the contract for which the form is	Date Filed: 05/24/2017		
being filed.  City of McAllen	ly to the contract for which the form is	Date Acknow 05/24/2017	wledged:	
3 Provide the identification number used by the government description of the services, goods, or other property to be 10-16-P05-110	tal entity or state agency to track or identify provided under the contract.	the contract,	, and provid	e a
Event Management Software & Services				
4 Name of Interested Party	City, State, Country (place of busin	ess) (	Nature of in (check appli rolling la	
Ungerboeck, Justin	OFallon, MO United States	X	TORING 1	itermediary
Ungerboeck, Ryan	OFallon, MO United States	Х		
Ungerboeck, Krister	OFallon, MO United States	Х		
Ungerboeck, Dieter	OFallon, MO United States	Х		
5 Check only if there is NO Interested Party.				
6 AFFIDAVIT I swe	ear, or affirm, under penalty of perjury, that the	above disclosi	ure is true ar	nd correct,
	Signature of authorized agent of cont	tracting busine	ss entity	
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office		da	y of	
- <del></del>				
Signature of officer administering oath Printed na	ame of officer administering oath T	itle of officer a	dministering	oath

FORM 1295

L					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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and countr of business.	y of the business entity's place	i i	ficate Number: 7-213650	
Ļ	Motorola Solutions, Inc. Houston, TX United States			Filed: 5/2017	
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	contract for which the form is		Acknowledged:	
3	Provide the identification number used by the governmental entity	y or state engines to track or identify			rido a
3	description of the services, goods, or other property to be provide RA05-15 HGAC P-25 Communications Equipment and services. TTIC Project	ed under the contract.	ine or	omiaci, and prov	nue a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap	
_		ensy entry (place of business)	-00,	Controlling	Intermediary
					·
5	Check only if there is NO Interested Party.			, ,	
6	AFFIDAVIT I swear, or at	ffirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	BETH SHELTON Notary ID # 11199507 My Commission Expires April 23, 2018  AFFIX NOTARY STAMP (SEAL ABOVE	Signature of authorized agent of contr	/ racting	pusiness entity	
	(1)	R Rusself, this the	25	day of	24 <u>.</u>
_	Signature of officer administering path  Signature of officer administering path	Relton  Hicer administering oath Ti	Az	otam officer administeri	ng oath
	, introduction of the		41 4		-3 2MM1

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	es.	CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and of business.	d country of the business entity's place		ficate Number: 7-213650	
	Motorola Solutions, Inc.		2011		
	Houston, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a part	ty to the contract for which the form is	05/2	5/2017	
	being filed.			A . 1 1	
	City of McAllen			Acknowledged: 5/2017	
3	Provide the identification number used by the government description of the services, goods, or other property to be	ital entity or state agency to track or identif e provided under the contract.	y the c	ontract, and pro	vide a
	RA05-15 HGAC				
	P-25 Communications Equipment and services. TTIC F	Project			
		1		Nature o	f interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	1	pplicable)
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5	Check only if there is NO Interested Party.			<u> </u>	<u> </u>
6	AFFIDAVIT I sw	ear, or affirm, under penalty of perjury, that th	e above	e disclosure is tru	e and correct.
					,
	<u>_</u>				
		Signature of authorized agent of co	ntractin	g business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said			day of	
	20, to certify which, witness my hand and seal of offi	ice.			
			Tielo	officer advatates	ing onth
	Signature of officer administering oath Printed no	ame of officer administering oath	ine of	officer administer	ing oath

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	
1	Name of business entity filing form, and the city, state and country of the business entity of business.	ty's place		icate Number: -217608	
	McAllen Chamber of Commerce	1	-;		
	McAllen, TX United States		Date l	Filed:	
2	de la la contract for which the	e form is	06/02	2/2017	
-	being filed.				
	City of McAllen		Date /	Acknowledged:	
3	description of the services, goods, or other property to be provided under the contract.	ack or identify	the co	ontract, and prov	/ide a
	05-17-S35-01 AGREEEMENT - ALWA	Aller and the last	ent. I	nahawalat '	rotina ac-1
_	Serves its member, community, and visitor by enhancing economic growth and qua collaborative partnership	uncy of life throu	ugn le		
4		mta = -	[	Nature of	
•	Name of Interested Party City, State, Country (	place of busine	:ss)	(check ap	
				Controlling	Intermediary
<b></b>					
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5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm, under penalty of	perjury, that the	above	disclosure is true	e and correct.
		1.			
		1 /			
	ALBERTO GARZA  Notary Public State of Texas	1/1111.			
1	Notary Public, State of Texas  My Commission Expires	www		B	
1	March 12, 2018 Signature of authorize	ed agent of cont	tractinț	g business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
			_	•	
1	Sworn to and subscribed before me, by the said Steve Ahlenius	, this the	_2.	day of <u>J</u>	ine.
	20 17, to certify which, witness my hand and seal of office.	<del>.</del>			
	<i>J</i> .				
l	Az				
	Alberto Garza				
	Signature of officer administering oath  Printed name of officer administering oath	h T	itle of	officer administer	ing oath
	Signature of other administering odd	•			J

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested pa	arties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state a of business.		try of the business entity's place	Certi	ficate Number: 7-217608	
	McAllen Chamber of Commerce			ZUL	Z11000	
	McAllen, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a pa	arty to th	e contract for which the form is		2/2017	
-	being filed.	, (1)				
	City of McAllen			1	Acknowledged: 2/2017	•
3	Provide the identification number used by the government description of the services, goods, or other property to			the co	ontract, and pro	vide a
	05-17-S35-01 AGREEEMENT - ALWA					
	Serves its member, community, and visitor by enhance collaborative partnership	cing eco	nomic growth and quality of life thro	ugh le		
4				]	Nature of	
	Name of Interested Party		City, State, Country (place of busin	ess)	(check ap	
_					Controlling	Intermediary
_						
					- Alleria	
•						
				-		
5	Check only if there is NO Interested Party.					
	X					
6	AFFIDAVIT [ 5	swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
			Cinnet and all	hu **	husie	
			Signature of authorized agent of con-	u aciing	y pusiness entity	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		, this the		day of	
	20, to certify which, witness my hand and seal of c	office.				
	Signature of officer administering oath Printed	name of o	officer administering oath T	itle of o	officer administeri	ng oath
						1

FORM **1295** 

			· · · · · · · · · · · · · · · · · · ·	1 of 1
	Complete Nos, 1 - 4 and 6 if there are interested parties.	- Andrewski Andrewski (1994)	OFFICE US	ONLY
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		ficate Number:	
	Pleasant View Landscaping	2017	'-194701	
	Mission, TX United States		Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	04/19	9/2017	
	City of McAllen	Date	Acknowledged:	
			•	
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	the co	ontract, and pro	/ide a
	04-17-S31-81			
	Mowing of weedy lots			
4	Name of Interested Party City, State, Country (place of busin	625)	Nature o (check ap	
		,	Controlling	Intermediary
			7	
			<del></del> -	
		1		
5	Check only if there is NO Interested Party.			
6	AEEIDAVIT			
•	I swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	CINDY GUZMAN			
	Notary Public, State of Texas ID# 865103-2			
	My Commission Expires 03-08-2020 Signature of authorized agent of contr	) a atina	forming a position	
	Signature of authorized agent of confi	acting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said 10 are this the	ath	1. A	no I
	Sworn to and subscribed before me, by the said \( \sum \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \( \lambda \) \(	COL	day of <u></u>	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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	Center truzzan (1)	h	ers: h	
•	Signature of officer administering oath Printed name of officer administering oath Tit	le of of	fficer administerir	g oath
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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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	1	ificate Number: 7-194701	
	Pleasant View Landscaping Mission, TX United States			Filed:	
2	Mission, TX United States  Name of governmental entity or state agency that is a party to the	he contract for which the form is	E .	: Filea: .9/2017	
~	being filed.	He Contract for winer the form			
	City of McAllen		1	Acknowledged: 06/2017	i I
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a
	04-17-S31-81				
	Mowing of weedy lots				
4				1	of interest
	Name of Interested Party	City, State, Country (place of busine	ess)		pplicable)
$\vdash$				Controlling	Intermediary
	1		1		
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	1				
<u>_</u>				<u> </u>	
_					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	r affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.
			· · · · · · · · ·	antitu	<del></del>
I		Signature of authorized agent of cont	racung	) business enuty	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		_ day of	
	20, to certify which, witness my hand and seal of office.				
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ı					
	Signature of officer administering oath Printed name of o	f officer administering oath Ti	itle of c	officer administeri	ing oath

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.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ficate Number:	
	GO UNDERGROUND, LLC.		2017	7-195671	
	Harlingen , TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	1	0/2017	
	being filed.				
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the co	ontract, and prov	vide a
	Project No: 04-17-S31-81	Mandy Lata			
	Multiple Service Contracts for "Contract-Labor" for Mowing of	weedy Lots			
4				Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	·
	<u> </u>		-	Controlling	Intermediary
G	O UNDERGROUND, LLC.	HARLINGEN, TX United States	İ	Х	
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					**************************************
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5	Check only if there is NO Interested Party.			l.	
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	JUAN JORGE OLIVARES  Notary Public, State of Texas  Comm. Expires 03-29-2020  Notary ID 130599397	Signature of authorized agent of contr	lva	business entity	,
	Sworn to and subscribed before me, by the said	<b>Livers</b> , this the <u>20</u>	)4h	day of	<u>or. 1</u>
	Signature of officer administering oath  Printed name of or	fficer administering oath Tit	<u>VOto</u> ile of o	ivy 130 ( Ifilipor administerir	: <u>9939</u> 7 ig oath

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-195671 GO UNDERGROUND, LLC. Harlingen, TX United States Date Filed: 04/20/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 06/06/2017 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: 04-17-S31-81 Multiple Service Contracts for "Contract-Labor" for Mowing of Weedy Lots Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary HARLINGEN, TX United States Χ GO UNDERGROUND, LLC. 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_, this the \_\_\_\_\_\_ day of \_\_\_\_ Sworn to and subscribed before me, by the said \_\_\_\_ 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

	CERTIFICATE OF INTERESTED	PAR	TIES		FOR	м <b>1295</b>
F	Complete Neg. 1 4 and 6 if there are interested parties			T.	OFFICE USE	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.	arties.		CE	RTIFICATION	
1	Name of business entity filing form, and the city, state a of business.  Conde's Landscaping	and count	try of the business entity's place	1	ificate Number: 7-219814	
	Alton, TX United States				Filed:	
2	Name of governmental entity or state agency that is a p being filed.	party to th	e contract for which the form is	06/0	6/2017	
	City of McAllen			Date <sub>.</sub>	Acknowledged:	
3	Provide the identification number used by the governm description of the services, goods, or other property to 04-17-S31-81.  Mowing of Weedy Lots	nental enti ) be provid	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
4	Name of Intersected Floring		City Carte County (-1)		Nature o	
	Name of Interested Party		City, State, Country (place of busin	ess)	(check ar	Intermediary
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					:	: <del>!</del>
5	Check only if there is NO Interested Party.				- 1	
6	AFFIDAVIT	swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	FABIAN PEREZ  NOTARY PUBLIC - STATE OF TEXAS  ID # 12899112-8  COMM. EXP. 07-15-2020		Signature of authorized agent of conf	racting	p business entity	<u>-</u>
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		Conde, this the	7th	day of	une.
		him	Dema	Joh	car D. L	à <sup>ř</sup> . z
	Signature of officer administering oath Printed	<u>ンパル</u> I name of o			officer administerin	ng oath

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.	oarties,		CE	OFFICE USI	
1	Name of business entity filing form, and the city, state of business.	and cour	ntry of the business entity's place	1	ificate Number:	
	Conde's Landscaping			201	7-219814	
	Alton, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a	party to the	ne contract for which the form is	06/0	6/2017	
	being filed.					
	City of McAllen				Acknowledged:	
					7/2017	
3	Provide the identification number used by the government description of the services, goods, or other property to	nental ent o be provi	ity or state agency to track or identi ded under the contract.	fy the c	ontract, and pro	vide a
	04-17-S31-81					
	Mowing of Weedy Lots					
			1		Nature o	f interest
4	Name of Interested Party		City, State, Country (place of busi	ness)	į.	oplicable)
					Controlling	Intermediary
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT	swear, or	affirm, under penalty of perjury, that the	e above	disclosure is true	and correct.
			Signature of authorized agent of cor	ntracting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		, this the		day of	
	20, to certify which, witness my hand and seal of				aa, a	'
	Signature of officer administering oath Printed	I name of	officer administering oath	Fitle of a	officer administeri	ng oath
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### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2017-219823 of business. Dell Marketing L.P. Date Filed: Round Rock, TX United States 06/07/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 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. Purchase of Replacement PCs Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х Round Rock, TX United States Dell, Michael 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. BRETTA YOUNG, Notary Public Newaygo County, State of Michigan My Commission Expires 07/26/2019 Acting in Muskegon County Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Cynthia B. Radel , this the 7th day of June Sworn to and subscribed before me, by the said \_\_\_\_\_ , to certify which, witness my hand and seal of office.

#### ett. y CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-219823 Dell Marketing L.P. Round Rock, TX United States Date Filed: 06/07/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 06/07/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 15-17-P29-01 Purchase of Replacement PCs Nature of interest 4 City, State, Country (place of business) (check applicable) Name of Interested Party Intermediary Controlling Χ Round Rock, TX United States Dell, Michael

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7					
Iswear or	affirm under ner	nalty of neriury, that th	e ahove disi	closure is true	e and correc
	•				
	Signature of a	uthorized agent of co	ntracting bu	siness entity	
<del></del>	Signature of a	authorized agent of co	ntracting bu	siness entity	
	Signature of a	authorized agent of co	ontracting bu	siness entity	
	Signature of a	authorized agent of co	ntracting bu	siness entity	
		uthorized agent of co			
eal of office.					
	l swear, or	I swear, or affirm, under per	I swear, or affirm, under penalty of perjury, that th	I swear, or affirm, under penalty of perjury, that the above disc	I swear, or affirm, under penalty of perjury, that the above disclosure is true

	CERTIFICATE OF INTERESTED PARTIES			FORM	ı <b>129</b> 5	
					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.			FFICE USE		
1	Name of business entity filing form, and the city, state and country of the business of business.	s entity's place	Certifica 2017-1	ate Number: 95654		
	TDL Properties Alamo, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for whi	ch the form is	04/20/2017			
	being filed. City of Mcallen		Date Acknowledged:			
3	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. 04-17-S31-81 MOWING OF WEEDY LOTS					
7				Nature of		
4	Name of Interested Party City, State, Cou	ntry (place of busine	1	(check ap	plicable) Intermediary	
La	ppęz, Hector alamo, TX Un	ited States		X	ntotthoday	
vert						
<del> </del>						
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under pena	Ity of perjury, that the	above di	isclosure is true	and correct.	
	YLEANA YBARRA  Notory Public, State of Texas  My Commission Expires  October 01, 2019  Signature of au	thorized agent of contra	racting b	ousiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the 2	0th	day of	rul.	
	Signature of officer administering oath  Near a Volume of officer administering oath  Printed name of officer administering oath	ng oath Ti	itle of off	Hary ficer administer	ing oath	
1	( <i>)</i>					

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-195654 **TDL Properties** Alamo, TX United States Date Filed: 04/20/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Mcallen 06/09/2017 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. 04-17-S31-81 MOWING OF WEEDY LOTS Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary alamo, TX United States Х Lopez, Hector 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_\_, this the \_\_\_\_\_\_ day of \_\_\_\_ 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CERTIFICATE OF INTERESTED PAR	TIES ,	FOR	RM <b>1295</b>
			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 US CERTIFICATION	
<ol> <li>Name of business entity filing form, and the city, state and cour of business.</li> </ol>	ntry of the business entity's place	Certificate Number: 2017-195086	
vista verde landscape inc donna, TX United States			
Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	04/19/2017	
City of Mcallen		Date Acknowledged	:
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided of the services. Goods of the property of the provided of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the service	ity or state agency to track or identifi ded under the contract.	the contract, and pro	vide a
4		Nature o	f interest
Name of Interested Party	City, State, Country (place of busin	ess) (check a	pplicable)
		Controlling	Intermediary
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			<del>-</del>
Check only if there is NO Interested Party.			
AFFIDAVIT .			<del></del>
I swear, or a	affirm, under penalty of perjury, that the	above disclosure is true	and correct.
SANTA G. NAVARRO Notary Public, State of Texas My Commission Expires October 03, 2019	Signature of authorized agent of cont	racting business entity	
AFFIX NOTARY STAMP / SEAL ABOVE	· .		
Sworn to and subscribed before me, by the said	Rodrisuez, this the 2	th day of A	PRIL.
South & Marion Contain	C. Mariano	vata . Out	
Signature of officer administering oath Printed name of of	fficer administering oath Ti	le of officer administering	ng oath
rms provided by Texas Ethics Commission www.ethi	cs.state.tx.us	Ve	rsion V1.0.883

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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place	I .	ificate Number: 7-195086	
	vista verde landscape inc	,	20	-T90000	
	donna, TX United States		Date	Filed:	
2		he contract for which the form is		9/2017	
_	being filed.	,			
	City of Mcallen	!		Acknowledged: 9/2017	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ided under the contract.	the co	ontract, and pro	vide a
	04-17-S31-81				
	Multiple Services Contract-Labor for Mowing of Weedy Lots				
4				1	f interest
4	Name of Interested Party	City, State, Country (place of busine	ess)		pplicable)
				Controlling	Intermediary
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			$\rightarrow$		
			$\longrightarrow$		
5_	Check only if there is NO Interested Party.				
6	AFFIDAVIT	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of conti	orting	- business antity	
		Signature or authorized agent or con-	facung	) Dusiness entry	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the		day of	_
	20, to certify which, witness my hand and seal of office.	1 4110 4.15	·	uuy 0.	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tie of o	officer administerii	ng oath

	CERTIFICATE OF INTERESTE	ED PARTIES		FOR	м 1295	
				,ř	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 intereste			FICE USE	ONLY OF FILING	
Name of business entity filling form, and the city, state and country of the business entity's place of business. Pathfinder Public Affairs, Inc. McAllen, TX United States			Certificate Number: 2017-220199			
2	Name of governmental entity or state agency that is being filed.	s a party to the contract for which the form is	Date Filed: - 06/07/2017			
	McAllen Hidalgo International Bridge					
3	Provide the identification number used by the government description of the services, goods, or other property 05-17-S34-01 legislative consulting services	rnmental entity or state agency to track or identify y to be provided under the contract.	y the contra	ct, and prov	vide a	
4	Manual of Indonesia of the or			Nature of		
	Name of Interested Party	City, State, Country (place of busin	· —	(check ap		
Pa	thfinder Public Affairs, Inc.	McAllen, TX United States	X	ntrolling	Intermediary	
			i i			
	Check only if there is NO Interested Party.					
3	AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the	above disclo	sure is true	and correct.	
	JANIE MORIN Notary ID # 5705828	12hr :				
	My Commission Expires August 17, 2020 AFFIX NOTARY STAMPS SEAS ABOVE	Signature of authorized agent of cont		•		
	Sworn to and subscribed before me, by the said	of office.	12 d	ay of Lu	no.	
	f. m.	Tani Mai	). <u>)</u>	.دد ه		
/	Signature of officer administering oath Print	Tani Moria Y ted name of officer administering oath Ti	tle of officer	<i>Tuch/i</i> administerin	g oath	

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	es.	CE	OFFICE US		
1	Name of business entity filing form, and the city, state and of business.	I country of the business entity's place	Certificate Number: 2017-220199			
	Pathfinder Public Affairs, Inc.		ZULI	1-220199		
	McAllen, TX United States		1	Filed:	-	
2	Name of governmental entity or state agency that is a party being filed.	y to the contract for which the form is	106/0	7/2017		
	McAllen Hidalgo International Bridge		Date Acknowledged: 06/09/2017			
3	Provide the identification number used by the governmental description of the services, goods, or other property to be	al entity or state agency to track or identify provided under the contract.	y the co	ontract, and pro	vide a	
	05-17-S34-01 legislative consulting services					
4					of interest	
	Name of Interested Party	City, State, Country (place of busin	ness)		pplicable)	
Pa	athfinder Public Affairs, Inc.	McAllen, TX United States		Controlling	Intermediary	
	Brillider Fabric Palana, 1165	Working The Officer States				
_						
_				:		
_						
_						
_						
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swea	ear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of cont	tracting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office	e,				
	Signature of officer administering oath Printed name	me of officer administering oath Ti	itle of o	officer administeri	ng oath	

CERTIFICATE OF INTERESTED PAR	TIES	E	о <b>гм 1295</b>	
		F	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 U	SE ONLY	
Name of business entity filing form, and the city, state and cour of business.     CineMassive Displays, Inc.     Atlanta, GA United States	itry of the business entity's place	CERTIFICATION OF FILII Certificate Number: 2017-223489		
Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	Date Filed: 06/14/2017		
Texas Transnational Intelligence Center	:	Date Acknowledged:		
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 06-17-P37-01 Purchase & Installation of Cinemassive Video Wall Display S Center (TTIC)	ne contiact			
4 Name of Interested Party	City, State, Country (place of busine	ess) (check	of interest applicable)	
Texas Transnational Intelligence Center	McAllen, TX United States	Controlling X	Intermediary	
5 Check only if there is NO Interested Party.				
6 AECIDAVIT				
JENNIFER LACEY LANGWELL Notary Public, Georgia Fulton County My Commission Expires March 22, 2021  AFFIX NOTARY STAMP / SEAL ABOVE	affirm, under penalty of perjury, that the s			
Sworn to and subscribed before me, by the said Pobly 20 1 , to certify which, witness my hand and seal of office.	Gam-fman, this the	( day of	June.	
Signature of officer administering loath Pented name of	Inni W LUW LMW	le of officer administ	Public ering oath	

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FORM **1295** 

						T 01 T		
	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.	arties.		CE	OFFICE USI			
1	Name of business entity filing form, and the city, state of business.	and cour	ntry of the business entity's place	Certificate Number: 2017-223489				
	CineMassive Displays, Inc.			201.	1-223409			
	Atlanta, GA United States			Date	Filed:			
2	Name of governmental entity or state agency that is a pbeing filed.	party to ti	he contract for which the form is	06/1	4/2017			
	Texas Transnational Intelligence Center				Date Acknowledged: 06/16/2017			
3	Provide the identification number used by the government description of the services, goods, or other property to			fy the c	ontract, and pro	vide a		
	06-17-P37-01 Purchase & Installation of Cinemassive Video Wall E Center (TTIC)	Display S	System with Selected Options for th	е Теха	ıs Transnationa	l Intelligence		
4	**				1	f interest		
	Name of Interested Party		City, State, Country (place of busi	ness)		oplicable)		
					Controlling	Intermediary		
Τe	exas Transnational Intelligence Center		McAllen, TX United States		Х			
5	Check only if there is NO Interested Party.							
6	AFFIDAVIT [	swear, or	affirm, under penalty of perjury, that th	e above	disclosure is true	and correct.		
			Signature of authorized agent of co	ntracting	n husiness entity			
					g Dadinoss sinsy			
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said		, this the		day of			
	20, to certify which, witness my hand and seal of	office.						
						•		
	Signature of officer administering oath Printed	name of	officer administering oath	Title of o	officer administeri	ng oath		

	CERTIFICATE OF INTERESTED PAR	TIES		FOF	км 1295
			7		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.		CEI	OFFICE US RTIFICATION	
1	of business.	ntry of the business entity's place	Certif	ficate Number:	
	Siddons Martin Emergency Group, LLC Houston, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	06/19	9/2017	
	CITY OF MCALLEN		Date	Acknowledged	:
3	Provide the Identification number used by the governmental ent description of the services, goods, or other property to be provided Project No 06-17-P33-01 Fire Apparatus	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
4				Nature o	f interest
	Name of Interested Party	City, State, Country (place of busin	ess)		pplicable)
М	artin, Jr., Leon	Houston, TX United States		Controlling X	Intermediary
S	iddons, Patrick	Houston, TX United States		Х	
<del>-</del>	Check only if there is NO Interested Party.		<del></del>		
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	DENISE PICOU  Notary Public, State of Texas  Comm. Expires 01-18-2021  Notary ID 10543726	Signature of authorized agent of cont	racting	business entity	
	Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and seal of office.	n WilliamS this the	9#	7day of	une.
	DILLS COM DILLS Signature of officer administering oath Printed name of company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company o	e Pi (OL) A officer administering oath	104 itle of o	WY U fficer agministeri	bli C ng oath

No. of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of

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		
	of business. Siddons Martin Emergency Group, LLC Houston, TX United States			Certificate Number: 2017-225618 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  CITY OF MCALLEN	ne contract for which the form is	Date /	9/2017 Acknowledged: 9/2017		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided Project No 06-17-P33-01. Fire Apparatus	ity or state agency to track or identify ded under the contract.	the co			
4	Name of Interested Party	City, State, Country (place of busine	ess)		of interest pplicable) Intermediary	
Ma	artin, Jr., Leon	Houston, TX United States		X		
Sid	ddons, Patrick	Houston, TX United States		Х		
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_						
_						
ļ <del></del>						
<u> </u>						
<u> </u>						
5	Check only if there is NO Interested Party.					
	Ц					
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above	disclosure is true	eand correct.	
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of cont	racting	business entity		
	Sworn to and subscribed before me, by the said	, this the		day of	·	
	Signature of officer administering oath Printed name of	f officer administering oath Ti	itle of c	officer administeri	ing oath	
1						

### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-224597 of business. Casco Industries, Inc. Date Filed: Houston, TX United States 06/15/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 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. Personal Protection Equipment (PPE) for Firefighters Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. Х 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. ROSE M. CADDENHEAD, NOTARY PUBLIC NOTARY ID # 53449 BOSSIER/CADDO PARISH, LOUISIANA MY COMMISSION IS FOR LIFE Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Agent Dino Perez , this the 15th day of June 20 17 \_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Nothing Rubbic

Title of officer administering oath

FORM 1295

_				
	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 U	
1		Certificate Number: 2017-224597		
	Casco Industries, Inc.		202, 22,00	
	Houston, TX United States		Date Filed:	
2		ract for which the form is	06/15/2017	
_	being filed.			
	City of McAllen	,	Date Acknowledge	ed:
	2.9 2		06/19/2017	
3	Provide the identification number used by the governmental entity or st description of the services, goods, or other property to be provided und	tate agency to track or identify der the contract.	the contract, and p	orovide a
	06-17-P34-01			
	Personal Protection Equipment (PPE) for Firefighters	-		
4			1	e of interest
4	Name of Interested Party City,	State, Country (place of busine		k applicable)
			Controlling	g Intermediary
5	Check only if there is NO Interested Party.			
6	AFFIDAVIT I swear, or affirm,	under penalty of perjury, that the	above disclosure is	true and correct.
	Sign	nature of authorized agent of con	tracting business en	tity
	J	-		
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said	, this the	day of	
	20, to certify which, witness my hand and seal of office.			,
	,,,			
				1.00.004
	Signature of officer administering oath Printed name of officer a	administering oath T	Fitle of officer adminis	stering oath

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-225890 Watson Furniture Group Poulsbo, WA United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 06/19/2017 being filed. City of McAllen Date Acknowledged: 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. PURCHASE & INSTALLATION OF TWENTY (20) ANALYST & TWO (2) DISPATCH FURNITURE SYSTEM WITH SELECTED OPTIONS FOR THE TEXAS TRANSNATIONAL INTELLIGENCE CENTER (TTIC.) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary X I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity Sworn to and subscribed before me, by the said Jan Fer Water Marthis the to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oatl

	CERTIFICATE OF INTERESTED PA	RTIES		FOR	км <b>1295</b>
_					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.		CE	OFFICE USE	
1	of business.	ness entity filing form, and the city, state and country of the business entity's place			
_	Watson Furniture Group Poulsbo, WA United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is		9/2017	
_	City of McAllen		06/21	Acknowledged: 1/2017	
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro		the co	ontract, and pro	vide a
	NCPA #07-48 PURCHASE & INSTALLATION OF TWENTY (20) ANALY OPTIONS FOR THE TEXAS TRANSNATIONAL INTELLIG		RE SY	STEM WITH S	ELECTED
4	Name of Interested Party	City, State, Country (place of busine	race)	1	of interest pplicable)
	Name of interested Party	Oily, state, country (place of boom	essy	Controlling	Intermediary
				Johnson	II KOMING
			$\neg$		
		+			
	<u> </u>		$\dashv$		
			1		
 5	Check only if there is NO Interested Party.			1	
3	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.
		Signature of authorized agent of contr	tracting	) business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	<del></del>	day of	1
	Signature of officer administering oath Printed name of	of officer administering oath Ti	itle of o	officer administerir	ng oath

FORM 1295

Name of Interested Party City, State, Country (place	olace Cert 201 Date 06/2 Date or identify the co		N OF FILING
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  1 Name of business entity filing form, and the city, state and country of the business entity's of business.  Professional Account Management, LLC Milwaukee, WI United States  2 Name of governmental entity or state agency that is a party to the contract for which the forbeing filed.  City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track of description of the services, goods, or other property to be provided under the contract.  06-17-S39-01  THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party  City, State, Country (place)	olace Cert 201 Date 06/2 Date or identify the co	ERTIFICATION tifficate Number: 1.7-226345 e Filed: 20/2017 e Acknowledged contract, and pro	N OF FILING
of husiness, Professional Account Management, LLC Milwaukee, WI United States  2 Name of governmental entity or state agency that is a party to the contract for which the forbeing filed. City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track of description of the services, goods, or other property to be provided under the contract. 06-17-S39-01 THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party City, State, Country (place)	Date or identify the o	T-226345 e Filed: 20/2017 e Acknowledged contract, and pro	i: ovide a
Milwaukee, WI United States  Name of governmental entity or state agency that is a party to the contract for which the form being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track of description of the services, goods, or other property to be provided under the contract.  06-17-S39-01  THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  Name of Interested Party  City, State, Country (place)	Date  Date  Date  or identify the continues of business)	e Filed: 20/2017 e Acknowledged contract, and pro	ovide a
2 Name of governmental entity or state agency that is a party to the contract for which the form being filed.  City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track of description of the services, goods, or other property to be provided under the contract.  06-17-S39-01  THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party  City, State, Country (place)	or identify the o	20/201.7  e Acknowledged  contract, and pro	ovide a
City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track of description of the services, goods, or other property to be provided under the contract.  06-17-S39-01 THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party City, State, Country (place)	or identify the o	contract, and pro	ovide a
description of the services, goods, or other property to be provided under the contract.  06-17-S39-01 THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  Name of Interested Party  City, State, Country (place	of business)	Nature o	
Name of Interested Party City, State, Country (place		i	of interest
Hatch, Kevin Hermosa Beach, CA Lin			•
Hatch, Kevin Hermosa Beach, CA Un		Controlling	Intermediary
Tiermood bedon, on on	ited States	×	
Bott, Gregg Milwaukee, WI United St	tates	X	
McBrayer, Nathan Milwaukee, WI United St	ates	X	
Kennedy, James Milwaukee, WI United St	ates	х	
Warwick, Robb Hermosa Beach, CA Uni	ted States	Х	
Young, Rob Hermosa Beach, CA Uni	ted States	х	
Wendler, Tim Milwaukee, WI United St.	ates	×	<del></del>
Ouncan Solutions, Inc. Milwaukee, WI United Sta	ates	×	
Check only if there is NO Interested Party.			
AFFIDAVIT  NOTAR  OUBLIC  Signature of authorized agen  Sworm to and subscribed before me, by the said  20_17, to certify which, witness my hand and seal of office.	t of contracting	business entity	
Signature of officer administering oath  Printed name of officer administering oath	Compliant Title of off	ce (bordinade	, In Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indiana in Indian

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				ficate Number:		
	of business. Professional Account Management, LLC		2017	7-226345		
	Milwaukee, WI United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	06/20	06/20/2017		
	being filed. City of McAllen			Date Acknowledged: 06/21/2017		
					vido o	
3	description of the services, goods, or other property to be provi	ded under the contract.	me co	outract and bro	vide a	
	06-17-S39-01 THIRD PARTY COLLECTIONS AGENCY - PARKING CITAT	TIONS				
4		1		Nature of interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	ess) (check applicable)		
				Controlling	Intermediary	
Ha	atch, Kevin	Hermosa Beach, CA United Stat	es	X		
В	ott, Gregg	Milwaukee, WI United States		Х		
M	cBrayer, Nathan	Milwaukee, WI United States		Х		
Kennedy, James		Milwaukee, WI United States		X		
Warwick, Robb		Hermosa Beach, CA United State	es	X		
Young, Rob		Hermosa Beach, CA United State	es	X		
W	endler, Tim	Milwaukee, WI United States		X		
Duncan Solutions, Inc.		Milwaukee, WI United States		X		
5	Check only if there is NO Interested Party.	,				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Cignoture of officer administrator and Driet	officer administering oath Ti	itle of a	officer administeri	ng ooth	
	Signature of officer administering oath Printed name of	oncer autimistering oaut 11	ide OF C	meer aunimisten	ny vali	

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	CERTIFICATE OF INTERESTED PARTIES			FORM <b>1295</b>		
L					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.		CE	OFFICE USI		
1	Name of business entity filing form, and the city, state and count of business.  Odessa Pumps and Equipment Pharr, TX United States	try of the business entity's place	2017	ificate Number: 7-227187 Filed:		
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			06/21/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid project# 06-17-p48-01 pump and electric motor distributor	ty or state agency to track or identif led under the contract.	y the c	ontract, and pro	vide a	
4					f interest	
•	Name of Interested Party	City, State, Country (place of busin	iess)	(check as Controlling	pplicable) Intermediary	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT 1 swear, or a	ffirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of con	tracting	business entity		
Sworn to and subscribed before me, by the said <u>Seronimo OChoo</u> , this the <u>23rd</u> day of <u>June</u> , 20 17, to certify which, witness my hand and seal of office.					lune.	
	John Tonio M	handraid h	سدس	7511		
		ficer administering oath	itle of o	officer administerin	ng oath	
or	ms provided by Texas Ethics Commission www.ethi	cs.state.tx.us		Vei	rsion V1.0.883	

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.			Certificate Number:			
	Odessa Pumps and Equipment			201.	7-227187		
	Pharr, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is being filed.	a party to t	he contract for which the form is	06/2	06/21/2017		
	city of mcallen				Date Acknowledged: 06/23/2017		
3	description of the services, goods, or other property	governmental entity or state agency to track or identify the contract, and provide a operty to be provided under the contract.					
	project# 06-17-p48-01 pump and electric motor distributor						
4					Nature o	f interest	
	Name of Interested Party		City, State, Country (place of busin	ness)		pplicable)	
_					Controlling	Intermediary	
			,				
	-						
5	Check only if there is NO Interested Party.		, , , , , , , , , , , , , , , , , , , ,				
6	AFFIDAVIT	I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
			Signature of authorized agent of con	tracting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE		-	J	•		
	Sugar to and subscribed before me, but he said		Albin Alon		dan et		
	Sworn to and subscribed before me, by the said		, vits trie		day of	,	
	Signature of officer administering cath	tod name of	officer administrator cath 7	itle et :	ffions od-in-in-in-in-in-in-in-in-in-in-in-in-in-	no o oth	
	Signature of officer administering oath Print	eu name of (	officer administering oath T	ine ot o	fficer administeri	ng oatn	

FORM 1295

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.		[1] K. Lei, M. Wald, J. M. W.	OFFICE USE ONLY CERTIFICATION OF FILING		
of business.  American Ramp Company Joplin, MO United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			Certificate Number: 2017-228610 Date Filed:		
			06/26/2017  Date Acknowledged:		
Provide the identification number used by the government description of the services, goods, or other property to 06-17-P35-01 Design, Manufacture and Installation of Skate Park	to be provided under the contract.	y the cont	ract, and pro	ovide a	
4 Name of Interested Party	City, State, Country (place of busin			of interest pplicable) Intermediary	
James , Moss	Webb City, MO United States	×			
Hunter, Jonathon	Webb City, MO United States	×			
Bemo, Nathan	Webb City, MO United States	×			
Jones, Robb	Joplin, MO United States			×	
Ogden, Heather	Joplin, MO United States			×	
				1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
5 Check only if there is NO Interested Party.		and the second		1000 C 100 C 100 C	
6 AFFIRM HILTON	I sweat, or affirm, under penalty of perjury, that the	above disc	closure is true	and correct.	
	Mundan				
WOTAN SEAL SS	Signature of (uthyrized agent of cont				
ASEROUS OF ABOVE	Signature of family rized at Bit of conti	racing du	siness entity		
	ther L. Daden, this the	OH HL	لك بورون	une	
20 1 , to certify which, witness my hand and seal o			uay ul 🔽		
Signalure of officer seministaring oath Printe	Ade /1/10~ And the desired the state of officer administering oath Ti	<u>Jota</u>	<u>ry Pul</u> Kalministeri	o <u>lic</u>	
	Professional Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	o, omae	Carrin nateri	ig opul	

FORM **1295** 

			1011	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
<ol> <li>Name of business entity filing form, and the city, state and cour of business.</li> </ol>	Certificate Number: 2017-228610			
American Ramp Company		Date Filed:		
Joplin, MO United States  2 Name of governmental entity or state agency that is a party to t	he contract for which the form is	06/26/2017		
being filed.	Data Anknowladge	Date Acknowledged:		
City of McAllen	06/26/2017	1.		
3 Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	tity or state agency to track or identify ided under the contract.	the contract, and pr	ovide a	
06-17-P35-01 Design, Manufacture and Installation of Skate Park Equipme	ent			
4		Nature of interest		
Name of Interested Party	City, State, Country (place of busin		applicable) Intermediary	
1 Mana	Webb City, MO United States	Controlling	Intermediary	
James , Moss	Webb ony, we office states			
Hunter, Jonathon	Webb City, MO United States	X		
Bemo, Nathan	Webb City, MO United States	X		
Jones, Robb	Joplin, MO United States		Х	
Ogden, Heather	Joplin, MO United States		X	
5 Check only if there is NO Interested Party.				
6 AFFIDAVIT I swear, o	r affirm, under penalty of perjury, that the	above disclosure is tr	ue and correct.	
	Signature of authorized agent of con	tracting business entit	v	
		<u> </u>		
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said	, this the	day of	1	
20, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name o	f officer administering oath	Fitle of officer administ	ering oath	

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.			CEI	OFFICE USE ONLY CERTIFICATION OF FILING		
Name of business entity filing form, and the city, state and country of the business entity's place of business.  American Ramp Company Joplin, MO United States			Certificate Number: 2017-228618 Date Filed:			
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.     City of McAllen			06/26/2017  Date Acknowledged:			
3 Provide the identification number used by the description of the services, goods, or other p 06-17-P36-01 Houston Skateboard Park - Design, Build	roperty to be provi	ded under the contract.	the co	ontract, and pro	vide a	
4 Name of Interested Party		City, State, Country (place of busin	ess)	(check a	f interest oplicable)	
Moss, James		Webb City, MO United States		Controlling X	Intermediary	
Hunter, Jonathon		Webb City, MO United States		X		
Bemo, Nathan		Webb City, MO United States		×		
Jones, Robb		Joplin, MO United States			×	
Ogden, Heather		Joplin, MO United States			X	
5 Check only if there is NO Interested Party.						
I sweat or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity  AFFI NO TARY STIMULE ABOVE						
Sworn to arrow the said Hother Logden, this the 26th day of Jone, 20 17, to certify whiter, witness my hand and seal of office.					<u>ne.</u> ,	
Signature of officer administering oath Printed name of officer administering oath Title of office) administering o			ng oath			

	CERTIFICATE OF INTERESTED PAR	RTIES		FOR	м 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.			Certificate Number: 2017-228618		
	American Ramp Company Joplin, MO United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is	06/26	6/2017		
	City of McAllen Date			Acknowledged: 6/2017		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov06-17-P36-01  Houston Skateboard Park - Design, Build and Installation or	rided under the contract.	the co	ontract, and pro	vide a	
_		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busin				
				Controlling	Intermediary	
М	oss, James	Webb City, MO United States		Х		
Н	unter, Jonathon	Webb City, MO United States		X		
В	emo, Nathan	Webb City, MO United States	d States X			
Jones, Robb		Joplin, MO United States	·		X	
Ogden, Heather		Joplin, MO United States	$\Box$		X	
5	Check only if there is NO Interested Party.					
J	Check only if there is no interested tarty.					
6	AFFIDAVIT I swear, o	r affirm, under penalty of perjury, that the	: above	disclosure is true	e and correct.	
		Signature of authorized agent of con	tracting	hueingee antity		
	Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, this the, this the, to certify which, witness my hand and seal of office.			day of	<b>,</b>		
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

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.	CE	OFFICE USI	
1	Name of business entity filing form, and the city, state and country of the business entity's place		ificate Number:	
-	of business.		7-215447	
	HD Supply Waterworks, Ltd.			
	McAllen, TX United States		Filed: 80/2017	
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	05/3	00/2017	
	City of McAllen TX	Date	: Acknowledged:	:
3	Provide the identification number used by the governmental entity or state agency to track or idescription of the services, goods, or other property to be provided under the contract.	entify the o	ontract, and pro	vide a
	Project No. 04-17-SP04-218			
	WATER PRODUCTS - MPU			
			Nature o	of interest
4	Name of Interested Party City, State, Country (place of the country of the country (place of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the	business)		pplicable)
		•	Controlling	Intermediary
-		******		
	•			
	RECEIVED			ļ
	CITY OF MCALLEN			
	JUN 28 2017			
	Purchasing & Contracting			
	By:			
		•		
_	Observation of the service MO Internated Posts			
5	Check only if there is NO Interested Party.			
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, th	at the abov	e disclosure is tru	e and correct.
	ROSA E. COSS Notary Public, State of Toxas ID# 12430155-8 My Commission Expires 08-13-2018  8/gnature of authorized agent of	of contractin	ng business entity	galle for the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said Antonio Guevrerothis the 20, to certify which, witness my hand and seal of office.	e <i>3</i> 7	day of 1	lay.
	Printed name of officer administering oath  Posa E Coss  Printed name of officer administering oath	Title of	Have Tu officer administer	blic ring oath

FORM **1295** 

					7.01.7	
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.			Certificate Number: 2017-215447		
	HD Supply Waterworks, Ltd.		2011	220117		
	McAllen, TX United States		Date F	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	05/30	/2017		
_	being filed.					
	City of McAllen TX		Date A 06/27.	Acknowledged: /2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.			vide a	
	Project No. 04-17-SP04-218					
	WATER PRODUCTS - MPU					
4				Nature of		
-	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.		,			
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above (	disclosure is true	and correct.	
		Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
		gg turbalan di	u	er an and the transfer		
	Signature of officer administering oath Printed name of o	officer administering oath Ti	ide of o	fficer administeri	ng oath	

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 U	ISE ONLY ON OF FILING	
1	Name of business entity filing form, and the city, state and country of business.  Ferguson Waterworks  Mission, TX United States	· ·	Certificate Numbe 2017-215881 Date Filed:	er:	
2	Name of governmental entity or state agency that is a party to the cobeing filed.  THE CITY OF MCALLEN / MCALLEN PUBLIC UTILITY	contract for which the form is	05/31/2017 Date Acknowledge	ed:	
3					
4	Name of Interested Party C	City, State, Country (place of busine		e of interest k applicable)	
			Controlling	) Intermedialy	
		<del>.</del>			
5	Check only if there is NO Interested Party.	<u> </u>			
	AFFIDANT	<u> </u>			
b	AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  ROBERTO OLVERA Notary Public State of Texas 10 # 13049862-9 My Commission Expires 01 15-2020  AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	Overya II , this the	31 s t day of _	May.	
	Signature of officer administering oath  Printed name of office	icer administering oath Titl	BCM/CF tle of officer administ	B tering oath	

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.			Certificate Number: 2017-215881		
	Ferguson Waterworks		2017	210001		
	Mission, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	05/31	L/2017		
	being filed.		Doto	A oknowiodacai-		
	THE CITY OF MCALLEN / MCALLEN PUBLIC UTILITY	·		Acknowledged: 7/2017		
					rido o	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	tue co	ontract, and prov	vide a	
	PROJECT No. 04-17-SP04-218 WATER PRODUCTS - MPU					
	WATER PRODUCTS - WPU					
4				Nature of		
•	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.	,		, ==-y ==	,	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tle of o	officer administeri	ng oath	

FORM 1295

					T 01 T
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 FILIN					
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	3	ficate Number: 7-231413	-
	Mark III				
_	Houston, TX United States		i i	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	U0/3	0/2017	
	City of McAllen		Date	Acknowledged:	:
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi	tity or state agency to track or identify ided under the contract.	the c	ontract, and pro	vide a
	DIR-SDD-2108 PROJECT NO. 06-17-P40-01 PURCHASE OF IBM COPLIN #DIR-SDD-2108	K SOFTWARE FOR THE TTIC THE	ROUG	H TEXAS DIR (	CONTRACT
4				Nature of	interest
-	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
	A A Maria Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of		<del></del> -		
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-					
			1		
					·
5	Check only if there is NO Interested Party.	I		<u></u>	
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	/				
		-6/	7		<u> </u>
	<del></del>	Signature of authorized agent of conf	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said APSAORM A. ZURWICH , this the 30 day of HENE 20 // , to certify which, witness my hand aga seal of office!				ne .	
	20/, to certify which, witness my hand and seak of office.		and the state		
	4	JULEY PUSTS	i Nota	HELEN E BOLE ry Public, State a	18 1
	M 4h.	129.00.0	Com	ım, Expires 09-17	7-2019
		BOLE MORNING	NOT	Alary ID 63802	
	Signature of officer administering oath Printed name of	officer administering oath	ile of o	incer administerir	ig oaur

FORM **1295** 

					1 01 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				Certificate Number: 2017-231413		
	Mark III Houston, TX United States			Filed:	:	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	06/30	0/2017		
	City of McAllen		i	Date Acknowledged: 06/30/2017		
3	description of the services, goods, or other property to be provide	y or state agency to track or identify ed under the contract.	the co	ontract, and pro	vide a	
	DIR-SDD-2108 PROJECT NO. 06-17-P40-01 PURCHASE OF IBM COPLINK #DIR-SDD-2108	SOFTWARE FOR THE TTIC THR	OUGI	H TEXAS DIR (	CONTRACT	
4					f interest	
7	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
		<u>, ,</u>				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of of	fficer administering oath Ti	tle of c	officer administeri	ng oath	

FORM 1295

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	ıtry of the business entity's place	1	ficate Number: -214326	
	4Avacation Inc. Eden Swimming Pools and Landscaping	, , , , , , , , , , , , , , , , , , ,	201.	-21-1020	1
	McAllen, TX United States		Date F		
2		ne contract for which the form is	05/25	5/2017	
	being filed. City of McAllen		Date /	Acknowledged:	
3	description of the services, goods, or other property to be provided		the co	intract, and prov	vide a
	05-17-c25-648 Fountain Repair				
4		T		Nature of	f interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
M	lyers, Christopher	McAllen, TX United States		×	
				-	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	CHRISTOPER M. MYERS Notary Public STATE OF TEXAS My Comm. Exp. January 12, 2019  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.				
	AFFIX NOTARY STAMP / SEAL ABOVE	<i>11</i>		£	
	Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and seal of office.	2 Mucius, this the	25 f	L day of M	lay.
	Mr Annah	intlym.	Pa	, let	
	Signature of officer administering oath Printed name of o	officer administering oath Tit	tle of of	fficer administerir	ng oath

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1. OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-214326 4Avacation Inc. Eden Swimming Pools and Landscaping Date Filed: McAllen, TX United States 05/25/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 06/30/2017 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. 05-17-c25-648 Fountain Repair Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Х Myers, Christopher 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_, this the \_\_\_\_\_ day of \_\_\_\_ Sworn to and subscribed before me, by the said \_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath Signature of officer administering oath

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-211497 Rigney Construction, LLC Date Filed: Edinburg, TX United States 05/22/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 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. 05-17-C22-479 Bicentennial H/B Ped. Bridge Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. $|\mathsf{x}|$ HINDA RONNI 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. John Rigney President Signature of authorized agent of contracting business entity AFFIX NOTARY William III John Rigney , this the day of Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office. Notary Public Rosalinda Rodriguez Printed name of officer administering oath Title of officer administering oath Signature of officer administering dath

FORM **1295** 

L of 1.

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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.			1	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	1	cate Number: 211497		
	Rigney Construction, LLC		ĺ			
	Edinburg, TX United States		Date Fi			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	05/22/	2017		
	City of McAllen			Date Acknowledged: 06/30/2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the con	ntract, and prov	ride a	
	05-17-C22-479					
	Bicentennial H/B Ped. Bridge					
4				Nature of		
•	Name of Interested Party	City, State, Country (place of busin	` ⊢	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.		<b>I</b>			
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above d	lisclosure is true	and correct.	
		•				
	<u></u>					
		Signature of authorized agent of con	uacung t	ousiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
				,		
	Signature of officer administering oath Printed name of	officer administering oath T	itle of of	ficer administeri	ng oatn	

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.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	1	Certificate Number: 2017-231423		
	Mark III Houston, TX United States			Filed: 0/2017		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		Acknowledged:		
	City of McAllen					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identi ded under the contract.	y the c	ontract, and pro	vide a	
	DIR-SDD-2108 PROJECT NO. 06-17-P39-01 PURCHASE OF IBM SOFTWA THE TTIC THROUGH TEXAS DIR CONTRACT #DIR-SDD-2		K SOF	TWARE (TTIC	-DIR) FOR	
4	Name of Interested Party	City, State, Country (place of busi	ness)	1	f interest oplicable)	
	wante of interested Paity	City, State, Country (place of busi	iiess;	Controlling	Intermediary	
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5	Check only if there is NO Interested Party.			J	1	
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	e abov	e disclosure is tru	e and correct.	
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				### <b>*</b>		
		Signature of authorized agent of co	ntractin	g business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>REGORY</u> 20 17 , to certify which, witness my hand and seal of office.	A. ZGANICH, this the	<u>30</u>	day of	'NE	
		(r	animute,	LICIEN	V E BOLE	
	Mar & Burn Clare	e Rais		a Notary Public	c, State of Texas res 09-17-2019	
	Signature of officer administering oath Printed name of	officer administering oath	THURST	officer administer	D 6380203 ring cath	

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 filling form, and the city, state and country of business.  Mark III	ry of the business entity's place	Certificate Numbe 2017-231423	r:			
2	Houston, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date Filed: 06/30/2017				
-	being filed.  City of McAllen	<del>-</del>	Date Acknowledg 06/30/2017	ed:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided DIR-SDD-2108		the contract, and p	orovide a			
	PROJECT NO. 06-17-P39-01 PURCHASE OF IBM SOFTWAI THE TTIC THROUGH TEXAS DIR CONTRACT #DIR-SDD-21	RE, IBM 12 ANALYST NOTEBOOK 1.08	SOFTWARE (TT	IC - DIR) FOR			
4	Name of Interested Party	City, State, Country (place of busine	ess) (check	e of interest (applicable)			
			Controlling	Intermediary			
		4-2-4-4					
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_							
5	Check only if there is NO Interested Party.			•			
6	AFFIDAVIT I swear, or a	uffirm, under penalty of perjury, that the	above disclosure is	true and correct.			
		Circulture	vooting to the				
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of contr	racing business ent	ııy			
	Sworn to and subscribed before me, by the said	, this the	day of				
	20, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of o	fficer administering oath Ti	tle of officer adminis	tering oath			

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	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 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.		CE	OFFICE USI	
	Name of business entity filing form, and the city, state and coun of business. Insight Public Sector, Inc.	try of the business entity's place		ficate Number: 7-232267	
l	Tempe, AZ United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	•	5/2017	
	being filed, City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental enti	its or ctate anomals to track as identifi-	450.0		at de la
ľ	description of the services, goods, or other property to be provide	ded under the contract.	me co	ontract, and pro	vide a
	0617P4301 DIR TSO 2542				
	network switch upgrade, information technology				
L				Nature o	Interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
ļ.,				Controlling	Intermediary
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5	Check only if there is NO Interested Party.				
6	ACCIDANT			-M	
	SHERRI L WEST Notary Public – Arizona Maricopa County My Comm. Expires Jun 25, 2021  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said <u>LiSanne</u> <u>S</u> 20 17, to certify which, witness my hand and seal of office.	Heinheiser, this the _5	<del>'th</del>	day ofd	<u>.ly</u> .
	Show tont Sheri, L	West Not	- arc	, Public	2
(	Signature of officer administering oath Printed name of of	fficer administering oath Titl	e of of	ficer administerin	g oath

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 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	
1.	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place		ficate Number: -232267	
•	Insight Public Sector, Inc. Tempe, AZ United States		Date I	Filed: 5/2017	
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	ne contract for which the form is	Date /	Acknowledged: 5/2017	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 0617P4301 DIR TSO 2542 network switch upgrade, information technology		the co		
4	- Aller - All Pauls	Str. Christ. Country (place of hugins			f interest
	Name of Interested Party	City, State, Country (place of busine	ess) [	Controlling	oplicable) Intermediary
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5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above i	disclosure is true	e and correct.
		Signature of authorized agent of contr	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	r
	Signature of officer administering oath Printed name of	officer administering oath Ti	itle of o	fficer administeri	ng eath
	Signature of officer administering oath Printed frame of	Unicer administering date	iie oi o	incer administeri	ng oan

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ſ	CERTIFICATE OF INTERESTED PAR	F	FORM <b>129</b> 5				
			•	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,			JSE ONLY ON OF FILING			
1	Name of business entity filing form, and the city, state and cour of business. Insight Direct USA, Inc.	ntry of the business entity's place	Certificate Number: 2017-232071  Date Filed: 07/05/2017  Date Acknowledged:				
2	Tempe, AZ United States  Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	he contract for which the form is					
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 0617P4201TTIC TAG DIR TS0 2542 information technology	ilty or state agency to track or identify ded under the contract.	the contract, and	provide a			
4	Name of Interested Party	City, State, Country (place of busin		e of interest k applicable) g Intermediary			
5	Check only if there is NO Interested Party.		<u> </u>				
	<u> X </u>						
2	Shewi And Sherri Signature of office), administering oath Printed name of o	L. West Me officer administering oath Ti	otary Pub itle of officer adminis	Li C Lering oath			

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 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 CERTIFICAT		
1.	Name of business entity filing form, and the city, state and coun of business. Insight Direct USA, Inc. Tempe, AZ United States	itry of the business entity's place	Certificate Num 2017-232071 Date Filed:	ber:	·
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	ne contract for which the form is	07/05/2017 Date Acknowledged: 07/05/2017		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided of the services of the provided of the services of the provided of the services of the provided of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the ser	ity or state agency to track or identify ided under the contract.	the contract, an	d pro	vide a
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5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above disclosure	is true	e and correct.
	<del></del>	Signature of authorized agent of contr	racting business (	entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	day of		1
	Signature of officer administering oath Printed name of	officer administering oath Ti	itle of officer admi	nisteri	ing oath
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	CERTIFICATE OF INTERESTED	PARTIES		FO	RM <b>1295</b>
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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.	arties.		OFFICE US	
-	-			RTIFICATION	N OF FILING
-	Name of business entity filing form, and the city, state of business.	and country of the business entity's place		ificate Number: 7-233000	
1	TCI Roofing & Construction, Inc.		201	7-233000	
ļ	Mission, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a p	party to the contract for which the form is	07/0	6/2017	
1	being filed.				
	City of McAllen		Date	Acknowledged	1
3	Provide the identification number used by the governm description of the services, goods, or other property to 06-174-C26-295  McAllen City Hall Re-Roof (Re-Bid)	ental entity or state agency to track or identify be provided under the contract.	/ the c	ontract, and pro	vide a
<u> </u>				r	
4	Name of Interested Party	City, State, Country (place of busin	ecel	Nature o (check a)	f interest
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5.44	CALLEN CITY HALL RE-ROOFING (RE-BID)	MCALLEN, TX United States		X	nitermethary
	STEEL OF THE RETURN (RE-BID)	MOALLEN, TA United States		^	
		7.00AM			
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	100				<u> </u>
j (	Check only if there is NO Interested Party.				
i	FFIDAVIT I su	wear, or affirm, under penalty of perjuty, that the a	hove o	disclosura is trua	and correct
	JOSE GUADALUPE GONZALEZ JR Notary Public, State of Texas My Commission Expires April 18, 2018	Signature of authorized agent of control	<u>.</u>		———
A	FFIX NOTARY STAMP / SEAL ABOVE	V	1		
	worn to and subscribed before me, by the said  O17, to certify which, witness my hand and seal of or	/ 6 Sol7 5 , this the	- fh	day of	<u>u</u>
	1 to X	D	Lł.	. 1	
_		ame of officer administering oath Title	DLC e of off	<u> </u>	ı oath
rm	s provided by Texas Ethics Commission w	ww.ethics.state.tx.us		Vers	ion V1.0.883

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.				Certificate Number: 2017-233000			
	TCI Roofing & Construction, Inc.							
	Mission, TX United States				Date Fi			
2	Name of governmental entity or state agency that being filed.	at is a party to th	ie contract for which the	form is	07/06/:	2017		
	City of McAllen				Date A 07/07/2	cknowledged; 2017		
3	Provide the identification number used by the go description of the services, goods, or other prop	overnmental ent erty to be provi	ity or state agency to tra ded under the contract.	ck or identify i	the con	ntract, and pro	vide a	
	06-174-C26-295 McAllen City Hall Re-Roof (Re-Bid)							
4							f interest	
	Name of Interested Party		City, State, Country (p.	lace of busine		i	oplicable)	
		<del></del>				Controlling	Intermediary	
M	CALLEN CITY HALL RE-ROOFING (RE-BID)		MCALLEN, TX Unite	ed States		X		
				<b></b>				
			W- WITH 1					
5	Check only if there is NO Interested Party.							
6	AFFIDAVIT	l swear, or	affirm, under penalty of pe	rjury, that the a	bave di	isclosure is true	e and correct.	
		<del></del>	Signature of authorized	agent of contra	acting b	usiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE			•				
	Sworn to and subscribed before me, by the said			, this the		day of	1	
	20, to certify which, witness my hand and s	seal of office.						
	Signature of officer administering oath	Printed name of o	officer administering oath	Titl	e of offic	cer administeri	ng oath	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-232452 Dell Marketing, L.P. Round Rock, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 07/05/2017 being filed. McAllen Police Dept Date Acknowledged: 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. 06-17-P47-01 PURCHASE OF SIX (6) DELL POWEREDGE SERVERS WITH SELECTED OPTIONS FOR THE POLICE DEPARTMENT. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Round Rock, TX United States Dell, Michael Х 5 Check only if there is NO Interested Party. П 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. DAVID A. WIGINGTON ID #12899877-1 Commission Expires May 22, 2020 nature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 20 / 7, to certify which, witness my hand and seal of office.

Signature of officer at prinistering oath

Printed name of officer administering oath

Title of officer administering oath

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-232452 Dell Marketing, L.P. Round Rock, TX United States Date Filed: 07/05/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. McAllen Police Dept Date Acknowledged: 07/06/2017 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. 06-17-P47-01 PURCHASE OF SIX (6) DELL POWEREDGE SERVERS WITH SELECTED OPTIONS FOR THE POLICE DEPARTMENT. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Dell, Michael Round Rock, TX United States Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_ \_\_, this the \_\_\_\_\_ day of \_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

1295 Ack 1/7/17 185

	TIFICATE OF INTERESTED PAR	TIES		FOF	м 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.		CE	OFFICE US		
	Name of business entity filing form, and the city, state and coun of business.  Dell Marketing L.P.  Round Rock, TX United States	ntry of the business entity's place	e Certificate Number: 2017-233408			
152	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: 07/07/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 17-P41-01 PURCHASE OF FOUR (4) DELL POWEREDGE SERVERS	ded under the contract,				
4	Name of Interested Party	City, State, Country (place of busine	ess)		f interest pplicable) Intermediary	
С	ell, Michael	Round Rock, TX United States		х		
F						
-				411		
-						
-				:		
		** ***********************************				
	Check only if there is NO Interested Party.					
0	DAVID A. WIGINGTON ID #12899877-1 My Commission Expires May 22, 2020	affirm, under penalty of perjury, that the a			and correct.	
	AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said	/		day of <u>T</u>	lej,	
	Lawro A DAN 70 1	4 Wife NGITON)	N,	5TAPU		
	Signature of officer administering oath Printed name of o	officer administering oath Tit	le of o	officer administeri	ng oath	

FORM **1295** 

					1011			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEF	OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.  Dell Marketing L.P.  Round Rock, TX United States	2017	Certificate Number: 2017-233408 Date Filed:					
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		7/2017				
	City of McAllen		Date Acknowledged: 07/07/2017					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 06-17-P41-01 PURCHASE OF FOUR (4) DELL POWEREDGE SERVERS V	ded under the contract,						
	PURCHASE OF FOUR (4) DELL POWEREDGE SERVERS (	WITH OPTIONS FOR THE POLICE	DEF		f interest			
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check aş Controlling	pplicable) Intermediary			
De	ell, Michael	Round Rock, TX United States		X				
5	Check only if there is NO Interested Party.	1						
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.			
		Signature of authorized agent of cont	racting	business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said	, this the		day of				
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-236968 Kinloch Equipment & Supply, Inc. Pasadena, TX United States Date Filed: Name of governmental antity or state agency that is a party to the contract for which the form is 07/14/2017 being filed. City of Mc Allen Date Acknowledged: 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, Debris Body for Vactor Truck Nature of Interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary

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			· · · · · · · · · · · · · · · · · · ·
6 Check only if there is NO Interested Party.	X		 

AFFIDAVIT

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



**BRENDA KAY GUIDRY** My Commission Expires November 9, 2019

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

in lock, this the 14 1/4 Sworn to and subscribed before me, by the said 104d

, to certify which, witness my hand and seal of office.

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 U	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Kinloch Equipment & Supply, Inc Pasadena, TX United States			r:
2	Name of governmental entity or state agency that is a party to t being filed. City of Mc Allen	07/14/2017 Date Acknowledged: 07/16/2017		
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 515-16  Debris Body for Vactor Truck		/ the contract, and p	rovide a
4	Name of Interested Party	City, State, Country (place of busin		e of interest applicable) Intermediary
				·
5	Check only if there is NO Interested Party.			
6	AFFINALOT	r affirm, under penalty of perjury, that the	above disclosure is t	rue and correct.
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of con	tracting business end	ıy
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	day of	
	Signature of officer administering oath Printed name of	f officer administering oath T	itle of officer administ	ering oath

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cour	ntry of the business entity's place	Cert	RTIF	CATIOI Number:	E ONLY N OF FILING
to ti	ne contract for which the form is	07/1	Filed: 8/201 Ackno		:
ent rovi	ity or state agency to track or identify ded under the contract.	the c	ontrac	t, and pro	vide a
ins	ulation  City, State, Country (place of busine	ace)			f interest
	only outer country (place of basin	,	Con	trolling	Intermediary
		1			
OF &	affirm, under penalty of perjury, that the a	above	disclos	ure is true	and correct.
	Signature of authorized agent of contra	acting	busine	ss entity	

	CERTIFICATE OF INTERESTED PARTIES	FORM 1295	
F	Complete Nos. 1 - 4 and 6 if there are interested parties.	OFFICE USE ONLY	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CERTIFICATION OF FILIN	1G
1	Name of business entity filing form, and the city, state and country of the bof business.  D and F Industries.Inc	business entity's place Certificate Number: 2017-238277	
	Pharr, TX United States	Date Filed:	
2	Name of governmental entity or state agency that is a party to the contract	et for which the form is 07/18/2017	
	being filed. City of McAllen	Date Acknowledged:	
3	Provide the identification number used by the governmental entity or state description of the services, goods, or other property to be provided under to 03-17-S29-01  A/C work; strip old duct insulation off and install new duct insulation	e agency to track or identify the contract, and provide a the contract.	
4		Nature of interest	
4	Name of Interested Party City, Stat	ate, Country (place of business) (check applicable)	
		Controlling Intermedia	ary
5	Check only if there is NO Interested Party.		_
	X		
6	Notary Public STATE OF TEXAS Notary ID# 12903620-1 My Comm. Exp. 06-28-2020	er penalty of perjury, that the above disclosure is true and correct.  Passare of authorized agent of contracting business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE		
	Sworn to and subscribed before me, by the said KENNETH W. HAUSENFI 20	FLUCK this the 17ff day of July	
,	1m000		
/	ROBERT E. AREVALO		
	Signature of officer administering oath Printed name of officer admini	nistering oath Title of officer administering oath	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	ies.	OFFICE USE ONLY CERTIFICATION OF FILING			
1				Certificate Number: 2017-238277		
	D and F Industries.Inc					
	Pharr, TX United States		1	Filed: 8/2017		
2	Name of governmental entity or state agency that is a part being filed.	ty to the contract for which the form is	0771	012011		
	City of McAllen			Acknowledged:		
			07/1	9/2017		
3	Provide the identification number used by the governmen description of the services, goods, or other property to be	ntal entity or state agency to track or identify e provided under the contract.	the c	ontract, and pro	vide a	
	03-17-S29-01					
	A/C work; strip old duct insulation off and install new du	uct insulation				
				Nature o	finterest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	plicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I sw	ear, or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
	_			T		
		Signature of authorized agent of con	tracting	g business enaty		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of offi				· · · · · · · · · · · · · · · · · · ·	
	·					
	Signature of officer administering oath Printed na	ame of officer administering oath T	itle of	officer administeri	ng oath	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-228037 Ameritas Life Insurance Corp San Antonio, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 06/23/2017 being filed. City of McAllen Date Acknowledged: 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. 2017 RFP Dental RFP Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. LUCILLE M. RUIZ NOTARY PUBLIC - STATE OF TEXAS COMM. EXP. 02-26-2020 ature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office.

FORM 1295

					T OL T		
	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	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-228037			
	Ameritas Life Insurance Corp		2017	-220037			
	San Antonio, TX United States		Date I	Filed:			
2	Name of governmental entity or state agency that is a party to the	no contract for which the form is	1	3/2017			
_	being filed,	te contract for which the form is	00,20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	City of McAllen			Acknowledged: 7/2017	:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a		
	2017 RFP						
	Dental RFP						
4					of interest		
•	Name of Interested Party	City, State, Country (place of busine	ess)		(applicable)		
				Controlling	Intermediary		
			1				
			_				
5	Check only if there is NO Interested Party.						
_							
	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above (	disclosure is true	e and correct.		
		Signature of authorized agent of cont	trooting	hucinoss entitu			
		Signature of authorized agent of cont	lacing	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	this the		day of			
	20, to certify which, witness my hand and seal of office.	, uns the		day or			
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of o	fficer administeri	ing oath		
	g	<b>3</b>			3		

FORM 1295

_						
	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	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2017-239782		
	P, R & S, LLCC					
2	Corpus Christi, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form in	8	Filed: 1/2017		
_	being filed.	e contract for which the folli 12				
	City of McAllen			Date Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ontract, and pro	vide a	
	06-17-IPQ43-02 Consulting services for parks and recreation					
4	Name of Interested Party	Nature of interest (check applicable)				
	wante of meresieu raity	City, State, Country (place of busine	ess)	Controlling	Intermediary	
G	avlik, Sally	Corpus Christi, TX United States		X	morrocalary	
_	#				-	
_						
		· · · · · · · · · · · · · · · · · · ·				
			-			
	.					
5	Check only if there is NO Interested Party.					
3	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	ADRIENNE FORBES Notary Public, State of Texas Comm. Expires 05-17-2021 Notary ID 131135252 Signature of authorized agent of contracting business entity					
AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said Sally Gravik, this the 21st day of July, 2017, to certify which, witness my hand and seal of office.  Advicement Torbes  Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-239782 P, R & S, LLCC Corpus Christi, TX United States Date Filed: 07/21/2017 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: 07/21/2017 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. 06-17-IPO43-02 Consulting services for parks and recreation Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Corpus Christi, TX United States Х Gavlik, Sally 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE , this the \_\_\_\_\_ day of \_\_\_\_ Sworn to and subscribed before me, by the said 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(	CERTIFICATE OF INTERESTED PAI		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.		CE	OFFICE USI			
C	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2017-240018			
	ahan Foundation & Contractors, LLC  orpus Christi, TX United States			Date Filed:			
	me of governmental entity or state agency that is a party to the contract for which the form is ing filed.		07/24/2017				
C	City of McAllen		Date Acknowledged:				
(	rovide the identification number used by the governmental e escription of the services, goods, or other property to be pro 5-17-C24-264 Main Distribution Frame (MDF) Room Renovation Liebert (	ovided under the contract.	ty the c	ontract, and pro	vide a		
	Name of Interested Party	City, State, Country (place of busi	iness)	**	interest plicable)		
				Controlling	Intermedia		
	4444						
		<u> </u>					
C	heck only if there is NO Interested Party.						
Þ	FFIDAVIT I swear,	or affirm, under penalty of perjury, that th	e above	disclosure is tru	e and correct.		
	AUBREY A GIL Notary ID #126922972 My Commission Expires June 15, 2021	Signature of authorized agent of co		g business entity			
Æ	FFIX NOTARY STAMP / SEAL ABOVE		, .		<b>)</b> .		
	worn to and subscribed before me, by the said Hen.r	y Mahan this the	- ^) / b	th.	1. A.		

Printed name of officer administering oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-240018 Mahan Foundation & Contractors, LLC Corpus Christi, TX United States Date Filed: 07/24/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 07/24/2017 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. Main Distribution Frame (MDF) Room Renovation Liebert Crac System Replacement Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_ , this the day of 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

	CERTIFICATE OF INTERESTED PART	TIES		FOR	RM <b>1295</b>		
			<del></del>		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 RTIFICATION			
1	of business.	ıtry of the business entity's place	Certif	ficate Number: 7-220150			
	Argio Roofing & Construction, LLC Rio Hondo, TX United States		Date I				
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	06/07	7/2017			
_	City of McAllen			Date Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ided under the contract.	the co	intract, and pro-	vide a		
_	Project No. 06-17-C28-309 Quinta Mazatlán Re-Roofing						
4		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			f interest		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap Controlling	pplicable) Intermediary		
Ar	rgio Roofing & Construction, LLC	RIO HONDO, TX United States		X	Intermediacy		
			_		<u> </u>		
			-				
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5	Check only if there is NO Interested Party.						
<u></u>	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	he above disclosure is true and correct.				
	ANNABEL GARCIA E NOTARY PUBLIC	ANNABEL GARCIA E NOTARY PUBLIC E					
	Comm. Exp. 09/03/2018	Signature authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE		·	~ feerentes has been controlled	•		
	Sworn to and subscribed before me, by the said <u>ROGYTO</u> E 20, to certify which, witness my hand and seal of office.	$Scobedo_{-}$ , this the $_{-}$	Action and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second	day of <u>JU</u>	MC,		
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	Signature of officer administering oath Printed name of o	officer administering oath Tit	de of of	fficer administerir	ng oath		

#### r m. j **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-220150 Argio Roofing & Construction, LLC Date Filed: Rio Hondo, TX United States 06/07/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 07/24/2017 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. 06-17-C28-309 Quinta Mazatlán Re-Roofing Nature of interest 4 (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling Χ RIO HONDO, TX United States Argio Roofing & Construction, LLC

					1
Check only if there is NO Interested Party.					
AFFIDAVIT	I swear, or	affirm, under pe	nalty of perjury, that the	above disclosure is	true and corre
	<u></u>	Signature of	authorized agent of cont	racting husiness en	titv
	····	Signature of	authorized agent of cont	racting business en	ntity
AFFIX NOTARY STAMP / SEAL ABOVE	,	Signature of	authorized agent of cont	racting business en	itity
	<u>,</u>				
Sworn to and subscribed before me, by the said					
Sworn to and subscribed before me, by the said					
Sworn to and subscribed before me, by the said					
Sworn to and subscribed before me, by the said					

	CERTIFICATE OF INTERESTED PARTIES		FORM <b>1295</b>				
Ŀ				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 U				
1	Name of business entity filing form, and the city, state and country of the business of business. Brenntag Southwest, Inc.	· · · · · · · · · · · · · · · · · · ·	Certificate Number: 2017-239832				
	Longview, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which being filed. City of McAllen		07/21/2017  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. 06-17-SP22-91						
	SUPPLY CONTRACT FOR THE PURCHASE OF LIQUID AMMONIUM SULFAT	E					
4	Name of Interested Party City, State, Country	City, State, Country (place of business) (check appli					
			Controlling	Intermediary			
В	renntag North America, Inc. Reading, PA Uni	ted States	×				
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		<u></u>					
5	Check only if there is NO Interested Party.			<b></b>			
6	AFFIDAVIT	f neriury that the abo	ove disclosure is tru	to and correct			
	KRISLA CADENHEAD NOTABY PUBLIC ID# 130800221 State of Texas Comm. Exp. 08-29-2020 Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE	. 16					
Sworn to and subscribed before me, by the said W. Thomas Univ. 1 M. this the 15 day of 20/17, to certify which, witness/my hand and seal of office.							
Le Risla Cadenhead Exec ASST/Note N							
	Signature of officer administering oath Printed name of officer administering oath	th Title	of officer administer	ing oath			

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-239832 Brenntag Southwest, Inc. Longview, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 07/21/2017 being filed. City of McAllen Date Acknowledged: 07/26/2017 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. 06-17-SP22-91 SUPPLY CONTRACT FOR THE PURCHASE OF LIQUID AMMONIUM SULFATE Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Brenntag North America, Inc. Reading, PA United States Χ 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

	CERTIFICATE OF INTERESTED PAR	(IIES		FOR	205 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.		CE	OFFICE US	E ONLY	
1	Name of business entity filing form, and the city, state and cour of business.  Artillery LLC.  Ediphyra TY United States	ntry of the business entity's place	Certificate Number: 2017-236596			
2	Edinburg, TX United States  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:  07/13/2017  Date Acknowledged:			
3	Provide the identification number used by the governmental er description of the services, goods, or other property to be prov 07-17-C33-258  Concrete Sidewalks, Handicap Ramps, Retaining Wall and	rided under the contract.	fy the c	ontract, and pro	vide a	
4	Name of interested Party	City, State, Country (place of busi	ness)	1	f interest pplicable) Intermediar	
Cit	y of McAllen	McAllen, TX United States		X		
<u>.</u>	· · · · · · · · · · · · · · · · · · ·					
	·			<u> </u>		
_	Check only if there is NO Interested Dorth					
	Check only if there is NO Interested Party.	· · · · · · · · · · · · · · · · · · ·				
0	Jose L Borjas My Commission Expires 05/24/2020 ID No. 129004708	Jose L Borjas  My Commission Expires  1 swear, or affirm, under penalty of perjury, that the above disclosure is true and corre				
AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said					Tuly.	
ļ	Signature of officer admiristering oath  Printed name of	J, BOFIAS (SK)  f officer administering oath	1	lotary	ing oath	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-236596 Artillery LLC. Edinburg, TX United States Date Filed: 07/13/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City Of McAllen 07/27/2017 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. Concrete Sidewalks, Handicap Ramps, Retaining Wall and Driveways. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen McAllen, TX United States Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_ \_\_\_, this the \_\_\_\_\_ day of \_ 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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	CERTIFICATE OF INTERESTED PAR	TIES		FOR	1295	
	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.		CEI	OFFICE USI		
1	1 Name of business entity filing form, and the city, state and country of the business entity's place Certific			ficate Number: 7-240087 Filed:		
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen	ne contract for which the form is		07/24/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 06-17-C29-295 Re-Roof - (CDBG) EXECUTIVE ORDER 11246	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of busine	oce)		f interest oplicable)	
	Name of finelested Faity	City, State, Coulity (place of busine	ess)	Controlling	Intermediary	
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		CITY OF MOALLEN				
		JUL 26 <b>2017</b>		,,,,,		
		Purchasing & Contractin	<u>iğ</u>			
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT   swear, or	affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
	AUBREY A GIL Notary ID #126922972 My Commission Expires June 15, 2021	Signature of Authorized agent of contr				
	AFFIX NOTARY STAMP / SEAL ABOVE	V	غ. <b>خ</b>	.u. 1	į	
	Sworn to and subscribed before me, by the said	Mahan , this the	24	day of	uly.	
	Λ .					

Title of officer administering oath

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FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	es.	ty i	CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and of business.	Certificate Number: 2017-240087						
	Mahan Foundation & Contractors, LLC				ZUI1-Z40001			
	Corpus Christi, TX United States			1	Filed: 4/2017			
2	Name of governmental entity or state agency that is a part being filed.	ty to th	e contract for which the form is	0112	4/2017			
	City of McAllen			Date Acknowledged: 07/28/2017				
3	Provide the identification number used by the government description of the services, goods, or other property to be	tal enti	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a		
	06-17-C29-295 Re-Roof - (CDBG) EXECUTIVE ORDER 11246							
4						f interest		
	Name of Interested Party		City, State, Country (place of busin	ess)	(спеск ај Controlling	pplicable) Intermediary		
					Controlling	intermediary		
					***			
5	Check only if there is NO Interested Party.	I				<u> </u>		
6	AFFIDAVIT I swe	ear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
			Signature of authorized agent of cont	tracting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said		this the		day of			
	20, to certify which, witness my hand and seal of offic		uso ure		day or	*		
	Signature of officer administering oath Printed nar	me of o	officer administering oath Ti	itle of c	officer administeri	ng oath		

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-243127 Neuhaus & Co. Weslaco, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 07/31/2017 being filed. City of Mcallen Date Acknowledged: 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. Whole Goods Equipment Nature of interest. Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO interested Party. $\mathbf{x}$ 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. **RENAY MARTINEZ** My Notary ID # 2155535 Expires September 17, 2020 Stanature of anthorized agent of contracting business entity AFFIX NOTARY STAMP/ SEAL ABOVE Swom to and subscribed before me, by the said \_\_\_ to certify which, witness my hand and seal of office.

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, stat of business.	te and coun	ntry of the business entity's place		Certificate Number: 2017-243127			
	Neuhaus & Co.			2011-240121				
	Weslaco, TX United States				Date Filed:			
2	Name of governmental entity or state agency that is a	a party to th	ne contract for which the form is	<b></b> 07/3	31/2017			
	being filed.	•		Ports Automobile to 1				
	City of Mcallen				e Acknowledged: 31/2017	1		
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3	Provide the identification number used by the govern description of the services, goods, or other property	nmental enti to be provi	Ity or state agency to track or identi- ded under the contract.	ify the c	ontract, and pro	vide a		
	05-17P3001							
	Whole Goods Equipment							
			T		Nature o	f interest		
4	Name of Interested Party	,	City, State, Country (place of bus	iness)		pplicable)		
					Controlling	Intermediary		
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	Check only if there is NO Interested Party.		<u> </u>		<u> </u>			
2	Check only if there is NO interested Party.				-			
•	AFFIDAVIT	•	en la constitue de mantinue, about do	t- aug	" I in tura	·		
•	AFTIDAVI	I swear, or a	affirm, under penalty of perjury, that the	e above	disclosure is true	and correct.		
		,	Signature of authorized agent of co	ntracting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE							
	O complete and automath address are both a said		Albin Alban					
	Sworn to and subscribed before me, by the said		, this the		day of			
	20, to certify which, witness my hand and seal o	n onice.						
	•							
	Signature of officer administering oath Printe	ed name of o	officer administering oath	Title of o	officer administerir	ng oath		
		,						

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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				
of business. Professional Turf Products, LP			Certificate Number: 2017-241934 Date Filed:				
Ż	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		07/27/2017  Date Acknowledged;				
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.  07-17-P38-01  PROJECT NO: 07-17-P38-01 PURCHASE OF TWO (2) RIDING FAIRWAY MOWERS	the co	ntract, and pro	/ide a			
4	Name of Interested Party City, State, Country (place of busin	ess)	Nature of (check ap				
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			· · · · · ·				
5	Check only if there is NO Interested Party.		<u> </u>				
;	DEBRA G WHITE My Commission Expires April 12, 2019  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said						
	Signature of officer administering oath  Printed name of officer administering oath  Ti	A of of	HUNG ficer administeri	ng oath			

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no interest.	parties. terested parties.		CE	OFFICE US			
1	Name of business entity filing form, and the of business.	ity, state and coun	ntry of the business entity's place		Certificate Number: 2017-241934			
	Professional Turf Products, LP			201	7-241934			
L	Euless, TX United States				Date Filed:			
2	Name of governmental entity or state agency being filed.	that is a party to th	ne contract for which the form is	07/2	27/2017			
	City of McAllen, TX				Date Acknowledged: 07/27/2017			
3	Provide the identification number used by the description of the services, goods, or other pr	governmental ent roperty to be provi	ity or state agency to track or iden ded under the contract.	tify the c	ontract, and pro	vide a		
	07-17-P38-01 PROJECT NO: 07-17-P38-01 PURCHASE	OF TWO (2) RIDI	NG FAIRWAY MOWERS					
4	Nama of Interacted Darty		City Chata County (1)	•	1 .	of interest		
	Name of Interested Party		City, State, Country (place of bus	siness)	(check ap	pplicable) Intermediary		
					Controlling	Intermediary		
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;	Check only if there is NO Interested Party.	X			<u> </u>			
<u> </u>	AFFIDAVIT	I swear, or a	uffirm, under penalty of perjury, that th	e above	disclosure is true	and correct.		
			Signature of authorized agent of co	ntracting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said _		, this the		day of	,		
	20, to certify which, witness my hand and	d seal of office.				_		
				•				
_								
	Signature of officer administering oath	Printed name of of	ficer administering oath	Title of of	ficer administerin	g oath		

FORM 1295

	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.		CE	OFFICE USE		
1	of business.	Certificate Number: 2017-244713				
	Western Oilfields Supply Company dba Rain for Rent Corpus Christi, TX, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which	ch the form is	08/02/2017			
	City of McAllen		Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency description of the services, goods, or other property to be provided under the confidence of the services.	to track or identify t tract.	the c	ontract, and prov	vide a	
	462-14 Pumps, Pipes, Manifolds					
4	Name of Interested Party City, State, Cour	ntry (place of busine	ee)	Nature of	· ·	
	Sky, state, sour	itty (place of basilie	33)	(check applicable)  Controlling Intermedi		
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		urchasing Av	8	, Contra	cting	
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5	Check only if there is NO Interested Party.					
5	AFFIDAVIT I swear, or affirm, under penalty	y of perjury, that the a	bove	disclosure is true	and correct.	
	Davin	W0-	antistratura de la compania de la compania de la compania de la compania de la compania de la compania de la c	David Schisler Director of Cor	ntracts	
	Signature of auth	orized agent of contra	acting	l business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office. \( \text{VL} \)	, this the		day of	,	
	Th 8/2117					
					ļ	
	Signature of officer administering oath Printed name of officer administering	oath Title	e of o	officer administerin	g oath	

✓ See Attached Document (Notary to cross out lines 1–6 below)  ☐ See Statement Below (Lines 1–6 to be completed only by document sign	ner[s], <i>not</i> Notary)
Signature of Document Signer No. 1 Signature of Docu	ment Signer No. 2 (if any)
A notary public or other officer completing this certificate verifies only the identity of document to which this certificate is attached, and not the truthfulness, accuracy, or various contents to the contents of the certificate is attached.	f the individual who signed the alidity of that document.
County of KIRA	to (or affirmed) before me  August, 20 /7,  Month Year
TAMMY L. HARLESTON (and (2) 1)	hisler heps) of Signer(s)
My Comm. Exp. June 25, 2020 proved to me on the lo	asis of satisfactory evidence who appeared before me.
Signature <u>I FM M i</u> Signature Signature  HANUSTON— ture of Notary Public	
Seal Place Notary Seal Above	
OPTIONAL  Though this section is optional, completing this information can deter alteral fraudulent reattachment of this form to an unintended do	ration of the document or
Description of Attached Document	81-11.5
1 1/10	ent Date: <u>8/4//</u>
Number of Pages:/ Signer(s) Other Than Named Above:/_///	TANIANIANIANIANIANIANIANIANIANIANIANIANIA

				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 US CERTIFICATION			
1	of business. Western Oilfields Supply Company dba Rain for Rent	Certificate Number: 2017-244713				
	Corpus Christi, TX, TX United States		Date Filed:			
2	being filed.	contract for which the form is	08/02/2017			
	City of McAllen		Date Acknowledged: 08/03/2017			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided 462-14		the contract, and pro	vide a		
	Pumps, Pipes, Manifolds					
4	Name of Interested Party	City, State, Country (place of busine	į.	f interest pplicable)		
			Controlling	Intermediary		
3	Check only if there is NO Interested Party.					
ì	AFFIDAVIT I swear, or aff	firm, under penalty of perjury, that the a	above disclosure is true	and correct.		
		Signature of authorized agent of contra	acung business enuty			
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the	day of			
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of offi	icer administering oath Title	e of officer administerir	ng oath		

FORM 1295

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1				Certificate Number: 2017-252019		
	McGuireWoods Consulting, LLC		2017	-252019		
	Austin, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which	the form is	08/2:	1/2017		
	being filed. City of McAllen		Date	Acknowledged:		
	City of McAilch			· ·		
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contract		the co	ontract, and pro	vide a	
	08-17-S46-01					
	State governmental relations representation					
4				, i	finterest	
•	Name of Interested Party City, State, Country	/ (place of busine	ess)	, ,	pplicable)	
		· · · · · · · · · · · · · · · · · · ·		Controlling	Intermediary	
		— AEC		ÆD —		
		HTYOF	M	<u>:ALLEN</u>		
		AUG 2	42			
	Durc	shasing y:妣	& (	Contrac	ina	
	В	y: Il				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under penalty o	f perjury, that the a	above	disclosure is true	and correct.	
	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.    Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.    Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.    Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.    Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.    Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.    Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.    Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Amber HausenFluck 20_17_, to certify which, witness my hand and seal of office.	, this the	2/51	t day of Au	igust,	
,	Wolons Renec Moncado Dolores Renec Monca Signature of officer administering oath Printed name of officer administering oa	·	tle of c	y Public		

FORM **1295** 

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.  CERTIFICATION							
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2017-252019					
	McGuireWoods Consulting, LLC			Z011-S2501A			
	Austin, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	08/21	/2017			
	being filed.						
	City of McAllen			Acknowledged: /2017			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the co	ntract, and prov	ride a		
	08-17-S46-01						
	State governmental relations representation						
_				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)		
				Controlling	Intermediary		
				•			
5	Check only if there is NO Interested Party.		I	<b>.</b>			
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above o	disclosure is true	and correct.		
	<u> </u>						
		Signature of authorized agent of contr	acting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	this the		day of			
	20, to certify which, witness my hand and seal of office.	, this the		uay u			
	to solary minors my hand and soul of onition						
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

FORM 1295

_					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	- · ·	•	ificate Number:	
	Paradigm Traffic Systems, Inc.		201,	7-252570	
_	Arlington, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract for which the form is	08122	2/2017	
_	City of McAllen		Date	Acknowledged:	;
3	description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	Buy Board #524-17 Pelco Hardware AP-8374 Twin Cross Arm Assembly				_
4	Marie of Interested Double	- Committee for local of business			of interest
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	pplicable) Intermediary
Pr	riester, Jerry	Arlington, TX United States		X	Intermounty
					. ,,
_					
_		Sec. Brown (** 2015.)	7		
_		RECEI			
		CITYUPW	IC#	MILEN	
		AUG 2 4	201		į
		L Durchaeinn &	<i>.</i>		
		Purchasing & By:	~~	miractii	Į.
_	Check only if there is NO Interested Party.	<u> </u>			
_	AEEIDAVIT			···	
6	AFFIDAVI	affirm, under penalty of perjury, that the a	above	disclosure is true	e and correct.
	SHELLY ANTHONY My Commission Expires February 3, 2019	Signature of authorized agent of contra	racting	j business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE		•		
	Sworn to and subscribed before me, by the said Dan Jayne 20_17, to certify which, witness my hand and seal of office.	$\frac{2S}{2}$ , this the $\frac{2S}{2}$	<u>2nd</u>	day of <u>Au</u>	ıgust ,
	Signature of officer administering oath  Printed name of o			sing/Office M	
	Signature of smooth during south	micer administering over me	ie oi o	HICEE durismotern	ng oam

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-252570 Paradigm Traffic Systems, Inc. Arlington, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 08/22/2017 being filed. City of McAllen Date Acknowledged: 08/22/2017 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. Buy Board #524-17 Pelco Hardware AP-8374 Twin Cross Arm Assembly Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Priester, Jerry Arlington, TX United States Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_ $_{\rm day}$ of $_{\rm d}$ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM **1295** 

==						T 01.1
	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no introduced in the complete Nos. 1, 2, 3, 5, and 6 if there are no introduced in the complete Nos. 1 - 4 and 6 if there are interested.	parties. terested parties.		CE	OFFICE USI	
1	Name of business entity filing form, and the ci				ificate Number:	
	of business. Bickerstaff Heath Delgado Acosta LLP	3711 S. Mo	Pac Expressway	2017	7-254255	
	Austin, TX United States	Building On	ne, Suite 300	Date	Filed:	
2	Name of governmental entity or state agency t	Austin, TX 7 that is a party to th	/8746 he contract for which the form is		5/2017	
	being filed.	-				
	City of McAllen, Texas		·	1	Acknowledged:	
3	description of the services, goods, or other pro-	governmental enti roperty to be provi	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	DEP01M Lawsuit challenging SB1004					
4		Ī			Nature of	
	Name of Interested Party	,	City, State, Country (place of busine	ess)	(check ap	
					Controlling	Intermediary
	axwell, Susan M.		Austin, TX United States		×	
	illms Rogers, Emily		Austin, TX United States		Х	
Мє	endez, David		Austin, TX United States		X	
Th	nan, Catherine		Houston, TX United States		×	
Υo	oung, Bradley B.		Austin, TX United States		Х	·
Du	ıgat III, Bill		Austin, TX United States		Х	
Acc	osta, Jr., Alejandro		El Paso, TX United States		Х	
_						
_						
	Check only if there is NO Interested Party.					
، ز	AFFIDAVIT	I swear, or r	affirm, under penalty of perjury, that the a	above r	disclosure is true	and correct.
	RAEANN MORRIS MY COMMISSION EXPIRES DECEMBER 22, 2018 NOTARY ID: 130059256		Signature of authorized agent of contra	<u>ر</u> د	<b>-</b> -	
	AFFIX NOTARY STAMP / SEAL ABOVE					
2	Sworn to and subscribed before me, by the said $\_$ 20 $\_$ $^{1}$ , to certify which, witness my hand and	Sydney W. d seal of office.	Falk, Jr., this the 2	-8	day of <u>A</u> v	ignst,
_	Kall Mi	RaeAnn	Morris 1	Vofa.	y Public	
	Signature of officer administering oath	Printed name of of	officer administering oath Title	e of off	ficer administerin	g oath

FORM **1295** 

			1011
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
Name of business entity filing form, and the city, state and count of business.  Bickerstaff Heath Delgado Acosta LLP	try of the business entity's place	Certificate Number: 2017-254255	
Austin, TX United States		Date Filed:	
<ol><li>Name of governmental entity or state agency that is a party to the being filed.</li></ol>	e contract for which the form is	08/25/2017	
City of McAllen, Texas		Date Acknowledged 09/05/2017	l: 
Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided DEP01M Lawsuit challenging SB1004	ity or state agency to track or identify ded under the contract.	the contract, and pro	ovide a
-	<u> </u>	Nature	of interest
4 Name of Interested Party	City, State, Country (place of busine	,	applicable)
		Controlling	Intermediary
Maxwell, Susan M.	Austin, TX United States	X	
Willms Rogers, Emily	Austin, TX United States	X	
Mendez, David	Austin, TX United States	Х	
Than, Catherine	Houston, TX United States	X	
Young, Bradley B.	Austin, TX United States	Х	
Dugat III, Bill	Austin, TX United States	X	
Acosta, Jr., Alejandro	El Paso, TX United States	X	
5 Check only if there is NO Interested Party.			
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above disclosure is tru	ue and correct.
	Signature of authorized agent of cont	dracting business entit	 V
AFFIX NOTARY STAMP / SEAL ABOVE	<u> </u>	_	'
Sworn to and subscribed before me, by the said	, this the	day of	
20, to certify which, witness my hand and seal of office.			
Signature of officer administering oath Printed name of	officer administering oath T	Title of officer administe	ering oath

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-256074 Faro Technologies, Inc. Lake Mary, FL United States Date Filed: 09/01/2017 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: 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. TXMAS-14-66020 3D Laser Scanner, forensic software, 2D and 3D diagramming software, animation software Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen McAllen, TX United States Х CITY OF MICALLEN SEP 05 2017 Purchasing & Contracting 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. CAROL S. LEVINE Notary Public - State of Florida My Comm. Expires Oct 30, 2018 Signature of authorized agent of contracting business entity Commission # FF 138066 AFFIX NOTARY STAVIPY SHALL ABOVE

0.981.

20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Printed name of officer administering oath

Title of officer administering oath

Signature of officer administering oath

Sworn to and subscribed before me, by the said \_

#### CERTIFICATE OF INTERESTED PARTIES FORM **1295** 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-256074 Faro Technologies, Inc. Lake Mary, FL United States Date Filed: 09/01/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 09/02/2017 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. TXMAS-14-66020 3D Laser Scanner, forensic software, 2D and 3D diagramming software, animation software Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen. McAllen, TX United States Χ 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_\_ \_\_\_\_ day of \_\_\_\_ \_, this the 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	RM 1295
				FUF	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.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and coun of business.  M.J.A. Construction, LLC	ntry of the business entity's place	Cert	ificate Number: 7-248665	
2	Mission, TX United States  Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	ne contract for which the form is	08/1	e Filed: 1/2017 : Acknowledged:	:
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided 8-17-C35-445  McAllen Nature Center Parking Lot Improvements	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check a	f interest pplicable)
				Controlling	Intermediary
		·			
·-					
		CITY	Æ	<del>)EIVED</del> FNCAL	
			SEP		ner fran fi M
5	Check only if there is NO Interested Party.	Purchasi	ng	_	<del>racting</del>
6	AEEDAVIT	By: #/> affirm, under penalty of perjury, that the a			an management of the state of the
	YOLANDA GONZALEZ  NOTARY PUBLIC STATE OF TEXAS  MY COMM. EXP. 3/3/2018  NOTARY ID 12816736-6  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said	Signature of authorized agent of confr	acting	business entity	
(	20	tollog rece, this the	<u> </u>	day of <u>grave</u>	101.
1	Signature of officer administering dath Printed name of of	A GONZALEZ A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Million A Mil	<u>)</u> 84 le of o	AXY Pud fficer administerir	OIC ng oath

FORM 1295

=					
	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.		CE	OFFICE USI	
1	Name of business entity filing form, and the city, state and cou of business.	untry of the business entity's place	Certi	tificate Number: .7-248665	
	M.J.A. Construction, LLC				
2	Mission, TX United States  Name of governmental entity or state agency that is a party to	the contract for which the form is		e Filed: L1/2017	
_	being filed.	the contract for which the form is			
	City of McAllen		09/0	Acknowledged: 02/2017	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov	ntity or state agency to track or identify vided under the contract.	y the c	ontract, and pro	vide a
	08-17-C35-445 McAllen Nature Center Parking Lot Improvements				
4	Down of Intercented Dayle,	- College Comment (along of busin		1	of interest
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	pplicable)
				Controlling	Intermediary
_					
_					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	or affirm, under penalty of perjury, that the	above	: disclosure is true	e and correct.
		Signature of authorized agent of cont	tracting	a business entity	
		olyndial of addionage agent in a	.l Qui	j Duamosa eriasj	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	•
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath	of officer administering oath Ti	itle of c	officer administerir	ng oath

FORM 1295

					4.01.2	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI		
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place		ficate Number:		
	C&M Golf and Grounds Equipment		201.7			
	San Antonio , TX United States		Date Filed:			
2		contract for which the form is	09/06	6/2017		
	being filed.					
	City of McAllen Texas		Date .	Acknowledged:		
_	Dravida the identification number and but the					
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided.	y or state agency to track or identity ed under the contract.	the co	ontract, and pro	vide a	
	08-17-P57-01					
	Purchase of one(1) 14ft Rotary Mower					
4			1	Nature o	f interest	
•	Name of Interested Party	City, State, Country (place of busine	ess)	(check ar	oplicable)	
_				Controlling	Intermediary	
_						
					· · · · · · · · · · · · · · · · · · ·	
		A	E¢	EIVED		
		CITY	OF	McAL		
			EP P	9 2017		
		Purchasin	ia l	& Contr	ortina.	
		By-			- ANGERIA	
		g		***************************************	TO COMPLETE LOCAL	
5	Check only if there is NO Interested Party.		!	<u></u>		
;	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	-	manager of the second	->	
	<u> </u>					
	VANESSA CASTILLO Notary Public	3 ST				
	State of Texas	Signature of authorized agent of contra	acting	business entity		
	My Comm, Exp. 01-17-2019 \$			•		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Havold K 1900 20 1 20 1 20 1 20 1 20 1 20 1 20 1	KAMPAL JIZ, this the	U	day of <u>Sl</u>	ptember	
	1					
	VALOMA ARAFALLA VALOREA	Austila Wate	v. 1/1 i	Problem 1		
	Signature of officer administering oath Printed name of offi	CUSTIND  \/\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(	e of of	fficer administerir	on nath	
	Trinica name of on	TILL	o vi Vi	noor aummisterif	iy Vaut	

Ack' 1295 FORM 9/6/17 RS

## **CERTIFICATE OF INTERESTED PARTIES**

							1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested par	rties.				OFFICE USI	
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no intere						OF FILING
1	Name of business entity filing form, and the city, of business.	, state and cou	ntry of the business entity's	s place		cate Number:	
	C&M Golf and Grounds Equipment				ZU17	257257	
	San Antonio , TX United States				Date F	iled:	
2	Name of governmental entity or state agency tha	t is a party to t	he contract for which the fo	orm is	09/06/	/2017	
	being filed.			I			
	City of McAllen Texas					icknowledged:	
			12 III		09/06/		
3	Provide the identification number used by the go description of the services, goods, or other prop	overnmental en	tity or state agency to track	or identify	the cor	ntract, and pro	vide a
		enty to be prov	med ander the contract,			-	
	08-17-P57-01 Purchase of one(1) 14ft Rotary Mower						
	Fulchase of one(1) 141t Rotary Mowel						
<u></u>				•		Nature o	f interest
4	Name of Interested Party		City, State, Country (plac	ce of busine	ss)	(check ap	oplicable)
		<u>,</u>				Controlling	Intermediary
					-		
		<del></del>					
				•		7	
	•						
5	Check only if there is NO Interested Party.	X					
		<u> </u>					
6	AFFIDAVIT	I swear, or	affirm, under penalty of perju	ıry, that the a	bove di	isclosure is true	and correct.
		,	Signature of authorized a	gent of contra	acting b	ousiness entity	
	AFFIX NOTARY STAMP / SEAL ABOVE						
				1			
	Sworn to and subscribed before me, by the said		, ti	his the		day_of	,
	20, to certify which, witness my hand and s	eal of office.					
	Signature of officer administering oath F	Printed name of	officer administering oath	Title	e of offi	icer administerir	ng oath
							1

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	CERTIFICATE OF INTERES	STED PARTIES		FOR	м 1295
L					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested p Complete Nos. 1, 2, 3, 5, and 6 if there are no inte		CE	OFFICE US	
1	Name of business entity filing form, and the cit of business.  The Tamis Corporation	ty, state and country of the business entity's place		ificate Number: 7-257893	
L	Pittsburgh, PA United States		1	Filed:	
2	Name of governmental entity or state agency the being filed.	hat is a party to the contract for which the form is	09/0	7/2017	
	The City of McAllen		Date	Acknowledged:	1
3	Provide the identification number used by the quescription of the services, goods, or other provides 17-P58-01 Classic Blockader 2.5M Steel Barriers	governmental entity or state agency to track or identify operty to be provided under the contract.	the c	ontract, and pro	vide a
4		1992		1	f interest
	Name of Interested Party	City, State, Country (place of busine	ess)	(check a	pplicable) Intermediary
В	lby, Murray	Pittsburgh, PA United States		X	intermediary
		CITY OF Mic SEP 112 Purchasing & C	3 / A 1		
_					
5	Check only if there is NO Interested Party.				
6	COMMONWEALTH OF PENNSYLVAMA  NOTARIAL SEAL  MELISSA D JORDAN  Notary Public  PENN HILLS TWP., ALLEGHENY COUNTY  My Commission Expires Mar 13, 2018  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  20, to certify which, witness my hand and	Signature of authorized attent of contract Bib.  the authorized attent of contract at seal of office.	H.	ή	and correct.
	Signature of officer administering oath	Melissa Dordon ()  Printed name of officer administering oath Tit	<u>\\</u> le of c	officer administeri	ng oath
	Comment of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the				ng vaar

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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.		CEI	OFFICE US	
1	Name of business entity filing form, and the city, state and co- of business.	ountry of the business entity's place	1	ficate Number: 7-257893	
	The Tamis Corporation			,	
	Pittsburgh, PA United States			Filed: 7/2017	
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	09/0	112017	
	The City of McAllen			Acknowledged: 7/2017	:
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro		the co	ontract, and pro	vide a
	08-17-P58-01 Classic Blockader 2.5M Steel Barriers				
4				Nature o	f interest
7	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)
_				Controlling	Intermediary
Bi	lby, Murray	Pittsburgh, PA United States		Х	
				-	
i	Check only if there is NO Interested Party.		i		
3	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above (	disclosure is true	and correct.
		Signature of authorized agent of cont	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	_
	20, to certify which, witness my hand and seal of office.				,
	Signature of officer administering oath Printed name of	of officer administering oath Ti	tle of of	fficer administerir	ng oath

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	rties.			CEI	OFFICE US	
1	Name of business entity filing form, and the city, state at of business.	nd cou	ntry of the business entity's	-	Certi	ficate Number: 7-234911	
	G and S Mechanical USA, Inc.				2017	204011	
	Wichita, KS United States					Filed:	
2	Name of governmental entity or state agency that is a pa being filed.	irty to t	the contract for which the for	m is	07/1.	1/2017	
	City of McAllen					Acknowledged:	1
					09/14	4/2017	
3	Provide the identification number used by the governme description of the services, goods, or other property to be			or identify t	the co	ontract, and pro	vide a
	06-17-C30-255 Baggage Handling System						
	- Suggago Harlaning Oyotoni						
4	Name of Interested Party		City, State, Country (place	a of hugina	,,		f interest
	Name of interested Party		City, State, Country (place	e or pusine:	55)	Controlling	oplicable) Intermediary
_						Controlling	Internediary
						-	-
			•				
;	Check only if there is NO Interested Party.		I	.,			
ì	AFFIDAVIT I sw	vear, or	affirm, under penalty of perjury	, that the al	ove o	disclosure is true	and correct.
			Signature of authorized age	ent of contra	cting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said		. this	s the		day of	
	20, to certify which, witness my hand and seal of off			-			
	Signature of officer administering oath Printed na	ame of	officer administering oath	Title	of of	ficer administerin	ig oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2017-234911 G and S Mechanical USA, Inc. Date Filed: Wichita, KS United States 07/11/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 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. 06-17-C30-255 Baggage Handling System Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling 5 Check only if there is NO Interested Party. $\square$ 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. JUDITH A. YOUNG A Commissioner for Oaths In and for the Province of Alberta My Commission Expires Dec. 1, 2017 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Chad Buffam, this the 11 day of July 20 / 7 , to certify which, witness my hand and seal of office.

nature of officer administering oath

Printed name of officer administering oath

	CERTIFICATE OF INTERESTED PAR	TIES		F0D	м 1295
				FUR	1 of 1
_			<u> </u>	OFFICE US	
	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.		CEI	OFFICE USE RTIFICATION	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number:	
	McAllen Public Utility		2017	'-249938	
	McAllen, TX United States		1	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	08/1	5/2017	
	McAllen Public Utility		Date	Acknowledged:	
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	08-17-S45-40 Sludge Management				
		<u> </u>		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
	· · · · · · · · · · · · · · · · · · ·				
					- <del></del>
					***************************************
5	Check only if there is NO Interested Party.				
	X				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	BECKY ELLISON Notary Public POPE COUNTY, ARKANSAS My Commission Expires 4-29-2019 Commission # 12370944	Signature of authorized agent of cont	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Λ	this the	174	day of A	ugust.
	Declay Limin Blaky El Signature of officer administering oath Printed name of	11300 (A) Officer administering oath Ti	Joto itle of c	ay Pub officer administeri	ng oath

FORM **1295** 

	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	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place		ificate Number: 7-249938	
	McAllen Public Utility			-L40000	
	McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	08/15	5/2017	
	being filed. McAllen Public Utility		Date	Acknowledged:	
	MCAllen Public Gully	!		5/2017	
3	Provide the identification number used by the governmental ent	tity or state agency to track or identify		<u> </u>	uida a
3	description of the services, goods, or other property to be provided to the services.		the ca	Millauly and p.c.	/lue a
	08-17-S45-40 Sludge Management				
	Siddge Mariagement				
— 4				Nature of	
-	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	, <del></del>
				Controlling	Intermediary
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5	Check only if there is NO Interested Party.				
6	AFFIDANIT	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		" -lacina la tripi	-!want
_	i Sweai, ui	r affirm, under penalty of perjury, that the	above	disclosure is nue	and correct.
		Signature of authorized agent of cont	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	,
	20, to certify which, witness my hand and seal of office.				
	Dulated name of		· · · · · · · · · · · · · · · · · · ·	tutatori	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tle of o	officer administerir	ng oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-262430 Valley View Consulting, L.L.C. Huddleston, VA United States Date Filed: 09/19/2017 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: 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. 06-17-S33-40 Investment Advisory Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Long, Richard Huddleston, VA United States Х 5 Check only if there is NO Interested Party.

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

Signature of authorized agent of contracting business entity

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

ABOVE

Printed name of officer administering oath

Title of officer administering oath

AFFIX NOT

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-262430 Valley View Consulting, L.L.C. Huddleston, VA United States Date Filed: 09/19/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 09/19/2017 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. 06-17-S33-40 Investment Advisory Services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Long, Richard Huddleston, VA United States 5 Check only if there is NO Interested Party. П 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_ \_, this the \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

					1 of 1.
Complete Complete	Nos. 1 - 4 and 6 if there are interested parties. Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	
of busin Tabeza	business entity filing form, and the city, state and coess. Holdings, LLC TX United States	untry of the business entity's place	201	ificate Number: 7-254549 Filed:	
2 Name of being file	governmental entity or state agency that is a party to d.	the contract for which the form is	08/2	7/2017	
City of M	cAllen		Date	Acknowledged:	
descripti 08-17-C	he identification number used by the governmental con of the services, goods, or other property to be pro 38-516 mial Blvd Hike & Bike Trail Pedestrian Bridge at La	ovided under the contract,	y the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busin	ness)		f interest
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Controlling	Intermediary
	*5				
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	3	•		-	
•					
5 Check on	ly if there is NO Interested Party.				
6 AFFIDAA	NORMA L. RAMIREZ  Notary Public  STATE OF TEXAS  ID# 7033587	or affirm, under penalty of perjury, that the			e and correct.
	TARY STAMP / SEAL ABOVE		(	, /	
Sworn to a 20 / 7	nd subscribed before me, by the said	s co Meza, this the o	28	day of A	gust.
Signal		on a L. Karmirez por officer administering oath T	itle of c	dina fici	as is lant

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2017-254549			
	Tabeza Holdings, LLC	•					
	McAllen, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to	o the contract for which the form is	08/2	7/2017			
	being filed.						
	City of McAllen	Of the then			Date Acknowledged: 09/15/2017		
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a scription of the services, goods, or other property to be provided under the contract.					
	08-17-C38-516						
	Bicentennial Blvd Hike & Bike Trail Pedestrian Bridge at La	ark Blvd					
<u> </u>			\	Nature of interest (check applicable)			
	Name of Interested Party	City, State, Country (place of busin	iess)	<u> </u>			
				Controlling	Intermediary		
			-				
_							
_	Observation of Alberta in NO Interested Ports						
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear,	, or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
		Signature of authorized agent of contracting business entity					
		é					
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	1		
	20, to certify which, witness my hand and seal of office.						
			-:41 C	_46:	:		
	Signature of officer administering oath Printed name	of officer administering oath T	ide of (	officer administeri	ng oatn		

_				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.	OFFICE USE ONLY			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of	if the business entity's place	Certificate Number:		
	of business. Motorola Solutions, Inc.		2017-267072		
	Houston, TX United States		Data Filad.		
2	Name of governmental entity or state agency that is a party to the co	9	Date Filed: 09/29/2017		
_	being filed.	THE COLUMN TO THE TOTAL TO			
	City of McAllen		Date Acknowledged:		
3	Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided upon the services.	r state agency to track or identify to under the contract.	the contract, and pro	vide a	
	09-17-P60-01	masi ma somati			
	Communications Equipment and Services				
		** ** ** ** ** ** ** ** ** ** ** ** **			
4	Name of Interested Party Cit	ty, State, Country (place of busine	Nature of interest (check applicable)  Controlling Intermedian		
	J.	y oute, country (place of pasific			
			Condoming	intermediary	
-					
			1		
	/	<u> </u>			
			]		
5	Check only if there is NO Interested Party.				
-	X				
6	AFFIDAVIT I SWear or affirm	n, under penalty of perjury, that the a	hove disclosure is true	and correct	
	Torox, or anni	i, and or penalty or perjury, that the a	ing et atteologis in avodz	and confect.	
			1		
	Signature of authorized agent of contracting business entity				
		graduo or admonged agent or conte	acting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	n-1 10	pollppl paul 1+1			
	Sworn to and subscribed before me, by the said Richard R.  20 (7), to certify which, witness my hand and seal of office.	Russek, this the $2$	day of 42	Man 621	
	20 ( ), to certify which, witness my hand and seal of office.	MADVELLELOW	COVER		
	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	MARY ELLEN STO Notary Public	JUKER		
May Eden Stocker STATE OF TEXAS Notary ID# 409928-2			(AS 🔓	[	
	Signature of officer administering oath Printed name of officer	MAII/METERING/ORIGINM. Exp. 174	92020119e Jadministeri	ng oath	
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			

				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 count of business.  Motorola Solutions, Inc.  Houston, TX United States	Certificate Number: 2017-267072  Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	O9/29/2017  Date Acknowledged: O9/29/2017			
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.  09-17-P60-01  Communications Equipment and Services				
4	Name of Interested Party	City, State, Country (place of busing	Nature of interest iness) (check applicable)  Controlling Intermediary		
			Controlling	intermediary	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	offirm, under penalty of perjury, that the	above disclosure is true	e and correct.	
	<u></u>	Signature of authorized agent of cont	racting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	day of	,1	
	Signature of officer administering oath Printed name of of	fficer administering oath Ti	tle of officer administeri	ng oath	

	CERTIFICATE OF INTERESTED PAR	<b>(TIES</b>	FORM <b>1295</b>
F			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.	1	OFFICE USE ONLY
	Name of business entity filing form, and the city, state and coun	the Called business antibute place	CERTIFICATION OF FILING
	of business.		Certificate Number: 2017-246908
	Safety-Kleen Systems, Inc. Richardson, TX United States		
2			Date Filed: 08/08/2017
ľ	being filed.	le contract for which the form is	00/00/2011
	City of McAllen	,	Date Acknowledged:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 08-17-SP31-133 Lubricants	ity or state agency to track or identify t ded under the contract.	the contract, and provide a
4			Nature of interest
	Name of Interested Party	City, State, Country (place of busines	ess) (check applicable)  Controlling Intermediary
	Check only if there is NO Interested Party.	CITY OF	CEIVED F McALLEN 0 9 2017 & Contracting
	AFEIDAVIT		
j	AFFIDAVIT I swear, or at	affirm, under penalty of perjury, that the ab	bove disclosure is true and correct.
	JUTTIE MATTOX Notary ID # 4505093 My Commission Expires March 14, 2018  AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of contract	
	Sworn to and subscribed before me, by the said Kevin Hayden  20	, this the	day ofAugust,
•	Signature of officer administering oath Printed name of off	Way Juttie Mattex Officer administering oath Title	Exec. Admin e of officer administering oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-246908 Safety-Kleen Systems, Inc. Richardson, TX United States Date Filed: 08/08/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 09/29/2017 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. 08-17-SP31-133 Lubricants Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_ \_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath

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	CERTIFICATE OF INTERESTED PARTIE	i.S		FOR	м 1295	
L					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.		1	OFFICE USE		
1	of business.	i the business entity's place	Certif	ficate Number: -246502		
	O'Reilly Auto Enterprises LLC DBA O'Reilly Auto Parts Springfield, MO United States		Date I	Filed:		
2	Name of governmental entity or state agency that is a party to the corbeing filed.	ntract for which the form is	08/08	3/2017		
	City of McAllen		Date /	Acknowledged:		
3	Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided u 08-17-SP31-133 Supply Contract for the Purchase of Lubricants	state agency to track or identify nder the contract.	the co	intract, and prov	vide a	
4	Name of Interested Party (if	Ct-ta Country Inless of husing		Nature of		
	Name of Interested Party City	y, State, Country (place of busine	essj	(check ap	pplicable) Intermediary	
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	CITY OF MCALLEN		-	м.		
	A 5043	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			·	
	ULI II 6011					
	Purchasing & Contracting		$\neg$		W-2	
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	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm,	, under penalty of perjury, that the a	above (	disclosure is true	and correct.	
	VANESSA J. CREECH Notary Public Notary Seal STATE OF MISSOURI Webster County My Commission Expires Mar. 25, 2019 Commission #15634288  Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE	— www.madelida	Liberta Agentina			
	Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and seal of office.	LOYGE, this the	8	day of	rigust	
/	Dunn Vice D Vanossa	Overla No.	ŀΛγ	n Duh	1.7	
	Signature of officer administering oath Printed name of officer	administering oath Titl	le of of	ficer administerin	ng oath	

FORM 1295

<u> </u>						
	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.			ificate Number: 7-246502		
	O'Reilly Auto Enterprises LLC DBA O'Reilly Auto Parts					
Ļ	Springfield, MO United States			Filed: 8/2017		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is				
	City of McAllen		4	Acknowledged: 9/2017		
3	Provide the identification number used by the governmental enti	tity or state agency to track or identify	the c	ontract, and pro	vide a	
	description of the services, goods, or other property to be provided 08-17-SP31-133	ded under the contract.				
	Supply Contract for the Purchase of Lubricants					
4				1	f interest	
7	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	<del>,</del>	
				Controlling	Intermediary	
	· · · · · · · · · · · · · · · · · · ·					
5	Check only if there is NO Interested Party.			;		
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
		•				
ı						
		Signature of authorized agent of cont	ractinç	j business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify writers, witness my fiand and sea of office.					
					<del></del>	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of c	officer administeri	ng oath	

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.	CE	OFFICE USE		G
1	of business.		ificate Number: 7-246308		
	Hollon Oil Company Weslaco, TX United States	Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	08/0	07/2017		
	City of McAllen	Date	Acknowledged:	: 	
3	description of the services, goods, or other property to be provided under the contract.	ntify the c	ontract, and pro	vide a	S .
	08-17-SP31-133 Lubricants				
4	Name of Interested Party City, State, Country (place of bu	···almace)		f interest	
	Name of Interested Party City, State, Country (place of bu	JSHIESSJ	Controlling	pplicable) Intermedia	rv
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		ECE	IVED		
	- CITY	OF N	ived Icallei	N	
		CT 0 9		_	
	— Purchasir	10 % (	Contrac		
	Purchasin		- VIIII QVI	1119	
5	Check only if there is NO Interested Party.			Γ	
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that	the above	disclosure is true	and correct.	
	MIRIAM G. SALDIVAR Notary Public, State of Texas Comm. Expires 09-24-2020 Notary ID 129137183  AFFIX NOTARY STAMP / SEAL ABOVE	contracting	) business entity		
	Sworn to and subscribed before me, by the said <u>Danie</u> Arrigso, this the 20, to certify which, witness my hand and seal of office.	7+K	day of At	igust.	
Ó	Muriam D. Saldinger Mi Fiam C. Saldivar Adr Signature of officer administering oath Printed name of officer administering oath	MINIS:	trative M officer administerin	avoce ng oath	

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 count of business.	itry of the business entity's place	Certificate Number: 2017-246308			
	Hollon Oil Company Weslaco, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to th	he contract for which the form is		7/2017		
<i>~</i> .	being filed.	TO CONTRACT TO MINOR THE TOTAL TO				
	City of McAllen	İ		Acknowledged: 5/2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a	
	08-17-SP31-133					
	Lubricants					
		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	1	plicable)	
	,			Controlling	Intermediary	
_						
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
				*		
		Signature of authorized agent of cont	racting	g business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of	officer administering oath	itle of	officer administeri	ing oath	
		<u>-</u>				

FORM **1295** 

				1 01 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				
af haralman			Certificate Number:			
of business. Stewart & Stevenson Power Products LLC			17-268398			
	Pharr, TX United States	Da	te Filed:			
2	5	n is 10/	/04/2017			
being filed. City of McAllen			te Acknowledged	:		
3	Provide the identification number used by the governmental entity or state agency to track o description of the services, goods, or other property to be provided under the contract.	or identify the	contract, and pro	ovide a		
	08-17-SP31-133 Transmission Fluid					
4				of interest		
	Name of Interested Party City, State, Country (place	of business)		pplicable)		
	aterman, William Bedford, NY United Stat	es	Controlling X	Intermediary		
Da	ay, Sean Greenwich, CT United S	itates	X			
Air	nsworth, Anne-Marie Houston, TX Un					
Эу	rne, Joseph Houston, TX Un			ng Amerika dispending di Salas dipelah dipelah Balas Salah dispendingan		
Vii	iller, Monte Durango, CO Ui					
Эа	avis, Barry Dallas, TX Unite	CITY	RECEIVE OF McA	Design		
Ste	ewart, Richard Houston, TX Un		OCT 0 9 2017			
Gr:	zebinski, David Houston, TX Un	rchasi	ng & Co	ntractin		
	ario, Richard Galveston, TX l	By:				
<u>،</u>	Check only if there is NO Interested Party.					
•	BONNIE FAYE PETERSON Notary Public, State of Texas Notary ID #91245- My Commission Expires February 04, 2021 Signature of authorized age	ent of contraction	ng business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE	٠ ٠				
	Sworn to and subscribed before me, by the said Bonnie Fayor Refersor, this 20 17, to certify which, witness my hand and seal of office.	s the <u>4 + 1</u>	day of	ctober.		
,	Bonnie Fry Peterson Bonnie Fry & Peterson	Exc	rutive As	st.		
	Signature of officer administering oath Printed name of officer administering oath	itte of	f officer administer	ng oath		

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					
of business.  Stewart & Stevenson Power Products LLC			Certificate Number: 2017-268398 Date Filed:			
<ol> <li>Name of governmental entity or state agency that is a party to being filed.</li> <li>City of McAllen</li> </ol>	the contract for which the form is	10/04/2017 Date Acknowledged: 10/05/2017				
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. 08-17-SP31-133 Transmission Fluid						
4 Name of Interested Party	City, State, Country (place of busin	I	ature of interest heck applicable) olling Intermedia			
Waterman, William	Bedford, NY United States	X				
Day, Sean	Greenwich, CT United States	Х	,			
Ainsworth, Anne-Marie	Houston, TX United States	Х				
Pyne, Joseph	Houston, TX United States	×				
Miller, Monte	Durango, CO United States	X				
Davis, Barry	Dallas, TX United States	х .				
Stewart, Richard	Houston, TX United States	×				
Grzebinski, David	Houston, TX United States	×				
Alario, Richard	Galveston, TX United States	×				
5 Check only if there is NO Interested Party.						
S AFFIDAVIT I Swear, or	r affirm, under penalty of perjury, that the	above disclosure	e is true and correct,			
	Signature of authorized agent of conti	racting business	entity			
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	day o	.fı			
Signature of officer administering oath Printed name of	officer administering oath Tit	ile of officer admi	inistering eath			

	CERTIFICATE OF INTERESTED PART	TIES		FOR	1295		
F	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.			FFICE USE	ONLY OF FILING		
1		try of the business entity's place	4	te Number: '1009	OF FILING		
2	being filed. City of McAllen		10/11/2017  Date Acknowledged:				
3	Provide the Identification number used by the governmental entit description of the services, goods, or other property to be provid 10-17-C01-508  Street Extension	ty or state agency to track or identify led under the contract.	the contra	act, and prov	Jide a		
4				Nature of			
-	Name of Interested Party	City, State, Country (place of busine	' ⊢	(check ap	<del></del>		
				ontrolling .	Intermediary		
5	Check only if there is NO interested Party.						
6	AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  KARLA DE LA ROSA Notary Public, State of Texas Comm. Expires 06-21-2021 Notary ID 131181353  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Humberto Garcia, Jr, this the 13 day of October, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of of	officer administering oath Tit	le of office	er administerir	ng oath		

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.			Certificate Number: 2017-271009			
	2GS, LLC dba Earthworks Enterprise		2011-2	211003			
	Penitas, TX United States		Date F	iled:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	10/11/	2017			
	being filed.						
	City of McAllen			cknowledged:			
			10/26/	2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the con	ntract, and prov	vide a		
	10-17-C01-508						
	Street Extension						
		<u> </u>		Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busine	1229	(check ap			
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				Controlling	memeanary		
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above di	isclosure is true	and correct.		
		Signature of authorized agent of contr	acting b	usiness entity			
		-	<del>-</del>	•			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	_		
	20, to certify which, witness my hand and seal of office.	1 4115 415		,	,		
	Clarative of officer administrative sets	Officer administrates and	Ho of - 60	ت - ۱ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲	a sati-		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

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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.			Certificate Number: 2017-271186		
	A Plus Alteration					
	McAllen, TX United States		Date F	Filed:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	10/11	/2017		
_	being filed.					
	City of McAllen		Date /	Acknowledged:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or identify d under the contract.	the co	ntract, and prov	ide a	
	Project No. 08-17-S44-33					
	Alteration/Hemming Services For McAllen Police and Fire Dept	<u>.</u> ••				
			-			
4		Other Other Course (State of )	,	Nature of		
	Name of Interested Party	City, State, Country (place of busine	:55)	(check ap		
		10.00	-	Controlling	Intermediary	
					·	
		RECEIVED	:			
		CITY OF MCALLEI	N			
		OCT 1 2 2017				
		URCHASING & CONTRACTIN	IG			
			≓-06+4 <sub>4</sub> .			
5	Check only if there is NO Interested Party.			•		
6	AFFIDAVIT I swear, or aff	firm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	ANNA L. GARCIA Notory Public, State of Texas My Commission Expires October 19, 2019 Signature of authorized agent of contracting business entity					
	Sworn to and subscribed before me, by the said Maria Luis	sa Trevião, this the	2+1	day of	hoper,	
	20 / 7 , to certify which, witness my hand and seal of office.					
	Anna Anna	1 Commo				
	Signature of officer administering oath Printed name of off	ficer administering oath	tle of o	fficer administerir	ng oath	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of husiness. 2017-271186 A Plus Alteration Date Filed: McAllen, TX United States 10/11/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 10/13/2017 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. 08-17-S44-33 Alteration/Hemming Services For McAllen Police and Fire Dept. Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. $\square$ 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_day of \_ 20 \_\_\_\_, to certify which, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath Signature of officer administering oath

	CERTIFICATE OF INTERESTED PAR	RTIES		FOF	м 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.		CE	OFFICE USI	E ONLY		
1	Name of business entity filing form, and the city, state and cou of business. A1 Dry Cleaners MCALLEN, TX United States	ntry of the business entity's place	CERTIFICATION OF FILIN Certificate Number: 2017-250176  Date Filed: 08/15/2017  Date Acknowledged:				
2	Name of governmental entity or state agency that is a party to t being filed. City of Mcallen	the contract for which the form is					
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 08-17-S44-33 Uniform Cleaning and alterations	itity or state agency to track or identify ided under the contract.	the co	ontract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling			
Ar	nidu, Jennifer	MCALLEN, TX United States		X	memeuary		
	RECEIVED						
	CITY OF MOALLEN						
	SEP 29 2017						
	Purchasing & Contracting						
	may con-consist construction and construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction						
_	Check only if there is NO Interested Party.						
	JOSE G. CAVAZOS Notary Public, State of Texas Comm. Expires 07-23-2021 Notary ID 126962376  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  JOSE G. CAVAZOS  Notary Public, State of Texas Comm. Expires 07-23-2021 Notary ID 126962376  Signature of authorized agent of contracting business entity						
;	Sworn to and subscribed before me, by the said <u>Jenusy</u> 20, to certify which, witness my hand and seal of office.	Augua, this the	16	day of	lous).		
/	Signature of officer administering oath  Printed name of o	OVERS Not	a of off	Y Vac la /s	C goath		

#### CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 **OFFICE USE ONLY** 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-250176 A1 Dry Cleaners MCALLEN, TX United States Date Filed: 08/15/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Mcallen 09/29/2017 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. 08-17-S44-33 Uniform Cleaning and alterations Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary MCALLEN, TX United States Х Anidu, Jennifer 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_ \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

FORM **1295** 

					1011	
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILI						
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place	Certificate Number: 2017-260846			
	SAMES, INC.		2011	200040		
	McAllen, TX United States		Date F	Filed:		
2	Name of governmental entity or state agency that is a party to the		09/14			
_	being filed.	contract to which the form is				
	City of McAllen		Date /	Acknowledged:		
	·					
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or identify ad under the contract.	the co	ntract, and prov	/ide a	
	09-17-C39-301					
	Lark Community Center Re-Roof (re-bid)					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	ss)	(check ap		
				Controlling	Intermediary	
			$\dashv$			
			$\dashv$			
			4			
					:	
5	Check only if there is NO Interested Party.			•		
6	AFFIDAVIT I swear, or affi	firm, under penalty of perjury, that the a	bove c	lisclosure is true	and correct.	
		Same of the second		and the		
	1.		***			
		Signature of authorized agent of contra	actina	husinoss optitu		
		olgrature of authorized agent of contro	acang	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Samuel D. Male	danada Vica Prochhamb	4th	day of Soc	+	
	) meth	an local vice is linearly	**	day of <u>De</u> (	METTIL EF	
	20, to certify which, witness my hand and seal of office.	TIRZAH ANN RIVERA				
		My Notary ID # 126368063				
		Expires January 7, 2020				
de	VX Lulcul - and	Jon Klypini 19	ota	D.I.I.	. , l	
	Signature of officer administering oath Printed name of officer			ficer administerin	g oath	
					ı	

FORM **1295** 

_							
	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.			Certificate Number: 2017-260846			
	SAMES, INC.			2000.0			
	McAllen, TX United States	,	Date	Filed:			
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	09/14	4/2017			
_	being filed.	•					
	City of McAllen			Acknowledged: 7/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract,	the co	ontract, and pro	vide a		
	09-17-C39-301						
	Lark Community Center Re-Roof (re-bid)						
_				***	f interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	oplicable)		
				Controlling	Intermediary		
					·		
					•		
5	Check only if there is NO Interested Party.		1				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
	. 30,	diffilli direct periode or parisary and	_				
	· ·	Signature of authorized agent of conti	racting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of			
	20, to certify which, witness my hand and seal of office.						
	Divinted name of	officer administering onth	itle of c	officer administerir	ng oath		
	Signature of officer administering oath Printed name of o	officer administering oath Til	ne oi n	moer dummisterii	ig vaut		

Ack 10-23-1787

#### **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

_					- 0, 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.  CERTIFICATION OF F						
Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2017-266686		
	LRGV Community Health Management Corporation, Inc. dba McAllen, TX United States	El Milagro Clinic				
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	Date Filed: - 09/28/2017			
	being filed. City of McAllen		Date	Acknowledged:		
		PROGRAMMA PROMISE AND ASSAULT				
3	description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
_	DC 2017 Primary, preventive and behavioral healthcare services					
4	Name of Intercented Positiv	City State Country (along of burning			f interest	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check a) Controlling	oplicable) Intermediary	
LF	RGV Community Health Management Corporation, Inc. dba	Mcallen, TX United States		X	<b>.</b> y	
	-					
5	Check only if there is NO Interested Party.					
3	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	DINAH A. ORANDAY Notary Public STATE OF TEXAS My Comm. Exp. 06/20/2021 ID# 129389339  AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>Ju Velz g</u> / 20/7, to certify which, witness my hand and seal of office.	M. Reserolez, this the	19.	M day of A	ptember	
	Mile Hereford DINA!	H ORANDAY		Aggregated enginement and 11 securing independent		
	Signature of officer administering oath Printed name of o	officer administering oath Til	tle of o	fficer administeri	ng oath	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-266686 LRGV Community Health Management Corporation, Inc. dba El Milagro Clinic McAllen, TX United States Date Filed: 09/28/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 10/23/2017 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. DC 2017 Primary, preventive and behavioral healthcare services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Mcallen, TX United States Х LRGV Community Health Management Corporation, Inc. dba 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct, Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_ , this the \_\_\_\_\_ day of 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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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.					E ONLY	
┝	4 Name of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city of the city			CERTIFICATION OF FILING		
ľ	of business.	atry of the business entity's place		ificate Number: 7-266683		
	McAllen Heritage Center Inc.		2017	-200083		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	he contract for which the form is	09/2	8/2017		
	being filed. City of McAllen					
İ	ory of Michigan		Date	Acknowledged	:	
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi GF2017 Historical museum	tity or state agency to track or identify ided under the contract.	/ the co	ontract, and pro	ovide a	
4				Nature o	of interest	
	Name of Interested Party	City, State, Country (place of busin	ess)		pplicable)	
				Controlling Intermedia		
М	cAllen Heritage Center Inc.	McAllen, TX United States		Х		
_						
5	Check only if there is NO Interested Party.			1		
6	AFFIDAVIT Lewest of	affirm under noneth of neviron that the				
	i Swedi, Ora	affirm, under penalty of perjury, that the	above (	disclosure is true	and correct.	
	DIANA MARTINEZ Notary Public STATE OF TEXAS My Comm. Exp. 02/23/2019 Signature of authorized agent of contracting business entity					
		Cerda , this the	19	day of <i>O</i> _	ct	
0	Signature of officer administering oath Printed name of o	a Nastrner  Officer administering oath Titl	le of of	√8+a ficer administerin	ry ng bath	
					i	

## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-266683 McAllen Heritage Center Inc. McAllen, TX United States Date Filed: 09/28/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed, Date Acknowledged: City of McAllen 10/23/2017 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. GF2017 Historical museum Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary Х McAllen Heritage Center Inc. McAllen, TX United States 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_ \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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		
1	of hydrigan			Certificate Number: 2017-275763		
	Rio Grande Valley Literacy Center		2017	-213/03		
	Pharr, TX United States		Date I	Filed:		
2		he contract for which the form is		1/2017		
	being filed.					
	City of McAllen		Date /	Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ilty or state agency to track or identify ided under the contract.	the co	ntract, and pro	vide a	
	GF2017					
	Literacy Services					
4	**************************************	1	$\overline{}$	Nature o	finterest	
•	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)	
				Controlling	Intermediary	
	. !					
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			$\dashv$			
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			1			
5	Check only if there is NO Interested Party.	<u></u>				
3	ALEIDAVIT			<del></del>		
	MARIA DEL CARMEN LEAL Notary Public	affirm, under penalty of perjury, that the $\alpha$	above c	disclosure is true	and correct.	
	STATE OF TEXAS My Comm. Exp. 01-07-2019	Signature of authorized agent of contr	ر <u>دت</u> acting !	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>Diana</u> <u>G</u> .  20 <u>17</u> , to certify which, witness my hand and seal of office.	Faria 5 , this the 2	4 H	h_day of_OC	tober,	
_	Down Del Caron Led 14	Maria Dol Carner Les		MSR		
	Signature of officer administering oath Printed name of o	officer administering oath Tit	le of off	ficer administerin	g oath	

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.		CE	OFFICE US		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.     Rio Grande Valley Literacy Center			Certificate Number: 2017-275763  Date Filed:		
2	·	e of governmental entity or state agency that is a party to the contract for which the form is g filed.				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid GF2017 Literacy Services		ify the c	ontract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of bus	iness)		f interest oplicable) Intermediary	
				,	momoulary	
					····	
			:			
5	Check only if there is NO Interested Party.		į			
3	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that th	e above	disclosure is true	and correct.	
		Signature of authorized agent of co	ntracting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				ļ	
	Sworn to and subscribed before me, by the said	, this the		day of	1	
•	Signature of officer administering oath Printed name of o	fficer administering oath	Title of of	fficer administerir	ig oath	

	CERTIFICATE OF INTERESTED PARTIE	ES	FOF	RM <b>1295</b>	
				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 US CERTIFICATION		
1	Name of business entity filing form, and the city, state and country of business.		Certificate Number: 2017-272584		
	Women Together Foundation Inc McAllen, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the cobeing filed.	ontract for which the form is	10/16/2017		
	City of McAllen		Date Acknowledged	l:	
3	Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided to GF2017  Services for victims of domestic violence and sexual assault	r state agency to track or identify under the contract.	the contract, and pro	ovide a	
4				of interest	
	Name of Interested Party Cit	ity, State, Country (place of busine	ess) (check a	ipplicable) Intermediary	
Ci	ity of McAllen, M	Mcallen, TX United States	Х		
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm	m, under penalty of perjury, that the	above disclosure is tru	ie and correct.	
	SANDRA E. SANCHEZ MY COMMISSION EXPIRES December 6, 2018  Signature of authorized agent of contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE			<b>.</b>	
	Sworn to and subscribed before me, by the said ES+ella De Anda, this the 6 day of October, 20/7, to certify which, witness my hand and seal of office.				
	Sand E. Sandra E.	6 0 0			
,	Signature of officer administering oath  Printed name of office	<u> </u>	tle of officer administe	ring oath	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-272584 Women Together Foundation Inc McAllen, TX United States Date Filed: 10/16/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 10/23/2017 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. Services for victims of domestic violence and sexual assault Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Intermediary Controlling Х City of McAllen, Mcallen, TX United States 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_\_\_\_, this the \_\_\_\_\_\_ day of \_\_\_\_ Sworn to and subscribed before me, by the said \_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 count of business.	ame of business entity filing form, and the city, state and country of the business entity's place				
	McAllen Economic Development Corporation		201	-271986		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		3/2017		
	being filed.					
	City of McAllen		Date /	Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the co	entract, and prov	∕ide a	
	DC2017					
	Salaries, Management & Operations Support, Travel, Industria Dues and Subscriptions, Meetings and Seminars, Sales & Mar		motior		• •	
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
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		· · · · · · · · · · · · · · · · · · ·				
	11 - 19 de de de de de de de de de de de de de					
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
	JOYCE MARIE DEAN My Commission Expires November 5, 2017 ID# 309967-6  AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>Keith</u> To 20	etroge, this the	3 <sup>4</sup>	day of	<u>etobe</u> r	
	Puce Dean Joye	eDean				
			le of of	fficer administerir	ng oath	

FORM **1295** 

느					1011	
					E ONLY I OF FILING	
1				Certificate Number: 2017-271986		
	McAllen Economic Development Corporation					
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the	the contract for which the form is		Filed: .3/2017		
_	being filed.	TO CONTRACT OF WHICH AND TO THE	Date	. A almoudadhad		
	City of McAllen	1		Acknowledged: 23/2017		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided to the services.		the co	ontract, and pro-	vide a	
I	DC2017 Salaries, Management & Operations Support, Travel, Industri Dues and Subscriptions, Meetings and Seminars, Sales & Ma		omotic	on Material, Spe	cial Projects,	
4					f interest	
! F	Name of Interested Party	City, State, Country (place of busine	essj	(check ap	pplicable) Intermediary	
					The contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o	
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	-					
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	tracting	a business entity		
		Olgricule of authorized agent of Janua	Tavang	J Dualificaa Griery		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of c	officer administerir	ng oath	

FORM **1295** 

	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.	CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		ficate Number: -270672		
	McAllen Chamber of Commerce				
	McAllen, TX United States	Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is	10/11	L/2017		
	being filed.	D.4.	8 - l l - d d .		
	City of McAllen	Date	Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	the co	ontract, and prov	ide a	
	GF 2017				
	serves its members, community, and visitors by enhancing economic growth and quality of life the collaborative partnerships.	rough			
			Nature of		
4	Name of Interested Party City, State, Country (place of busin	ess)	(check ap		
			Controlling	Intermediary	
		-			
				w	
	Col. Land Colonia in NO Intercepted Posts				
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	ALBERTO GARZA Notary Public, State of Texas My Commission Expires March 12, 2018  AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said Steve Ahlanis , this the	4	day of <u>O</u>	tober,	
	AV.				
	Signature of officer administering oath  Printed name of officer administering oath	itle of	officer administeri	ng oath	
	- Jacobson				

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.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place		ificate Number: 7-270672	
	McAllen Chamber of Commerce McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the	he contract for which the form is		.1/2017	
	being filed.  City of McAllen		a	Acknowledged: 3/2017	;
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi	tity or state agency to track or identify ided under the contract.	the c	ontract, and pro	vide a
	GF 2017 serves its members, community, and visitors by enhancing e collaborative partnerships.	conomic growth and quality of life th	rough	ı leadership, ma	arketing and
4		City Ctate County (along at housing	>	1	f interest
!	Name of Interested Party	City, State, Country (place of busine	ess)	Controlling	pplicable) Intermediary
				Controlling	memediary
		,			
5	Check only if there is NO Interested Party.				. !
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.
	<u></u>	Signature of authorized agent of contr	acting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	<del></del>
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	officer administering oath Titl	e of of	fficer admini	sterin

FORM **1295** 

	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	
1	Name of business entity filing form, and the city, state and country of the of business.	ne business entity's place	Certif	ificate Number: 7-268546	
	International Museum of Art & Science McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the contribeing filed.	act for which the form is		4/2017	
	International Musuem of Art & Science		Date	Acknowledged:	:
				_	
3	Provide the identification number used by the governmental entity or statescription of the services, goods, or other property to be provided und	ate agency to track or identify fer the contract.	the co	ontract, and pro-	vide a
	GF2017	William Communication			
	Museum				
4				Nature of	f interest
	Name of Interested Party City, S	State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
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					*******
			-+		
5	Check only if there is NO Interested Party.				
3	AFFIDAVIT	the strainer that the			
	SONIA S. DAVILA	nder penalty of perjury, that the a	above u	disclosure is true	and correct.
	Notary Public  STATE OF TEXAS	A			
	My Comm. Exp. Jan. 8, 2019	XVIII			
	Signal	ture of authorized agent of contr	acting	business entity	······
	AFFIX NOTARY STAMP / SEAL ABOVE			•	
	11 0 11		ار پ		s
	Sworn to and subscribed before me, by the said Mored W. J. M. 20 10 to certify which, witness my hand and seal of office	a e, this the	51	<u> day of _ ()</u>	c
	20 17, to certify which, witness my hand and seal of office.				
	(1)				
0	Francis Should Jane S. of Duile		11,1	- was de .	ŀ
1	Signature of officer administering oath  Printed name of officer administering oath	ministering oath Tit	le of of	fficer administering	ıg oath
					Ĭ

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.		CE	OFFICE USI		
1	Name of business entity filing form, and the city, state and cor of business. International Museum of Art & Science McAllen, TX United States	untry of the business entity's place	201	ificate Number: 7-268546 Filed:		
2	Name of governmental entity or state agency that is a party to	the contract for which the form is	10/0	10/04/2017		
	being filed. International Musuem of Art & Science		Date	Acknowledged:		
			10/2	3/2017		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be produced GF2017		the c	ontract, and pro	vide a	
	Museum					
_		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check a		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.			*		
3	AFFIDAVIT I swear, o	r affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
				~		
		Signature of authorized agent of contr	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	this the		day of		
	20, to certify which, witness my hand and seal of office.			aay or		
•	Signature of officer administering oath Printed name of	f officer administering oath Titl	e of o	fficer administerin	g oath	

ACK10-23-1787

#### **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

_					
	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.	CE	OFFICE USE		
1		2017	Certificate Number: 2017-267900 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is	1	3/2017		
	being filed. City of McAllen	Date	Acknowledged:		
	ony of mormon	Juic	viviougeu.		
3	description of the services, goods, or other property to be provided under the contract.  DC2017		·		
	Funds will be used for reconstruction and rehabilitation of affordable units within the City of McA	len an	d program relat	ed costs.	
4			Nature of		
	Name of Interested Party City, State, Country (place of busin	ess)	(check ap	plicable) Intermediary	
			Johnsoning	intermediary	
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			***		
		*****			
			<u> </u>		
			···	****	
				·····	
	Chook only if there is NO Interested Party				
,	Check only if there is NO Interested Party.				
3	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	CYNTHIA GARCIA Notary Public, State of Texas Commission #13000507-3 Expires: 10/24/2018 Signature of authorized agent of contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	zal	day of _ <i>Ot-</i>	biber,	
	Cynthe Davelle Cynthia Garcia				
	Signature of officer administering oath Prihted name of officer administering oath T	itle of d	fficer administerir	ng oath	

FORM 1295

L.,							2012	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	ame of business entity filing form, and the city, state and country of the business entity's place			's place	Certificate Number: 2017-267900			
	Affordable Homes of South Texas, Inc.				2017	-207900		
	McAllen, TX United States				Date	Filed:		
2	Name of governmental entity or state agency the	at is a party to th	ne contract for which the	form is	10/03	3/2017		
	being filed.				Data	Acknowledged:		
	City of McAllen					Acknowledged: 3/2017		
	Duraide the identification control of the discount			1				
3	Provide the identification number used by the gradescription of the services, goods, or other proposed.			ck or identity	ly the contract, and provide a			
	DC2017 Funds will be used for reconstruction and reha	abilitation of off	ardabla unita within the (	Ditt. of Ma All	<b></b>	d program vala	1-d1-	
	Funds will be used for reconstruction and rend	aumanon or am	ordable units within the t	Sity of wickli	enan	u program reia	teu costs.	
4					Nature of interest			
7	Name of Interested Party		City, State, Country (place of busine			(check applicable)		
						Controlling	Intermediary	
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					$\dashv$			
					_			
					$\dashv$			
	Check only if there is NO Interested Party.	İ					,	
,	· ,	X		•				
3	AFFIDAVIT	FFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.						
	Signature of authorized agent of contracting business entity							
							J	
	AFFIX NOTARY STAMP / SEAL ABOVE						Ĭ	
	Sworn to and subscribed before me, by the said			this the		day of		
	D, to certify which, witness my hand and seal of office.							
	•						ĺ	
	Signature of officer administering oath	Printed name of o	fficer administering oath	Title	e of off	ficer administerin	g oath	
	•							

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-267908 Comfort House Services, Inc. McAllen, TX United States Date Filed: 10/03/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 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. GF2017 Operating expense, utilities Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Trujillo, Margarito Palmhurst, TX United States Х Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. March 28, 2020 My Commission Expires Motary ID # 125145986 AVERIV F CONSVEES Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE

Forms provided by Texas Ethics Commission

Signature of officer administering oath

Sworn to and subscribed before me, by the said

\_\_, to certify which, witness my hand and seal of office.

www.ethics.state.tx.us

Paul Garya this the 3 day of October

Version V1.0.3337

Title of officer administering oath

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-267908 Comfort House Services, Inc. McAllen, TX United States Date Filed: 10/03/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 10/31/2017 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. GF2017 Operating expense, utilities Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Palmhurst, TX United States Х Trujillo, Margarito 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE \_\_\_\_, this the \_\_\_\_\_\_ day of \_\_\_\_\_ Sworn to and subscribed before me, by the said 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

#### ACK (0-3/1/78 CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-267910 Comfort House Services, Inc. McAllen, TX United States Date Filed: 10/03/2017 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: 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. DC2017 **Employee Salaries / Training** Nature of interest Name of interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Trujillo, Margarito Palmhurst, TX United States Х Check only if there is NO Interested Party. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. VALENCO O SUMZALEZ Notary ID # 125145966 My Commission Expires March 28, 2020 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Paul Garvia Sworn to and subscribed before me, by the said 20 r, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Valena LGonzales

Title of officer administering oath

## CERTIFICATE OF INTERESTED PARTIES FORM **1295** 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-267910 Comfort House Services, Inc. McAllen, TX United States Date Filed: 10/03/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 10/31/2017 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. DC2017 Employee Salaries / Training Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Palmhurst, TX United States Trujillo, Margarito Χ 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said , this the \_\_\_\_\_ day of 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Ack10-23-1782

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.	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.							
Name of business entity filing form, and the city, state and coun of business. Valley Symphony Orchestra McAllen, TX United States	Valley Symphony Orchestra							
Name of governmental entity or state agency that is a party to the being filed.     City of McAllen	Date Filed: 10/02/2017 Date Acknowledged:	10/02/2017  Date Acknowledged:						
description of the services, goods, or other property to be provided GF2017	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.  GF2017  Grant funding for office staff, professional services and direct operating expenses.							
4 Name of Interested Party	City, State, Country (place of busine		of interest applicable)					
Brown, Philip K.	Mcallen, TX United States	X	теннемы					
Biel, Fred	McAllen, TX United States	Х						
McDonald, Suzanne	McAllen, TX United States	Х						
Sepulveda, Ernesto	McAllen, TX United States	Х						
5 Check only if there is NO Interested Party.								
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the a	above disclosure is tru	and correct.					
SONIA S. DAVILA  Notary Public  STATE OF TEXAS  My Comm. Exp. Jan. 8	SONIA S. DAVILA Notary Public STATE OF TEXAS							
AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subscribed before me, by the said Enesto Sepulveda, this the 44 day of Oct., to certify which, witness my hand and seal of office.								
Signature of officer administering oath  Printed name of officer administering oath  No fary  Title of officer administering oath								

			1 07 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 USI CERTIFICATION			
Name of business entity filing form, and the city, state and cou of business.	ıntry of the business entity's place	Certificate Number:			
ot business.  Valley Symphony Orchestra		2017-267586			
McAllen, TX United States	McAllen, TX United States				
Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is	10/02/2017			
City of McAllen	*				
3 Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided.		the contract, and pro	vide a		
GF2017 Grant funding for office staff, professional services and direc	ct operating expenses.				
4 Nome of Interested Party	City State Country Inless of busin	1	of interest		
Name of Interested Party	City, State, Country (place of busine	less) (check ar Controlling	pplicable) Intermediary		
Sepulveda, Ernesto	McAllen, TX United States	X	[ miles manage		
McDonald, Suzanne	McAllen, TX United States	Х			
Biel, Fred	McAllen, TX United States	Х			
Brown, Philip K.	Mcallen, TX United States	Х			
	-				
<del>.</del>	<u> </u>				
5 Check only if there is NO Interested Party.			· · · · · · · · · · · · · · · · · · ·		
6 AFFIDAVIT   swear, or	r affirm, under penalty of perjury, that the a	above disclosure is true	and correct,		
<u> </u>	Signature of authorized agent of contracting business entity				
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said	, this the	day of	1		
20, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of	officer administering oath Titl	tle of officer administerin	ng oath		
			,		

ACK (0-23-1) 80

## **CERTIFICATE OF INTERESTED PARTIES**

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FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no interest.				OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the ci	•	Certificate Number: 2017-267565				
	Museum of South Texas History			2	U11-201505		
	Edinburg, TX United States			D	ate Filed:		
2	Name of governmental entity or state agency t	that is a party to th	e contract for which the fo	orm is 1	0/02/2017		
	being filed. City of McAllen			l <sub>s</sub>	ate Acknowledged:		
	City of McAileri			ا	ate Ackilowieugeu:	•	
3	Provide the identification number used by the	governmental enti	ity or state agoney to trad	coridontific th	o posteriot and ava		
3	description of the services, goods, or other pr	operty to be provide	ded under the contract.	Confidentity to	e contract, and pro	vide a	
	GF 2017: \$38,000						
	Historical museum, preservation of historic organization, governed by a board of 24 that	objects/materials, t does not receive	exhibitions, programs, e remuneration.	vents, etc. Th	e museum is a 50	1(c)3	
4					Nature o	f interest	
•	Name of Interested Party	٠	City, State, Country (pla	ce of busines:	s) (check a	pplicable)	
_	A				Controlling	Intermediary	
	:						
				****			
<b>5</b>	Check only if there is NO Interested Party.						
Ð	Check only if there is NO interested Party.	X					
6	AFFIDAVIT	I munor and	office under negative of				
9	ALMA VILLARREAL	i swear, or a	affirm, under penalty of perju	iry, that the ab	ove disclosure is true	and correct.	
Affib.	ALMA VILLANDLOL Notary Public						
	STATE OF TEXAS				ρ <sup>οή</sup>		
*	Notary ID# 12474934-4		WALL D	<u> </u>	g.		
42500	My Comm. Exp. 11-17-2019	•	Signature of authorized a	gent of contrac	ting business entity	[	
4	AFFIX NOTARY STAMP / SEAL ABOVE						
		March	P. Rankin.	} ¥ *	th n.		
	Sworn to and subscribed before me, by the said		· · · · · · · · · · · · · · · · · · ·	his the 🔣	day of	A PLACE	
	20, to certify which, witness my hand and	и ѕеаногопісе.				· ·	
					,		
	Whe Villareal	Alma VI	:llaireal	A De	Assistant/A	John V. L. L	
	Signature of officer administering oath	Printed name of o	fficer administering oath	Title	of officer administeri	a nath	
	· ·			i iii C	or other dulings	ig Jaar	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-267565 Museum of South Texas History Date Filed: Edinburg, TX United States 10/02/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 10/23/2017 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. Historical museum, preservation of historic objects/materials, exhibitions, programs, events, etc. The museum is a 501(c)3 organization, governed by a board of 24 that does not receive remuneration. Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. |X|6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE

Signature of officer administering oath

Forms provided by Texas Ethics Commission

Sworn to and subscribed before me, by the said \_\_\_\_

20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Printed name of officer administering oath

www.ethics.state.tx.us

Title of officer administering oath

, this the day of

FORM 1295

	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.		CEI	OFFICE USE		
1		business entity's place	Certi	Certificate Number:		
	of business.  Valley Initiative for Development and Advancement		2017	7-272774		
	Mercedes, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contra	ct for which the form is		6/2017		
	being filed.		1			
	City of McAllen Development Corporation		Date	Acknowledged:		
	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA					
3	Provide the identification number used by the governmental entity or sta description of the services, goods, or other property to be provided under	te agency to track or identify er the contract.	the co	ontract, and pro	vide a	
	DC2017					
	Economic/Business Development and Education through the provision	n of financial and social sur	ports	to economical	v	
_	disadvantaged and low skilled adults obtain PSOT credentials in dem	and locally.	·		<del>-</del> 	
4	Name of Interested Party City, S	tate, Country (place of busine			f interest	
	Name of interested farty Oity, 5	tate, country (place of busin	355)	(check as	Intermediary	
_				Controlling	intermedial y	
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					<u> </u>	
					i	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, un	der penalty of perjury, that the	above	disclosure is true	and correct.	
		p			and contour	
	SAN JUANITA SANCHEZ Notary Public, State of Texas My Commission Expires	· ( /	_			
	June 11, 2018 Signal	ture of authorized agent of conti	racting	business entity	<del></del>	
	AFFIX NOTARY STAMP / SEAL ABOVE	_		^	ſ	
	Thereally D. Ali	Victoria III	ath	1 /6	n/ LL	
Sworn to and subscribed before me, by the said				HO/DC		
	0 0	_				
	11 () 1, 0, 7	10 .1		-11.	$\rho$	
6	Lawyanda Janeha Jan yante	2 Janchez 1	Ofa	SIVOTAVY	Huble	
(	Signature of officer ad hiftistering oath Printed name of officer ad	ministering oath Ti	tle of o	officer administeri	ng oáth	

FORM 1295

Ш						
	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.		CEI	OFFICE USI		
1	of business. 2017-272774					
	Valley Initiative for Development and Advancement Mercedes, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			6/2017		
	being filed.			Acknowledged:		
	City of McAllen Development Corporation	of McAllen Development Corporation  Date of McAllen Development Corporation 100				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	ontract, and pro	vide a	
	DC2017					
	Economic/Business Development and Education through the disadvantaged and low skilled adults obtain PSOT credentials		ports	·		
4	Name of Interested Party	City, State, Country (place of busine	ee)	1	f interest oplicable)	
	maine of interested 7 dity	only battle obomity (place of basine	,33,	Controlling	Intermediary	
_				:		
					- VIII - C-	
5	Check only if there is NO Interested Party.		L			
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	1	
	20, to certify which, witness my hand and seal of office.					
		(6)		<i>-</i>		
	Signature of officer administering oath Printed name of o	officer administering oath Tit	ie of o	officer administeri	ng oath	

Ack	11	-2-17	85
į.	•		

			-		2 of 2
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USI	
1	of business.	try of the business entity's place	1	ificate Number: 7-224112	
	Halff Associates, Inc. McAllen, TX United States			Filed:	
2	being filed.			5/2017 Acknowledged:	
	City of McAllen		_		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 22-17-S38-01  Bicentennial Extension Water and Wastewater Project	ity or state agency to track or identificted under the contract.	y the c		
4	Name of Interested Party	City, State, Country (place of busir	iess)		f interest oplicable)
				Controlling	Intermediary
					:
5	Check only if there is NO interested Party.	- 4 800			
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		171			
	03-04-2018	Signature of authorized agent/of con	tracting	business entity	
	AFFIX NOTARY STAMP OF ALLABOVE  Sworn to and subscribed before me, by the said ROBERT L	, this the	15	H day of \( \day	INE.
	to certify which, witness my hand and seal of office.				
1	unbrut M Villaver Guerry	EV M VILLARBEAL	No	peu Po	BUC
		fficer administering oath T	itle of o	fficer administeri	ng oath

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place	Certificate Number:
	of business.	2017-224112
ı	Halff Associates, Inc.	
	McAllen, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	06/15/2017
	City of McAlien	Date Acknowledged:

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.

02-17-S38-01

Bicentennial Extension Water and Wastewater Project

4			Nature of interest	
" Name	Name of Interested Party	City, State, Country (place of business)	(check applicable)	
			Controlling	Intermediary
Saenz, Robert		McAllen, TX United States	х	
Tanksley, Dan		Richardson, TX United States	х	
Skipwith, Walter		Richardson, TX United States	х	
Murray, Menton		McAllen, TX United States	х	
Plugge, Roman		Richardson, TX United States	×	
Bargainer, Tim		Austin, TX United States	×	**
Moya, Mike		Austin, TX United States	×	
Kunz, Pat		Richardson, TX United States	×	
Kuhn, Greg		Richardson, TX United States	х	
Killen, Russell	- Age	Richardson, TX United States	х	
Ickert, Andrew		Fort Worth, TX United States	х	
Jackson, Todd		Austin, TX United States	х	
Craig, Matthew		Richardson, TX United States	x	
Adams, Bobby		Houston, TX United States	x	
	•			

## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 2 of 2 OFFICE USE ONLY 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. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-224112 Halff Associates, Inc. McAllen, TX United States Date Filed: 06/15/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 11/01/2017 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. 02-17-S38-01 Bicentennial Extension Water and Wastewater Project Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_, this the \_\_\_\_\_ day of \_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Rex'd 1118/17y

#### **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Halff Associates, Inc.  McAllen, TX United States	Certificate Number: 2017-224112 Date Filed:
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	06/15/2017 Date Acknowledged: 11/01/2017

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.

02-17-S38-01

Bicentennial Extension Water and Wastewater Project

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Saenz, Robert	McAllen, TX United States	×	ļ	
Adams, Bobby	Houston, TX United States	Х		
Craig, Matthew	Richardson, TX United States	Х		
Jackson, Todd	Austin, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	Х		
Killen, Russell	Richardson, TX United States	×		
Kuhn, Greg	Richardson, TX United States	X		
Kunz, Pat	Richardson, TX United States	Х		
Moya, Mike	Austin, TX United States	х		
Bargainer, Tim	Austin, TX United States	X		
Plugge, Roman	Richardson, TX United States	Х		
Murray, Menton	McAllen, TX United States	Х		
Skipwith, Walter	Richardson, TX United States	Х		
Tanksley, Dan	Richardson, TX United States	Х		

7:20 - I

				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.	CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Core & Main LP					
Ļ	McAllen, TX United States		Filed: 17/2017			
ľ	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	03/0	11/2011			
	City of McAllen TX	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.  09-17-SP34-118					
	SUPPLY CONTRACT FOR PURCHASE OF PIPE REPAIR COUPLINGS					
4	Name of Interested Party City, State, Country (place of bus	iness)	Nature of			
L			Controlling	Intermediary		
				ı		
	RECEIVE	<b>:</b> D				
H	CITY OF NC	ALLI	EN .			
_	OCT 2 n 20	17				
		\$ <b>q</b>				
	PURCHÁBINA B DON	IBAC'	TING			
_						
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that it	ne above	disclosure is true	and correct.		
Children and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	REYNA REYNOSO Notary Public, State of Texas ID# 1113882-3 My Commission Expires Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE	on a can	g business entity			
	Sworn to and subscribed before me, by the said Roel Gaston Gava, this the 8th day of September 20 17, to certify which, witness my hand and seal of office.					
(	Signature of officer administering gath  Printed name of officer administering oath	Title of	officer administeri	Solic ng oath		
			ŧ			

FORM 1295

_		<del></del>				
	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.		CE	OFFICE USI		
1	Name of business entity filing form, and the city, state and cou of business.	ntry of the business entity's place		Certificate Number: 2017-257811		
•	Core & Main L.P		201.	(-72/8TT		
	McAllen, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			7/2017		
	being filed. City of McAllen TX	-	Date	Acknowledged:		
			10/2	0/2017		
3	Provide the identification number used by the governmental en		the c	ontract, and pro	vide a	
	description of the services, goods, or other property to be prov	ided under the contract.				
	09-17-SP34-118 SUPPLY CONTRACT FOR PURCHASE OF PIPE REPAIR	COUPLINGS				
	SOFTET CONTRACT FOR TORCHASE OF THE RELAIR	COOL FINGS				
4	4				finterest	
	Name of Interested Party	City, State, Country (place of busin	essj	(check ar Controlling	Intermediary	
				Controlling	ниениескиу	
				-		
			ļ	į		
	:					
			ļ			
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of cont	racting	business entity	İ	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	THE PROPERTY OF THE PASSES					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.				ĺ	
	Signature of officer administering oath Printed name of	officer administering oath Til	le of o	fficer administerin	g oath	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-251197 RG Enterprises, LLC dba G&G Contractors Edinburg, TX United States Date Filed: 08/17/2017 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen 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. 08-17-C37-332 TRENCHING SERVICES WITH CONDUIT INSTALLATION AND JUNCTION BOX INSTALLATION WITH FRAMING Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Edinburg, TX United States Χ Garza, Rene RECEIVED 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. IRMA H. RODRIGUEZ Notary Public, State of Texas My Commission Expires March 25, 2018 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE 23 Rene Garza Sworn to and subscribed before me, by the said this the \_, to certify which, witness my hand and seal of office. Irma H Rodriguez Notary Printed name of officer administering oath Title of officer administering oath Signature of officer administering oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2017-251197 RG Enterprises, LLC dba G&G Contractors Date Filed: Edinburg, TX United States 08/1.7/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 11/08/2017 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. TRENCHING SERVICES WITH CONDUIT INSTALLATION AND JUNCTION BOX INSTALLATION WITH FRAMING Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Edinburg, TX United States Garza, Rene 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE day of Sworn to and subscribed before me, by the said \_\_ , this the \_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath

## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-284523 Election Systems & Software, LLC Omaha , NE United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 11/15/2017 being filed. City of McAllen Date Acknowledged: 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. Purchase of Election Equipment Software and Hardware Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary

	· · · · · · · · · · · · · · · · · · ·	
5	Check only if there is NO interested Party.	
_		X
6	AFFIDAVIT	I swear, or affirm under penalty of perjury, that the above disclosure is true and correct.
	State of Nebraska - General Notary TIMOTHY J. HALLETT My Commission Expires January 15, 2020	Signature of authorized agent of contracting business entity
	AFFIX NOTARY STAMP / SEAL ABOVE	
	Sworn to and subscribed before me, by the said	Richard Jablouski, this the 15th day of November, diseal of office.
	Tinthe Odbellit	Timothy J. Hallett Waters

Signature of officer attministering oath

Printed name of officer administering oath

Title of officer administering oath

FORM 1295

	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.		CE	OFFICE US RTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	i .	ificate Number: 7-284523	
	Election Systems & Software, LLC				
2	Omaha , NE United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is		Filed: 5/2017	
_	being filed.	donataction winds the falls is			
	City of McAllen	1		Acknowledged: 5/2017	
3	Provide the identification number used by the governmental enti	ity or state agency to track or identify			vide a
3	description of the services, goods, or other property to be provide			onition, and pro	**************************************
	11-17-P03-01				
	Purchase of Election Equipment Software and Hardware				
4	Name of Intersected Davis	City Ctata Carretor (along of husing			f interest
	Name of Interested Party	City, State, Country (place of busine	:55)	(cneck ap	plicable) Intermediary
				Controlling	intermedialy
			• [		
			$\dashv$		
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	uffirm, under penalty of perjury, that the a	bove	disclosure is true	and correct.
		Signature of authorized agent of contra	acting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal of office.				,
•					
	Cirpoture of officer administering seth	fficer administrating cath	0 of 54	floor odministes	
	Signature of officer administering oath Printed name of of	fficer administering oath Title	e of of	ficer administerin	g dain

FORM 1295

	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.		CEF	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business. Boys & Girls Club of McAllen, Inc	ry of the business entity's place		ficate Number: -272662		
	McAllen, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	10/10	6/2017		
	City of McAllen		Date .	Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract,	the co	ontract, and prov	ride a	
	GS2017 General operations of club.					
4				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.			l		
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
	LAJU MAHBUBAM ALEMAN Notary Public STATE OF TEXAS My Comm. Exp. 07/26/2021 ID# 124901749	Signature of authorized agent of contr	ractina	husiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of contr	aoui iy	Sasmess entry		
		, this the	711	4 10	MREY	
	Sworn to and subscribed before me, by the said	, this the	. 1 '	day of	YUVV.	
	APPALLIMENT UNILL	M. MEMM	PE	YSONAL BI	MKIN9	
	Signature of officer administering oath Printed name of o	fficer administering oath Tit	le of o	fficer administerir	greath 7	

FORM **1295** 

es.	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USI		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and cou of business.	Certificate Number:				
	Boys & Girls Club of McAllen, Inc		2017-272662			
	McAllen, TX United States		Date	Filed:		
2		the contract for which the form is	l .	6/2017		
_	being filed.	the definition for this is form is				
	City of McAllen			Acknowledged:		
			11/1	7/2017		
3		ntity or state agency to track or identify	the c	ontract, and pro	vide a	
	description of the services, goods, or other property to be pro	vided under the contract,				
	GS2017					
	General operations of club.					
		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	oplicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
9	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	<del></del>	Signature of authorized agent of conti	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Occupation and subscribts of the Control to the subscribe	ation at the				
	Sworn to and subscribed before me, by the said	, (ns tre		day of	,	
	zo, to certify which, withess my hand and sear of office.					
	Signature of officer administering oath Printed name of	of officer administering oath Ti	tle of c	officer administeri	ng oath	

_					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	of husiness			Certificate Number:		
	Amigos Del Valle, Inc.		2017	-267065		
	Edinburg, TX United States		Date !	Fileđ:	;	
2		m is	09/29	9/2017		
	being filed. City of McAllen		Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track of description of the services, goods, or other property to be provided under the contract.	or identify t	the co	ontract, and pro	vide a	
	GF 2017					
	Salary compensation for staff excluding fringe benefits at Las Palmas Center					
4			<u> </u>	Nature o	f interest	
•	Name of Interested Party City, State, Country (place	of busine	ss)		plicable)	
				Controlling	Intermediary	
			ĺ			
		***************************************			*	
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				····		
			$\dashv$		· · · · · · · · · · · · · · · · · · ·	
5	Check only if there is NO Interested Party.	77.4.			· · ·	
6	I swear, or affirm, under penalty of perjury	, that the a	bove o	disclosure is true	and correct.	
	ANITA JENNY My Commission Expires March 7, 2018					
	Signature of authorized age	ent of contra	ectina	husiness entity	<del></del>	
	Signature or autionizes age	ar or contr	county.	ousniess entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				ĺ	
	Sworn to and subscribed before me, by the said <u>Aleyandro Querro</u> , this 20 17 to certify which, witness my hand and seal of office.	s the	Ind	day of <u></u>	wber.	
			6 n	* _ ^ i.	, Cz. niegoni	
	Signature of officer administering oath  Printed name of officer administering oath	Title	e of of	ficer administeri	ng oath	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-267065 Amigos Del Valle, Inc. Edinburg, TX United States Date Filed: 09/29/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 11/17/2017 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. Salary compensation for staff excluding fringe benefits at Las Palmas Center Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. |X|6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_ , this the day of 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-250892 IOC Company, LLC Edinburg, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 08/17/2017 being filed. City of McAllen Date Acknowledged: 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. 08-17-C36-325 Runway 14-32 Shoulder Rehabilitation Taxiway Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Edinburg, TX United States Χ Davenport, Nancy C. Cuellar, Oscar Edinburg, TX United States Χ 5 Check only if there is NO Interested Party. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. MARIA GUADALUPE ALCOCER Notary Public STATE OF TEXAS ID#11786463 My Comm. Exp. June 2, 2020 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Narry C. Davenport, this the 11 day of Qugust,

Forms provided by Texas Ethics Commission

Signature of officer administering oath

20 1 , to certify which, witness my hand and seal of office.

www.ethics.state.tx.us

Printed name of officer administering oath

Version V1.0.883

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-250892 IOC Company, LLC Date Filed: Edinburg, TX United States 08/17/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 11/20/2017 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. 08-17-C36-325 Runway 14-32 Shoulder Rehabilitation Taxiway Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Χ Edinburg, TX United States Cuellar, Oscar Х Edinburg, TX United States Davenport, Nancy C. 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE this the day of \_\_\_\_ Sworn to and subscribed before me, by the said \_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM 1295

Ш								
	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.		C	OFFICE US CERTIFICATION			
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2017-271440			
	Boys & Girls Club of McAllen, Inc. McAllen, TX United States			i	ate Filed:			
2	Name of governmental entity or state agency that is a being filed.	a party to th	e contract for which the form	į.	0/12/2017			
	City of McAllen			D	Date Acknowledged:			
3	Provide the identification number used by the govern	ımental enti	ty or state agency to track or	identify th	e contract, and pro	ovide a		
	description of the services, goods, or other property of DC2017	to be provid	led under the contract.					
	After School Enrichment Program		÷					
4	Name of Interested Party		City, State, Country (place o	of hueinges		of interest (pplicable)		
	Tamo of interested , arty		ony, state, country (place t	n business	Controlling	Intermediary		
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5	Check only if there is NO Interested Party.							
6	AFFIDAVIT	I swear, or a	affirm, under penalty of perjury,	that the abo	ove disclosure is true	e and correct.		
	LAJU MANBUBANI ALEMAN Notary Public STATE OF TEXAS My Comm. Exp. 07/28/2021		Signature of authorized agent	t of contract	ting business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE			٠.				
	Sworn to and subscribed before me, by the said		, this t	the	711 day of <u>()(</u>	HOBEV.		
	SANALUMAN	MM	M.MEMM	P	2150NALBA	MKING		
	Signature of officer administering oath Printe	d name'of o	fficer administering oath	Title o	of officer administer	og oath/		

FORM 1295

<u> </u>							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	rties.		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.			Certificate Number: 2017-271440			
	Boys & Girls Club of McAllen, Inc.				2.2		
	McAllen, TX United States			Date	Filed:		
2	Name of governmental entity or state agency that is a pa	arty to th	ne contract for which the form is	10/1	2/2017		
	being filed.	ary to th	ie contract for timen the form is	İ			
	City of McAllen			1	Acknowledged: 7/2017		
_	Dravide the identification number used by the government	ntal ant	ity ar atata aganay ta traek ar idantifi	ı tha a	ontroot and pro-	uido o	
3	Provide the identification number used by the governme description of the services, goods, or other property to be			, the co	ontract, and pro	vide a	
	DC2017						
	After School Enrichment Program						
					Nature of	finterest	
4	Name of Interested Party		City, State, Country (place of busir	iess)	(check ap		
	······································			,	Controlling	Intermediary	
				-	Controlling	interineulary	
				-			
				$\dashv$		:	
				$\longrightarrow$			
				İ			
				$\longrightarrow$			
5	Check only if there is NO Interested Party.						
	·						
6	AFFIDAVIT I sv	wear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	_						
			Signature of authorized agent of con	tracting	j business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said		, this the		day of		
	20, to certify which, witness my hand and seal of of	tice.					
						İ	
	Cinnature of officer administrator settle Date of a	ame of	officer edministaving seth	itle of -	officer odustalat	na cath	
	Signature of officer administering oath Printed n	ане от (	officer administering oath T	ide of 0	officer administeri	ගු වනැති	

	CERTIFICATE OF INTERESTED PART	TIES		FOR	м <b>1295</b>
F					
	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 TIFICATION	
1	Name of business entity filing form, and the city, state and count of business.			cate Number: 284829	
	Doggett Heavy Machinery				
_	San Juan, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date Fi 11/16/	·- ·	
2	being filed.		Data A	olmoudodaodi	
	City of McAllen		Date A	.cknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the cor	ntract, and prov	/ide a
	11-17-P04-01 Loader Backhoe				
4				Nature of	
-	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	Intermediary
Do	oggett Heavy Machinery	San Juan, TX United States		X	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above d	lisclosure is true	and correct.
	ZELEST OZUNA DREXLER My Notary ID # 124320850 Expires August 30, 2018  Signature of authorized agent of contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE	_			,
	Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and seal of office.	amos III, this the	0	day of <u>NO</u> 1	vember.
	Signature of officer administering oath  Printed name of o	O7.UNQ O(U)OF	No-	icer administerir	ng oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Certificate Number: 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. 2017-284829 Doggett Heavy Machinery Date Filed: San Juan, TX United States 11/16/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 11/28/2017 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. 11-17-P04-01 Loader Backhoe Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Intermediary Controlling San Juan, TX United States Doggett Heavy Machinery 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_ \_\_, this the \_\_\_\_\_ day of \_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

	CERTIFICATE OF INTERE	STED PAR	RTIES		FÓF	RM 1295		
Ì					1 521	1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no in	d parties, nterested parties,		TCE	OFFICE US	E ONLY		
ī	Name of business entity filing form, and the of business. Odessa Pumps and Equipment Pharr, TX United States	city, state and cour	ntry of the business entity's place	Cert 201	tificate Number: 7-257650	OF FILMO		
2		that is a party to the	he contract for which the form is	O9/0	09/07/2017  Date Acknowledged:			
3	Provide the identification number used by the description of the services, goods, or other p 017P59501  Purchase of one raw water pump and moto	property to be provi	tily or state agency to track or ident ided under the contract	ify the c	the contract, and provide a			
4	Name of Interested Party		City, State, Country (place of bus	iness)	1	f interest oplicable)		
ci	ity if mcallen		mcallen , TX United States		Х			
_	, Marie 1997 1997 1997 1997 1997 1997 1997 199							
_	WWW.					in motives kind		
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_						TOWN TOWN THE REAL PROPERTY OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF		
5	Check only if there is NO Interested Party.			,				
6	AFFIDAVIT	I swear, or	affirm under negative of occurs that in	o alvoyo	declasura is Inia	and corport		
	PATRICIA GARZA Notary Public State Of Texas My Commit Exp. 02/66/2021 Unit 10/05/31 Signature of authorized agent objointracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said to certify which, witness my hand an	PRI SCIL nd seal of office.	LA DOMINGUEZhis the _	84)	7 day of <u>SE</u>	PTEMBER		
	Drawy Maz	PATRICIT	Y	PER	SONAL E	3muker		
	Signature of office/ administering path	Printed name of o	officer administering oath	Title of o	Hicer administerin	ig oath		

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## **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 US CERTIFICATIO	
1	Name of business entity filing form, and the city, state and coun of business.	itry of the business entity's place	Certificate Number 2017-257650	ń:
	Odessa Pumps and Equipment	,	ZULI ZU. 300	
	Pharr, TX United States	'	Date Filed:	
2	Name of governmental entity or state agency that is a party to the	he contract for which the form is	09/07/2017	
_	being filed.	le compact for winer are to		
l	city of mcallen	!	Date Acknowledge 09/11/2017	d:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ided under the contract.	/ the contract, and p	rovide a
	017P59501			
	Purchase of one raw water pump and motor			
4			į.	of interest
-	Name of Interested Party	City, State, Country (place of busine		applicable)
			Controlling	Intermediary
cit	ly if mcallen	mcallen , TX United States	X	
_				:
	,			
5	Check only if there is NO Interested Party.			
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above disclosure is tr	rue and correct.
	<del></del>	Signature of authorized agent of conti	tracting business enti	ty
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said	, this the	day of	
	20, to certify which, witness my hand and seal of office.			
	Signature of officer administering oath Printed name of	officer administering oath Ti	Title of officer administr	ering oath

	CERTIFICATE OF INTERESTED PAR	TIES		FOF	RM <b>1295</b>	
			<del></del>	OFFICE HE	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.	!	CE	OFFICE USI		
1	of business.	itry of the business entity's place	Certi	ificate Number: 7-246519		
	Arguindegui Oil Company II Ltd Laredo, TX United States	!				
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	1	e Filed; 08/2017		
	being filed. City of McAllen		Date	Acknowledged:	:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 08-17-SP31-133	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
_	Supply Contract for the Purchase of Lubricants					
4	Name of Interested Party	City, State, Country (place of busine	ess)	1	of interest pplicable)	
			!	Controlling	Intermediary	
Αr	rguindegui, Charlie	Laredo, TX United States		×		
Arguindegui, Alfonso		Laredo, TX United States		×		
-						
			7			
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			$\dashv$			
=	Check only if there is NO Interested Party.					
<b>.</b>	AFFIDAVIT I swear, or a	attirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
	SANDRA KAI SANKEY Notary Public, State of Texas Comm. Expires 10-17-2020 Notary ID 130864778  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  SANDRA KAI SANKEY Notary Public, State of Texas Comm. Expires 10-17-2020 Signature of authorized agent of contracting business entity					
5	Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and seal of office.	Freelin L this the 8	<u>4</u>	day of A	gust.	
	ances & Santey					

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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## CERTIFICATE OF INTERESTED PARTIES

					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.		CEI	OFFICE US			
1.	Name of business entity filing form, and the city, state and cou of business.	ntry of the business entity's place	Certificate Number: 2017-246519				
	Editod, 17, Office Olaco			Filed: 8/2017			
2	Name of governmental entity or state agency that is a party to t being filed. City of McAllen		o/2017 Acknowledged:	Į.			
		<u></u>	9/2017	• 1			
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 08-17-SP31-133 Supply Contract for the Purchase of Lubricants	nity or state agency to track or identify vided under the contract.	the co	ontract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place of busine	ec)		Nature of interest check applicable)		
	wame of interested Party	City, State, Country (place of busine	233]	Controlling	Intermediary		
Ar	guindegui, Charlie	Laredo, TX United States		Х			
Arı	guindegui, Alfonso	Laredo, TX United States		Х	AUR 2 11		
i	Check only if there is NO Interested Party.						
3	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the a	lbove (	disclosure is true	and correct.		
	<del></del>	Signature of authorized agent of contra	acting	business entity	<del> </del>		
,	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of			
	20, to certify which, witness my hand and seal of office.						
_							
	Signature of officer administering oath Printed name of o	officer administering oath Title	e of off	icer administerin	g oath		

FORM 1295

				OFFICE USE	ONLY
	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.		CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2017-264590		
	Lawn Care Experts		Date F	iled:	1
	Edinburg, TX United States	entroot for which the form is	09/23/2017		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	Date Acknowledged:		
	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.				ide a
	09-17-S51-88				
	Ground Maintenance			Nature of	interest
		City, State, Country (place of busin	ess)	(check ap	
4	Name of Interested Party	City, State, Country (piece of basin	,	Controlling	Intermediary
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ŀ	5 Check only if there is NO Interested Party.				
ŀ	6 AFFIDAVIT I swear, c	or affirm, under penalty of perjury, that th	ne abov	re disclosure is tru	ıe and correct.
		•			
١	YVONNE RENDON 8 Notary Public	/ \ \ 0			
۱	SIN STATE OF TEXAS	lleer to Rodion	/		
	My Comm. Exp. 03-13-18	Signature of authorized agent of co	ontracti	ng business entit	y
	AFFIX NOTARY STAMP / SEAL ABOVE			Ма	
		WUM, this the_	28	day of _	eptember.
١	Sworn to and subscribed before me, by the said			ı	
	$\overline{}$				
	mininglinden Tronne	Kendon	Rela	hmship M	anager
	Signature of officer administering oath Printed name	of officer administering oath	Title	of officer administ	tering oath

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested partic Complete Nos. 1, 2, 3, 5, and 6 if there are no interest	es. ed parties.		CE	OFFICE US		
1	Name of business entity filing form, and the city, so of business.	tate and cour	ntry of the business entity's place		Certificate Number: 2017-264590		
	Lawn Care Experts						
	Edinburg, TX United States		•	Date	Filed:		
2	Name of governmental entity or state agency that i being filed.	s a party to th	he contract for which the form is	09/2	23/2017		
	City of McAllen			×	e Acknowledged .9/2017	Ŀ	
3	Provide the identification number used by the gove description of the services, goods, or other proper			ify the c	ontract, and pro	ovide a	
	09-17-S51-88				•		
	Ground Maintenance						
4		•			1	of interest	
	Name of Interested Party		City, State, Country (place of bus	iness)		pplicable)	
					Controlling	Intermediary	
			CONTRACTOR AND AND AND AND AND AND AND AND AND AND				
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					:		
	- · · · · · · · · · · · · · · · · · · ·						
•	Check only if there is NO Interested Party.			•			
i	AFFIDAVIT'	I swear, or a	affirm, under penalty of perjury, that the	e above (	disclosure is true	and correct.	
						j	
		•	Signature of authorized agent of cor	ntracting	business entity	<del></del>	
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said		, this the		day of		
	20, to certify which, witness my hand and seal	of office.					
	Cimples of Manager and Company			tat			
	Signature of officer administering oath Print	eu name or of	ficer administering oath T	nie ot offi	icer administering	j oatn	

_					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-282013		
	D&G Energy Corporation		2041-202040			
	McAllen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which	the form is	11/09/2017			
	being filed.					
	City of McAllen		Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contra		the co	ontract, and prov	ride a	
	11-17-C04-65					
	Traffic Signal Loop Detector Replacement (Re-Bid)					
				Nature of	interest	
4	Name of Interested Party City, State, Country	y (place of busine	ess)	(check ap		
			-	Controlling	Intermediary	
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	•	rasing &		ontracti	10	
	Ву				Time!	
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5	Check only if there is NO Interested Party.			•		
6	AFFIDAVIT I swear, or affirm, under penalty of	of perium that the	ahove	disclosure is true	and correct	
	i Sweat, or annit, under periory c	л <sub>г</sub> огушу, писто. Л	22046	and the second second	aza soncoli	
	Layla L. Martinez State of Texas Notary Public Expires 06/01/2020 Signature of author	Jan.	racting	business entity		
	Notary ID: 124517683					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	marial		at	A 1.	., (	
	Sworn to and subscribed before me, by the said <u>Maribel Gascia</u>	, this the	·	<b>4</b> day of <u></u> <u> </u>	venbu.	
	20, to certify which, witness my hand and seal of office.					
	1/1/10					
	Layla L Martinez		٨	10 taru		
	Signature of officer administering oath Printed name of officer administering oa	ath Ti	tle of o	fficer administerir	ng oath	
	<u> </u>					
_						

FORM **1295** 

L_					7.01.7	
	Complete Nos. 1 - 4 and 6 if there are interested parties.	fine	CE	OFFICE USI		
1	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place			CERTIFICATION OF FILING Certificate Number:		
-	of business.			7-282013		
	D&G Energy Corporation		Data	Tilod.		
2	McAllen, TX United States  Name of governmental entity or state agency that is a par	rty to the contract for which the form is	Date Filed: 11/09/2017			
2	being filed.	ty to the contract for which the form is				
	City of McAllen			Acknowledged: 0/2017		
	Provide the identification number used by the governmen	ntal antity or state agency to track or identify			vida ၁	
3	description of the services, goods, or other property to be	e provided under the contract.	uie C	ontract, and pro	viue a	
	11-17-C04-65					
	Traffic Signal Loop Detector Replacement (Re-Bid)					
4				!	finterest	
•	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
				·		
			-			
5	Check only if there is NO Interested Party.		!			
6	AFFIDAVIT I SW	ear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	this the		day of		
	20, to certify which, witness my hand and seal of offi			aw, or	·'	
	Signature of officer administering oath Printed na	ame of officer administering oath Ti	tle of c	officer administeri	ng oath	

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place		ficate Number: '-274613	
	Celso Gonzalez Construction Inc.				
2	Mission, TX United States  Name of governmental entity or state agency that is a party to the	contract for which the form is		Filed: 0/2017	
_	being filed.				
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the c	ontract, and pro	∕ide a
	10-17-C03-445	a anaci nie connact			
	Construction of Veterans War Memorial of Texas - Phase II				
4	T			Nature o	interest
4	Name of Interested Party	City, State, Country (place of busine	ss)	(check ap	
				Controlling	Intermediary
					·
		group, grove grove	* 6-2	ven	
		OITY O	· Consta	GALLE	V
		DEC			
-		Durchasine			ctina
5	Check only if there is NO Interested Party.			4	All and a second second second second second second second second second second second second second second se
_			t de grande de la company		·
6	AFFIDAVIT   swear, or affi	firm, under penalty of perjury, that the a	bove	disclosure is true	and correct.
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	MINIMA RIVERING				
	THE TOPY PURE THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE TOPY TO THE	Signature of authorized agent of contr	racting business entity		
	AEFIX NOTARY AMP/ SEAL ABOVE				
	AEFIX NO TARY AMMY SEAL ABOVE			1	),
	Swarn to and subscribed before one, by the said	Alcz Jc. , this the	20	34 day of <u></u>	telba.
	Swern to an and republished before me, by the said				
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		/		
	the man	hue a m	lot	ERU TI	1/10
	Signature of officer administering oath Printed name of offi	icer administering oath Tit	le of c	officer administeri	ng oath

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		1	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	itry of the business entity's place		ificate Number: 7-274613		
	Celso Gonzalez Construction Inc.	•	1	27.10		
	Mission, TX United States	,	Date	Filed:		
2		he contract for which the form is	1	0/2017		
_	being filed.	10 CONTRACT TO: WINGS THE TOTAL		Alayan.		
	City of McAllen	!		Acknowledged: 16/2017	•	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	lity or state agency to track or identify	1	·	vide a	
	10-17-C03-445	JEU UHMOI M.O O				
	10-17-C03-445 Construction of Veterans War Memorial of Texas - Phase II					
4				Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of busine	iess)	(check ap	plicable)	
_				Controlling	Intermediary	
_						
<del></del>						
	<u></u>					
			$\dashv$			
			+			
5	Check only if there is NO Interested Party.	<u> </u>		i		
6	AFFIDAVIT I swear, or a	r affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		, , , , , , , , , , , , , , , , , , ,				
	Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	1	
	20, to certify which, witness my hand and seal of office.			_ , .		
	Signature of officer administering oath Printed name of c	officer administering oath Tit	itle of of	officer administerin	ng oath	

FORM **1295** 

1 of 2

OFFICE USE ONLY CERTIFICATION OF FILING
CERTIFICATION OF FILING
Certificate Number: 2017-285467 Date Filed:
11/17/2017  Date Acknowledged:

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.

10-17-S04-532

Municipal softball Fields

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Adams , Bobby	Houston, TX United States	×		
Craig, Mathew	Richardson, TX United States	×		
Jackson , Todd	Austin, TX United States	х		
lckert , Andrew	Fort Worth, TX United States	х		
Killen , Russell	Richardson, TX United States	х		
Kuhn, Greg	Richardson, TX United States	х		
Kunz, Pat	Richardson, TX United States	Х		
Moya, Mike	Austin, TX United States	Х		
Bargainer, Tim	Austin, TX United States	Х		
Plugge, Roman	Richardson, TX United States	Х		
Murray, Menton	McAllen, TX United States	x		
Skipwith, Walter	Richardson, TX United States	x		
Tanksley, Dan	Richardson, TX United States	х		
Saenz, Robert	McAllen, TX United States	×		
	RECEIV			
	OTY OF Mc.	ALLEN		
	DEC 0 8 20	7		
	Purchasing & C	ontracti	Street Street	

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

2 of 2

				2.01.2	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place	Certificate Num 2017-285467	nber:	
	Halff Associates, Inc.	,	2027 200 10		
	McAllen, TX United States	,	Date Filed:		
2		e contract for which the form is	11/17/2017		
_	being filed.	s contract for which the form is			
	City of McAllen		Date Acknowle	dged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	ty or state agency to track or identify led under the contract.	the contract, an	nd provide a	
	10-17-S04-532				
	Municipal softball Fields				
		1	Na'	ture of interest	
4	Name of Interested Party	City, State, Country (place of busine	I	ieck applicable)	
	•		Controll	· · · · · · · · · · · · · · · · · · ·	
_					
_					
<u></u>	Check only if there is NO Interested Party.				
<del>-</del>	Check only if there is No interested Party.				
6	ERICA H. ALVAREZ Notary Public State of Texas ID # 13118241-4 My Comm. Expires 06-21-2021				
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of contr	doing business.	Criticy	
	Sworn to and subscribed before me, by the said Robert L. 20_17, to certify which, witness my hand and seal of office.	Scien Z, this the	day of	1 December	
	Etuca & alvares Erica Signature of officer administering oath Printed name of officer	H. Alvare2  officer administering oath Tive	Notar y tle of officer admir	inistering oath	

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#### **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 2

OFFICE USE ONLY 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. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-285467 Halff Associates, Inc. McAllen, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 11/17/2017 being filed. City of McAllen Date Acknowledged: 12/04/2017

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.

10-17-S04-532

Municipal softball Fields

4	Name of Interested Party	City, State, Country (place of business)		e of interest ( applicable)	
			Controlling	Intermediary	
Adams , Bobby		Houston, TX United States	Х		
Craig, Mathew		Richardson, TX United States	х		
Jackson , Todd		Austin, TX United States	X		
Ickert , Andrew		Fort Worth, TX United States	Х		
Killen , Russell		Richardson, TX United States	X		
Kuhn, Greg		Richardson, TX United States	×		
Kunz, Pat		Richardson, TX United States	Х		
Moya, Mike		Austin, TX United States	Х		
Bargainer, Tim		Austin, TX United States	Х		
Plugge, Roman		Richardson, TX United States	Х		
Murray, Menton		McAllen, TX United States	Х		
Skipwith, Walter		Richardson, TX United States	Х		
Tanksley, Dan		Richardson, TX United States	х		
Saenz, Robert		McAllen, TX United States	х		
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# **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

2 of 2

	*			2 01 2
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			USE ONLY ION OF FILING
1	Name of business entity filing form, and the city, state and coof business.	Name of business entity filing form, and the city, state and country of the business entity's place of business.		
	Halff Associates, Inc.	•• •	2017-285467	
	McAllen, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to	o the contract for which the form is	11/17/2017	
	being filed.			
	City of McAllen		Date Acknowled	ged:
			12/04/2017	
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr	entity or state agency to track or identify ovided under the contract.	the contract, and	provide a
	10-17-S04-532			•
	Municipal softball Fields			
4				re of interest
	Name of Interested Party	City, State, Country (place of busine	· · · · · · · · · · · · · · · · · · ·	k applicable)
			Controllin	g Intermediary
		·		
	Check only if there is NO Interested Party.		<u> </u>	
	AFFIDAVIT I swear,	or affirm, under penalty of perjury, that the a	above disclosure is	true and correct.
			· · · · · · · · · · · · · · · · · · ·	
		Signature of authorized agent of contr	acting business ent	ity
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said	. this the	day of	
	20, to certify which, witness my hand and seal of office.			
		- 46 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
	Signature of officer administering oath Printed name of	of officer administering oath Titl	le of officer adminis	tering oath

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

			****		1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-291624		
	Palm Valley Animal Center		2017.	-291024		
	Edinburg, TX United States		Date I	Filed:		
2	Name of governmental entity or state agency that is a party to the c	contract for which the form is	12/07	//2017		
	being filed.		Data /	8 alemandada.		
	The City of McAllen		Date #	Acknowledged:		
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided	or state agency to track or identify to indentify to its state agency to track or identify to its state agency to track or identify to its state agency to track or identify to its state agency to track or identify to its state agency to track or identify to its state agency to track or identify to its state agency to track or identify to its state agency to track or identify to its state agency to track or identify to its state agency to track or identify to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency to its state agency agency agency to its state agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agency agen	the co	ntract, and prov	ide a	
	11-17-NBI24-01					
	Animal Adoption, quarantine, euthanasia, return to owner, gener	rai pet/care.				
4				Nature of	interest	
_	Name of interested Party C	City, State, Country (place of busine	ss)	(check ap	plicable)	
_				Controlling	Intermediary	
					i	
				, , , , , , , , , , , , , , , , , , , ,		
				***		
			From E	JEIVEL		
				MOAL	Eur A	
					2000 marking fr. 100	
5	Check only if there is NO Interested Party.		DEC	<del>082017  </del>		
	APPINALOT	- Outon	\$40. EAS	0.000	and the same free and the	
•	I swear, or affir	rm, under penalty of perjury, that the a	bove c	lisclosure is true	and conect. S	
	REBECCA LYNN LOHR	By:				
	Notary Public, State of Texas	-A 1		•		
	Comm. Expires 02-22-2021	Cluster Exercis	4.	10 Direct	<b> </b>	
	Notary ID 7362454	Signature of authorized agent of contra	acting	business entity		
		-				
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the saidOusley	thin the series	-lo			
	20.17, to certify which, witness my hand and seal of office.	, this the	-A/	day of <u>\</u> ec	emorc	
1	2, 9, 9,					
6	The vecca dynn dohn, Rebecca L	-ynn Lohr No	otar	y Publi	<u> </u>	
	Signature of officer administering oath Printed name of office	er administering oath Title	e of off	ficer administerin	g oath	
					1	

# **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 USI	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certif	icate Number: -291624	OF FILING
	Palm Valley Animal Center		2021	231024	
	Edinburg, TX United States		Date F	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	12/07	/2017	
	The City of McAllen	İ	Date A 12/07	Acknowledged: /2017	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the co	ntract, and pro	vide a
	11-17-NBI24-01 Animal Adoption, quarantine, euthanasia, return to owner, gen	neral pet/care.			
4	Name of Interested Party	City, State, Country (place of busine	ess)		f interest
	Hallo of Microscot Carry	only character country (place of dualing	-	Controlling	Intermediary
			•		
_					
			+		
<u>.</u>	Check only if there is NO Interested Party.				
3	AFFIDAVIT I swear, or aff	firm, under penalty of perjury, that the a	above d	isclosure is true	and correct.
		Signature of authorized agent of contra			<del></del>
		Signature of authorized agent of contra	aceny o	usiness entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	•
		·			
	Signature of officer administering oath Printed name of offi	icer administering oath Title	e of offic	cer administerin	g oath

	CERTIFICATE OF INTERESTED PART	ΠES		FOR	M <b>1295</b>	
F	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.		1	OFFICE USI	ONLY	
1	of business. Bandit of Texas, LLC.	ry of the business entity's place	Certifi 2017	cate Number: 243373		
2	Mesquite, TX United States  Name of governmental entity or state agency that is a party to the being filed.  Houston-Galveston Area Council	e contract for which the form is	Date F 07/31/ Date A			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide GR01-18 Grounds & Turf Equipment	y or state agency to track or identify ed under the contract.	the cor	ntract, and pro	vîde a	
4				Nature of		
Ť	Name of Interested Party	City, State, Country (place of busine	· }	(check ap	<del></del>	
				Controlling	Intermediary	
		······································				
					· · · · · · · · · · · · · · · · · · ·	
		,				
5	Check only if there is NO Interested Party.		L	L		
6	AFFIDAVIT I swear, or aft	firm, under penalty of perjury, that the a	above di	sclosure is true	and correct.	
	PATRICIA ANN BROWN Notary Public, State of Texos My Commission Expires March 02, 2019 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL. ABOVE  Sworn to and subscribed before me, by the said	Malon this the	4	_day of A	gost.	
	20 \ , to certify which, witness my hand and seal of office.			•	U '	
	Pantas Ambam Patricia V Signature of officer administering path Printed name of offi	Ann Brown Officer administering path Till	Set of the	C. Admi	065.1/2 +CX	
	4 Oildurance on Althous actualisational A nature . Lattice from of our	and artiful foul (III	or with			

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	CERTIFICATE OF INTERESTED PAR	TIES		FÖF	тм 1295
L	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				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.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ificate Number: 7-243373	
	Bandit of Texas, LLC. Mesquite, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract for which the form is	UTTO	11/201/	
	Houston-Galveston Area Council			Acknowledged: 4/2017	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided GR01-18	ity or state agency to track or identi ded under the contract.	fy the c	ontract, and pro	vide a
	Grounds & Turf Equipment				
_				Nature o	f interest
4.	Name of Interested Party	City, State, Country (place of bus	ness)	(check a	opiicable)
				Controlling	Intermediary
_			*		
	÷				
				-	
6	Check only if there is NO interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	·	Signature of authorized agent of cor	itracting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal of office.	, 177		. 9	·
	Signature of officer administering oath Printed name of of	fficer administering oath	itle of o	fficer administerin	g oath

	CERTIFICATE OF INTERESTED PAR	₹TIES		FOF	RM 1295
F	Complete Nos. 1 - 4 and 6 if there are interested parties.		<del></del>	OFFICE US	1 of 1 E ONLY
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	RTIFICATION	
1	Name of business entity filing form, and the city, state and cour of business. Siddons Martin Emergency Group, LLC	ntry of the business entity's place	Certi 2017	ificate Number: 7-293797	
Ļ	Houston, TX United States	the form in		Filed: .3/2017	
2	Name of governmental entity or state agency that is a party to the being filed.  CITY OF MCALLEN	ye counter tot Aduca mis torm is		Acknowledged:	:
3	description of the services, goods, or other property to be provi	tity or state agency to track or identify idea under the contract.	y the co	ontract, and pro	vide a
:	Project No. 12-17-P07-01 Purchase of Two (2) Impel Pumpers				
4	The second of Plants	and an an articular follow of bushing		, ,	f interest
	Name of Interested Party	City, State, Country (place of busing	ess)	(check at Controlling	pplicable) Intermedian
M	iartin Jr, Leon	Houston, TX United States		Х	Internation
Si	iddons, Patrick	Houston, TX United States		х	
		RECEIVED CITY OF McALLE DEC 18 2017 rchasing & Contra By:		ng	
_					
	Check only if there is NO Interested Party.				
,	LISA CHESNEY  LISA CHESNEY  Notary Public, State of Texas  Comm. Expires 08-08-2021  Notary ID 131238436	affirm, under penalty of perjury, that the a			and correct.
1	AFFIX NOTARY STAMP / SEAL ABOVE	· · · · · · · · · · · · · · · · · · ·	C.L.		
	Sworn to and subscribed before me, by the said \( \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambda \lambd	Williams, this the 13	34r.	day of <u>DC</u>	<u>(ember</u>
	Lua Chishen Usa	Chesney N	10/0	in Pub	110
(	Signature of officer administering oath Printed name of or	officer administering oath Titl	ie of off	ficer administerin	g oath

CERTIFICATE OF INTE	RESTED PAI	RTIES		FQI	RM <b>1295</b>		
Complete Nos. 1 - 4 and 6 if there are intere Complete Nos. 1, 2, 3, 5, and 6 if there are	ested parties. no interested parties.		CE	OFFICE US	Ē ONLY		
Name of business entity filing form, and of business.     Siddons Martin Emergency Group, LLC Houston, TX United States		ntry of the business entity's plac	201 Date	Certificate Number: 2017-293797 Date Filed:			
Name of governmental entity or state age being filed.     CITY OF MCALLEN	ncy that is a party to t	he contract for which the form is	contract for which the form is 12/13/2017  Date Acknowledge 12/19/2017				
3 Provide the identification number used by description of the services, goods, or oth Project No. 12-17-P07-01 Purchase of Two (2) impel Pumpers	r the governmental en er property to be prov	tity or state agency to track or iddided under the contract.	entify the c	contract, and pro	ovide a		
4 Name of Interested Party	y	City, State, Country (place of I	usiness)	1	f interest opticable) Intermediary		
Martin Jr. Leon		Houston, TX United States		X			
Siddons, Patrick		Houston, TX United States		X			
Check only if there is NO Interested Party.		,,	l		<u> </u>		
AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the sal  20, to certify which, witness my hand	<u> </u>	affirm, under penalty of perjury, that Signature of authorized agent of t	contracting	business entity	and correct.		
Signature of officer administering oath	Printed name of o	flicer administering oath	Title of of	lçer administering	j gáth .		

	CERTIFICATE OF INTERESTED PAR	RTIES		FOI	RM 1295	
	,				1 of 1	
F	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.	<u> </u>	CE	OFFICE US RTIFICATION		
1	of business, Wastequip Manufacturing Company, LLC	ntry of the business entity's place	2017	ficate Number: 7-283026		
2	Charlotte, NG-United Slates  Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	he contract for which the form is	11/13	Éiled: 3/2017 Acknowledged:	ı	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 11-17-SP01-58 11-17-SP01-58 - SUPPLY CONTRACT FOR THE PURCHAS	ided under the contract.			vide a	
4	Name of Interested Party	City, State, Country (place of busine	:ss)		f interest oplicable) Intermediary	
_			$\dashv$	Controlling	intermemary	
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<del></del>	Check only if there is NO Interested Party.					
	X			·		
•	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the at	oove d	isclosure is true	and correct.	
	Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.    ESTHER POKLADNIK   Notary Public State of Toxos   My Commission # 7185300   Signature of adillorized agent of contracting business entity    AFFIX NOTARY STAMP/SEAL ABOVE   Swom to and subscribed before me, by the said   CARRY   CRRY   It is the   HILL   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Notary Derivative   day of   Nota					
71	Signature of officer administering oath  Printed name of officers administering oath	Pokladnik na	ع <del>ار</del> دن illo lo :	RY cer administerin	p oath	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-283026 Wastequip Manufacturing Company, LLC Charlotte, NC United States Date Filed: 11/13/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 12/27/2017 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. 11-17-SP01-58 11-17-SP01-58 - SUPPLY CONTRACT FOR THE PURCHASE OF VARIOUS REFUSE CONTAINERS & PARTS Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO interested Party. $|\mathbf{x}|$ 6 UNSWORN DECLARATION \_, and my date of birth is \_ My name is My address is \_\_\_\_\_ (city) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. County, State of \_\_\_\_\_, on the \_\_\_\_day of \_\_\_\_ Executed in (month) (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED I	PARTIES		FO	RM <b>1295</b>
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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 part	ies.	CEI	OFFICE US	
1 Name of business entity filing form, and the city, state an	·		ficate Number:	
of business. Roll Offs USA			-284692	
Mead, OK United States			Filed:	
<ol> <li>Name of governmental entity or state agency that is a par being filed.</li> </ol>	ly to the contract for which the form is	1,1/13	5/2017	
City of McAllen		Date,	Acknowledged	:
Provide the Identification number used by the government description of the services, goods, or other property to be 11-17-SP01-58  Refuse Containers	ital entity or state agency to track or identify e provided under the contract.	y the co	ontract, and pro	vide a
				f interest
Name of Interested Party	City, State, Country (place of busin	iess)	(check a Controlling	pplicable) Intermediary
lankey, J. Daniel	Mead, OK United States		X	*tirelsubition
ankey, Ray Jean	Mead, OK United States	寸	X	
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Check only if there is NO interested Party,	en en en en en en en en en en en en en e			
	ar, or affirm, under penalty of perjury, that the a	above d	lsčlošuře (s trůe	and correct.
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	Signature of authorized agent of contr	acting b	usiness entity	::
APPIN NO PARY STAMP / SEAL ABOVE				į
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Swom'to and subscribed before me, by the said <u>KENIX</u> 20 17 to certify which, witness my hand and seat of office	e, PAILLIPS, this the 1/2	<u></u>	day of <u>\( \mathcal{N} \mathcal{O} \)</u>	
Welde D. Barton				
NeldaD. Barton #	13006699			
Signature of officer administering oath Printed name	ne of officer administering oath Till	e of offi	cer administerin	g oath
rms provided by Texas Ethics Commission www	w,ethics.state.tx.us	<del></del>	Versi	on V1,0,3337

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-284692 of business. Roll Offs USA Date Filed: Mead, OK United States 11/15/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 12/27/2017 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. 11-17-SP01-58 Refuse Containers Nature of Interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary X Mead, OK United States Hankey, J. Daniel Mead, OK United States' Χ Hankey, Ray Jean 5 Check only if there is NO interested Party. 6 UNSWORN DECLARATION \_, and my date of birth is \_ My name is My address is\_ (slate) (city) (zlp code) (street) (country) I declare under penalty of perjury that the foregoing is true and correct. on the day of County State of \_ Executed in \_\_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PAR	<b>!TIES</b>		FOF	км <b>1295</b>	
L					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.		CE	OFFICE USI		
1	Name of business entity filing form, and the city, state and coun of business. Linebarger Goggan Blair & Sampson, LLP	ntry of the business entity's place	1	lificate Number: 7-266580		
2	Edinburg, TX United States	he contract for which the form is		: Filed: 28/2017		
	being filed. City of McAllen		Date	Acknowledged:		
3	Provide the Identification number used by the governmental entidescription of the services, goods, or other property to be provid RFP 10-17-S01-42 Delinquent Tax Collection Services	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
4	Mary of Interested Doub,	au - nata Country Inlano of hugh	1	1	of Interest	
	Name of Interested Parly	City, State, Country (place of busine	185)	Controlling	pplicable) Intermediary	
Fr	anz, John Dayld	McAllen, TX United States			×	
·····						
õ	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
	ANNELLE SARAI SANCHEZ  NOTARY PUBLIC  STATE OF TEXAS  MY COMM. EXP. 10/25/20  AIR-IX NOTARY STAINOTARY ISGRIDUB7892-3					
	Sworn to and subscribed before me, by the said Lucy G. (2017 , to certify which, witness my hand and seal of office.	Canales, this the	38 <sub>+</sub>	th day of Se	ptembe <sub>r</sub>	
	Multi Summan Annul Signature of officer administering oath Printed name of o	M SuyiSMMez officer administering oath Titl	le of a	officer administerii	ng oath	

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-266580 Linebarger Goggan Blair & Sampson, LLP Edinburg, TX United States Date Filed: 09/28/2017 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: 12/28/2017 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. RFP 10-17-S01-42 **Delinquent Tax Collection Services** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Franz, John David Χ 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 cade) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_\_\_\_\_ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)