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.		Certificate Number: 2022-837391			
	Doggett Heavy Machinery			2-03/331		
	SAN JUAN, 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	01/0	06/2022		
	CITY OF MCALLEN			e Acknowledged: 06/2022		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ntify the o	contract, and prov	/ide a	
	Project No. 12-21-P24-01 324L WHEEL LOADER					
4	!			Nature of		
	Name of Interested Party	City, State, Country (place of b	usiness)	<del> </del>	pplicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	te of birth i	is	·	
	My address is		,	,	.,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	xt.				
	Executed inCounty	y, State of, on	the			
				(month)	(year)	
		Signature of authorized agent of (Declarant)	f contractir	ng business entity		

FORM **1295** 

	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.				OF FILING
	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2022-837391		
	Doggett Heavy Machinery		Date	Filed:	
-	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	8	5/2022	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form to	l		
	CITY OF MCALLEN		Date	Acknowledged:	
					: al a
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to track or ider led under the contract.	itify the co	ontract, and prov	ide a
	Project No. 12-21-P24-01				
	324L WHEEL LOADER				
				Nature of	
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap	
				Controlling	Intermediary
posini					
		·			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	CASEY J CAVAZOS	and my da	te of birth i	12/08/1987 s	
	My name is	SAN JUAN	TX	78589	USA
	My address is(street)	(city)	(state)	(zip code)	(country)
	the state of consisting in true and corre	ort and a second and a second and a			
	I declare under penalty of perjury that the foregoing is true and corre	TT\(4.0	6TI	Ι ΙΔΝΙΙΔΡ	Υ 22
	Executed inCoun	ty, State of <u>TEXAS</u> , or	the	day of JANUAR' (month)	Y, 20_22 (year)
	( Or s	3 ) ( ps		, in the second	<b>,</b>
	<u></u>	Signature of authorized agent of (Declarant)	f contracti	ng business entity	
		(Declarant)			

### 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. 2022-837361 LiftFund Inc. San Antonio, TX United States Date Filed: 01/06/2022 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. FY 2021-22 DCMI LiftFund McAllen Interest Buy Down and Marketing Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **UNSWORN DECLARATION** My name is \_Janie Barrera \_ \_\_\_\_\_, and my date of birth is \_November 30, 1954 \_\_\_ My address is \_2014 S. Hackberry\_\_ \_\_, \_\_USA\_ \_\_\_\_, \_San Antonio\_\_\_\_\_, \_Texas, \_78210\_\_ (street) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct.

Forms provided by Texas Ethics Commission

Executed in \_\_\_\_Bexar\_\_\_

—DocuSigned by: Jamie Barrera

County,

(month)

State of \_\_Texas\_\_\_\_\_, on the \_6th\_\_\_day of \_January\_\_\_, 2022\_\_\_.

Signature of authorized agent of contracting business entity (Declarant)

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.		CEI	OFFICE USE	_	
1	Name of business entity filing form, and the city, state and count	try of the business entity's place	Certificate Number:			
	of business. LiftFund Inc.		2022	2-837361		
	San Antonio, 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		6/2022		
_	being filed.					
	City of McAllen			Acknowledged: 0/2022		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the c	ontract, and prov	vide a	
	FY 2021-22 DCMI LiftFund					
	McAllen Interest Buy Down and Marketing					
4	!			Nature of		
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	S	·	
	My address is					
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	xt.				
	Executed inCounty	y, State of, on the		day of	, 20	
				(month)	(year)	
		Signature of authorized agent of cor (Declarant)	ntractin	g business entity		

#### 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. 2021-832500 SAMES, Inc. McAllen, TX United States Date Filed: 12/14/2021 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: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 11-21-C08-227 Terminal Restroom Renovations at McAllen International Airport (ReBid) Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary X Edinburg, TX United States Maldonado, Samuel D. X Edinburg, TX United States Maldonado, Saul D.

	Check only if there is t	NO Interested Party.					
;	UNSWORN DECLARAT	TION					
	My name is	Saul D. Maldonad	o	, and n	ny date of birth is	02/14/19	79
	My address is	2036 Arlina Drive (street)		Edinburg (city)	,,,,,,,,	78542 (zip code)	_, USA (country)
	I declare under penalty	of perjury that the foregoing is true a	and correct.				
	Executed in	Hidalgo	County, State of	Texas	_, on the <u>14th</u> d	lay of Decemb (month)	
				1 - Q +	>11		
			Signati	ure of authorized ag	ent of contracting	business entity	

(Declarant)

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			
Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2021-832500			
SAMES, Inc.				
McAllen, TX United States		Date Filed: 12/14/2021		
2 Name of governmental entity or state agency that is a party to th	e contract for which the form is	12/14/2021		
being filed. City of McAllen		Date Acknowledged:		
		01/17/2022		
3 Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the contract, and pro	vide a	
Project No. 11-21-C08-227				
Terminal Restroom Renovations at McAllen International Airp	ort (ReBid)			
4		ANTENNA OF	f interest	
Name of Interested Party	City, State, Country (place of busine			
		Controlling	Intermediary	
Maldonado, Samuel D.	Edinburg , TX United States	Х		
Maldonado , Saul D.	Edinburg , TX United States	Х		
			-	
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is	, and my date of	birth is	·	
My address is	520	*	a .	
(street)		tate) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct	t.			
Executed inCount	y, State of, on the	day of	, 20	
		(month)	(year)	
	Signature of authorized agent of con (Declarant)	tracting business entity		

FORM **1295** 

			·····		1,01.4		
	Complete 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 country of business.	of business entity filing form, and the city, state and country of the business entity's place			Certificate Number: 2022-839034		
	Boys & Girls Club of McAllen, Inc.		2022-0	539034			
	McAllen, TX United States		Date F	iled:			
2	Name of governmental entity or state agency that is a party to the c	contract for which the form is	01/11/	2022			
	being filed.		PS				
	City of McAllen	**	Date A	cknowledged:			
3	Provide the identification number used by the governmental entity of	or state agency to track or identify	the cor	stract and prov	ride a		
3	description of the services, goods, or other property to be provided	I under the contract.	uje coi	maci, and prov	iue a		
	B-21-MC-48-0506 Direct Services						
	- Direct delyiced						
4			_	Nature of			
	Name of Interested Party C	City, State, Country (place of busine	ess)    -	(check ap			
				Controlling	Intermediary		
		distribution of the second			······································		
<b>MILITARY</b>							
coxi		The state of the s			, and the state of		
		The state of the s					
		AND THE CONTRACT OF THE PROPERTY OF THE CONTRACT OF THE CONTRA					
<del>ariona</del>							
				TO DESCRIPTION OF THE PERSON O			
5	Check only if there is NO Interested Party.						
	UNSWORN DECLARATION	\$6974000000		<del>4</del>			
	My name is <u>dalinda gungals</u> - <u>Alcantou</u> My address is <u>1502 Howk Birdle</u> (street)	, and my date of b	oirth is _	September	23,1980		
	My address is 1502 Howk Girile	mealler of	v.	18504	. USA .		
	(street)	(city) (s)	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Hidaly County, S	State of <u>Feyas</u> , on the _	<u>//</u> da	y of	_, 20 <u>22</u> .		
	V.	\		(month)	(year)		
		J.	······································		ntana-tinonominantinomina		
	•	Signature of authorized agent of contr (Declarant)	racting t	ousiness entity			

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 business.		Certificate Number: 2022-839034			
	Boys & Girls Club of McAllen, Inc.		202.	2-03303-		
	McAllen, TX United States			e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/1	11/2022		
	being filed. City of McAllen		Date	Acknowledged:		
	City of ivicalien			21/2022		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		fy the c	contract, and prov	/ide a	
	B-21-MC-48-0506					
	Direct Services					
				Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
	Humo of interested 1 day	Oity, otato, oodini j (piaco c. 220	111000,	Controlling	Intermediary	
					<u> </u>	
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	of birth i	s	·	
	My address is(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	it.				
	Executed inCounty	y, State of, on th	e	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co	ontractin	ng business entity		

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.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number: L-831882	
	Electro-Hi, LLC Los Fresnos, 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	12/1	2/2021	
	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 provide		the co	ontract, and pro	vide a
	11-21-C04-702 2021 Pipe Bursting Project (CDBG Funded)				
4	Name of Interested Party	City, State, Country (place of busine	ess)		f interest oplicable)
	,	1		Controlling	Intermediary
	NA			)	
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION			/ /	
	My name is CECILIO CAVAZOS	and my date of b	irth is	10/28/	1959
	My name is CEGILIO CAVAZOS  My address is 33/168 WIPPLE ROAD A (street)	17. 12108 Los 71. ESWAS 7 - (city) (sta	<u>火</u> , _ ite)	78546 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	7, State of $\frac{7\times}{}$ , on the $\frac{7\times}{}$	12 <sub>d</sub>	ay of 12 (month)	, 20 <u>/</u> . (year)
	<u>Cl</u>	Signature of authorized agent of contr	actina	business entity	
		(Declarant)	9		

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 USI	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	Certificate Number:		
	Electro-Hi, LLC		2021	L-831882	
	Los Fresnos, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	as contract for which the form is		2/2021	
_	being filed.	ie contract for which the form is			
	City of McAllen			Acknowledged: 4/2022	
3	Provide the identification number used by the governmental ent 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 pro	vide a
	11-21-C04-702				
	2021 Pipe Bursting Project (CDBG Funded)				
4				Nature o	f interest
-	Name of Interested Party	City, State, Country (place of busin	ess)	(check ar	oplicable)
				Controlling	Intermediary
Sum					
11/2					***
	,				
			-		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of t	oirth is		
	My address is(street)		 ate)	(zip code)	, (country)
	I declare under penalty of perjury that the foregoing is true and correct	t			
	Executed inCounty	/, State of, on the _	da	ay of(month)	, 20 (year)
		Signature of authorized agent of cont (Declarant)	racting	business entity	

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 coun of business.	ntry of the business entity's place	Certificate Number: 2021-797945				
	Rip Grande Valley Literacy Center White, TX United States						
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is		Filed: 1/2021			
	being filed.  Pharr Literacy Center Inc, dba rio Grande Valley Literacy Cer	nter	Date	Acknowledged:			
		100					
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 track or identify ded under the contract.	the c	ontract, and pro	vide a		
	205646983 Educational services to include GED.ESL. Computer. and Na	aturalization Classes					
4	Name of Interested Party	City State Country/place of hyging	200	Nature of			
	Name of interested Farty	City, State, Country (place of busine	:55)	(check ap	Intermediary		
5 (	Check only if there is NO Interested Party.						
i l	JINSWORN DECLARATION			11 17	10 -		
٨	ly name is <u>Diana G. Fatias</u>	, and my date of b	oirth is	11-14	-1950		
N	My address is 13115 Dog wo	od Phary T	<u>≺</u> , _	78577 (zip code)	Hidalgo (country)		
ı	declare under penalty of perjury that the foregoing is true and correct	t.					
E	executed in Hidalg o County	, State of <u>EXGS</u> , on the	d	lay of Sept (month)	, 20 <u></u> (year)		
		Diana d. 3	ta	Nas			
		Signature of authorized agent of contr (Declarant)	acting	business entity			

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 cour of business.	Certificate Number: 2021-797945					
	Rip Grande Valley Literacy Center						
2	White, TX United States  Name of governmental entity or state agency that is a party to the	ne contract for which the form is		Filed: 1/2021			
	being filed.						
	Pharr Literacy Center Inc, dba rio Grande Valley Literacy Cer	nter		Acknowledged: 8/2022			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or identify	the co	ontract, and pro	vide a		
	205646983	ded under the contract.					
	Educational services to include GED.ESL. Computer. and Na	aturalization Classes					
4				Nature of	finterest		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap			
_				Controlling	Intermediary		
			-				
i	Check only if there is NO Interested Party.						
ı	JNSWORN DECLARATION	-					
ı	My name is	, and my date of b	irth is				
1	My address is(street)	,,,,	' _ te)	(zip code)	 (country)		
	declare under penalty of perjury that the foregoing is true and correct		21	e. • 0 0 0 €	· Vicenza Constanti V		
	declare under penalty of perjury that the foregoing is true and correct	i.					
I	Executed inCounty	, State of, on the _	da				
				(month)	(year)		
		Cimpohum of and and					
		Signature of authorized agent of contra (Declarant)	acting	business entity			

## 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. 2022-839223 Easterseals Rio Grande Valley 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 01/11/2022 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. B-21-MC-48-0506 Therapy services for CDBG funding 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 UNSWORN DECLARATION My name is PATIRICIA (250NCLAI), and my date of birth is 3-13-59 My address is 3505 Los Triefros Particion, Mussia, TX, 78572 (street) (city) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_\_\_, on the \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_ Signature of authorized agent of contracting business entity

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 count of business.	Certificate Number: 2022-839223			
	Easterseals Rio Grande Valley				
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the	a contract for which the form is	100000000000000000000000000000000000000	Filed: 1/2022	
_	being filed.	e contract for which the form is			
	City of McAllen	-		Acknowledged: 1/2022	
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	ontract, and prov	/ide a
	B-21-MC-48-0506				
	Therapy services for CDBG funding				
4				Nature of	interest
_	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
				p.	
			$\exists$		
			$\dashv$		
				l.	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of b	irth is		·
	My address is				
	(street)	(city) (sta	, _ te)	(zip code)	(country)
	declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty,	State of, on the _	ď	ay of	, 20 .
				(month)	(year)
		Signature of authorized agent of contr	acting	business entity	
		(Declarant)			

## 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. 2022-839357 Access Esperanza Clinics 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 01/12/2022 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. B-21-MC-48-0506 Health Care Services Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Access Esperanza Clinics Inc. McAllen, TX United States X 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION atricio C. Gowasies and my date of birth is 04/19/1952 916 E. Hackberry St. A. McAllen TX (state) (zip code) (country I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo County, State of Texas, on the 13th day of January, 2022

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity

Version V1.1.191b5cdc

### **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. 2022-839357 Access Esperanza Clinics 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 01/12/2022 being filed. City of McAllen Date Acknowledged: 02/01/2022 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-21-MC-48-0506 Health Care Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Access Esperanza Clinics Inc. McAllen, TX United States 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 \_\_\_ (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_ \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_ (year)

Signature of authorized agent of contracting business entity (Declarant)

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 business.	ry of the business entity's place		ficate Number: 2-843290	
	Chidren's Advocacy Center of Hidalgo County				
2	Edinburg, TX United States  Name of governmental entity or state agency that is a party to the	a contract for which the form is		Filed: 5/2022	
-	being filed.	e contract for which the form is	01,2	5/2022	
	City of McAllen Community Development Department		Date	Acknowledged:	
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 identify ed under the contract.	the co	ontract, and pro	vide a
	2021 -2022				
	Services to abused and neglected children				
4				Nature of	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.		J.		
	x				
6	UNSWORN DECLARATION				
	<sub>My name is</sub> Jesus A. Sanchez	, and my date of b	irth is	04/08/1975	
	My address is 525 W. Wisconsin Rd.	, Edinburg, TX		78539	USA .
	(street)	(city) (sta	te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County,	State of $Texas$ , on the $2$	5th <sub>da</sub>	ay of January (month)	/_, <sub>20</sub> 22 (year)
		C1.1.2			
		Signature of authorized agent of contr	acting	business entity	
		/ (pectarant)			

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 cour of business.	ntry of the business ent			cate Number:	
	Chidren's Advocacy Center of Hidalgo County					
2	Edinburg, TX United States  Name of governmental entity or state agency that is a party to the	ne contract for which th		<b>Date Fi</b> 01/25/2		
	being filed.  City of McAllen Community Development Department			Date A	cknowledged:	
	City of McAilert Community Development Department			02/01/2	-	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to tr	ack or identify t	the con	tract, and prov	/ide a
	2021 -2022	ueu unuer me comract.	•			
	Services to abused and neglected children					
4		I			Nature of	interest
4	Name of Interested Party	City, State, Country (	place of busine	· · ·	(check ap	·
				- 1	Controlling	Intermediary
				+		
				+		
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, a	and my date of bi	rth is _		·
	My address is					
	(street)	(city)	(stat	e)	(zip code)	 (country)
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCount	y, State of	, on the	day	of	_, 20
					(month)	(year)
		Signature of authorize		acting bu	usiness entity	
		([	Declarant)			

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 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. 2022-836461 Climatec, LLC Date Filed: San Antonio, TX United States 01/04/2022 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. 10-21-P06-01 BUILDING AUTOMATED SYSTEM FOR VARIOUS CITY FACILITIES 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 UNSWORN DECLARATION**

and my date of birth is 10/24/1979 My name is <u>Dru Dunham</u> TX Houston 77040 USA My address is 7701 W Little York #100 (zip code) (state) (country) (street) (city) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas on the 4th day of January 20 22 Executed in Harris (month) (year) TARA CRITTENDEN Notary Public, State of Texas Signature of authorized agent of contracting business entity Comm. Expires 12-04-2025 (Declarant) Notary ID 12964261-7

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.191b5cdc

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.			OFFICE US	
L				CERTIFICATION	N OF FILING
1	of business.	ntry of the business ent	tity's place	Certificate Number: 2022-836461	
	Climatec, LLC				
Ļ	San Antonio, TX United States			Date Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which th		01/04/2022	
	City of McAllen			Date Acknowledged 02/01/2022	:
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 to ded under the contract	rack or identify	the contract, and pro	ovide a
	10-21-P06-01				
	BUILDING AUTOMATED SYSTEM FOR VARIOUS CITY FA	CILITIES			
4		T		Nature o	of interest
•	Name of Interested Party	City, State, Country (	(place of busine	ess) (check a	pplicable)
				Controlling	Intermediary
			V-V-V-1000	121	
	~				
	,				
_					
_		<u> </u>			L
5	Check only if there is NO Interested Party.				
3	UNSWORN DECLARATION				
	My name is	, , &	and my date of bi	irth is	····································
	My address is				·
	(street)	(city)	(stat	e) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	, State of	, on the	day of	, 20
				(month)	(year)
		Signature of authorize	ed agent of contra Declarant)	acting business entity	

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	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business e	ntity's place	Certifi	cate Number:	0
	Food Bank of the Rio Grande Valley, Inc.			2022-	844865	
	Pharr, TX United States			Date F	iled:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which	the form is	01/28		
	being filed.					
	City of McAllen			Date A	Acknowledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to ded under the contra	track or identify	the co	ntract, and pro	vide a
25	B-21-MC-48-0506					
	Free food assistance for up to 250 Senior residents living in F for 11 months.	Public Housing at a	rate of \$.19 per p	oound 1	for 131,579 pc	ounds of food
4				T	Nature o	
	Name of Interested Party	City, State, Country	y (place of busine	ess)	(check ap	
_					Controlling	Intermediary
		# 2				
				$\forall$		
	*			$\dashv$		
				-		
			Name of the last o			
20.00			2			
5	Check only if there is NO Interested Party.				<del></del>	
	x				,	
6	UNSWORN DECLARATION					
	My name is Libby Ann Saenz		, and my date of b	irth is _	8/21/1969	
	My address is 30267 N. Expressway 281	Edinburg	TX	(	78542	USA .
	(street)	(city)	(sta	ite)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.				-
	Executed in Hidalgo County	, State of Texas	, on the	28. <sub>da</sub>	y of Jan.	_, 20.20
		Jan 43			(month)	(year)
		(Signature of authori	red agent of contr	acting h	ousiness entity	
		Garage of autility	(Declarant)	acing t	Sasmess Criticy	

FORM **1295** 

-			Was a second		
	Complete 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.  Food Bank of the Rio Grande Valley, Inc.	ry of the business entity's place	THE WITH STREET	icate Number: -844865	
	Pharr, TX United States		Date F		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/28	/2022	
	City of McAllen			Acknowledged:	
			8086 680	/2022	
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	ntract, and prov	ride a
	B-21-MC-48-0506				
	Free food assistance for up to 250 Senior residents living in Peter 11 months. $$	ublic Housing at a rate of \$.19 per p	oound	for 131,579 po	unds of food
4		200		Nature of	330045004000000000000000000000000000000
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
			$\dashv$	Controlling	Intermediary
			-		
			_		
		,			
	Check only if there is NO Interested Party.				
5 1	JNSWORN DECLARATION				
ı	My name is	, and my date of b	irth is _		*
,	My address is				
	(street)	(city) (star	te)	(zip code)	(country)
1	declare under penalty of perjury that the foregoing is true and correct.				
J	Executed inCounty,	State of, on the	da	y of	, 20
				(month)	(year)
		Signature of authorized agent of contra (Declarant)	acting I	ousiness entity	
		(Decidialit)			

FORM 1295

	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 US	E ONLY N OF FILING
1	Name of business entity filing form, and the city, state and coun of business.  Meeder Public Funds, Inc dba Patterson & Associates  Dublin, OH United States	try of the business e	ntity's place	6.7	cate Number: 848123 Filed:	i
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	e contract for which	the form is	02/08/	/2022 Acknowledged	:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided to 5-21-S15-69 PROJECT NO. 05-21-S15-69 RFP INVESTMENT ADVISOR	ded under the contra	track or identify ct.	the co	ntract, and pro	ovide a
4	Name of Interested Party	City, State, Country	/ (place of busine	ess)		of interest applicable)
53.11						
	Check only if there is NO Interested Party.					
	unsworn declaration  My name is Jason Headings		and my date of b	irth is	7/27/1982	
	My address is 6125 Memorial Drive (street)	Dublin (city)	OF	1 4 te)	(zip code)	USA (country)
	I declare under penalty of perjury that the foregoing is true and correc					
	Executed in Delawarecounty	, State of Ohio	, on the _8	8th <sub>da</sub>	y of Februa (month)	ary <sub>, 20</sub> 22 (year)
		Signature of authori	n deadings	acting I	business entity	υ 
			(Declarant)	9 1		

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.				ICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and coun of business.	try of the business er	ntity's place	Certificate 2022-8481		
	Meeder Public Funds, Inc dba Patterson & Associates					
	Dublin, OH 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	02/08/2022	2	
	City of McAllen			Date Ackno 02/08/2022		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide			the contrac	t, and prov	/ide a
	05-21-S15-69 PROJECT NO. 05-21-S15-69 RFP INVESTMENT ADVISOR	Y SERVICES				
4		220 200 200			Nature of	
	Name of Interested Party	City, State, Country	(place of busine		(check ap	
				Con	trolling	Intermediary
						<b>B</b>
		,				
						****
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of b	irth is		<del>-</del>
	My address is(street)	,(city)		,	code)	(country)
			(Sia	(2)	. 5000)	(ood.iii)
	I declare under penalty of perjury that the foregoing is true and correct			40		
	Executed inCounty	, State of	, on the _	day of _	(month)	, 20 (year)
		Signature of authoriz	zed agent of contr (Declarant)	acting busine	ess entity	

## **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. 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. 2022-847319 simplyofs LLC Mission, 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 02/05/2022 being filed. Library 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. Janitorial Cleaning Service 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 UNSWORN DECLARATION My name is STUDIZA STUDIER \_\_\_\_\_, and my date of birth is 07-29 -2022 I declare under penalty of perjury that the foregoing is true and correct. Executed in 1410ACGO \_\_\_\_\_County, State of Signature of authorized agent of contracting business entity

### **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. 2022-847320 simplyofs LLC Mission, 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 02/05/2022 being filed. Library McAllen, TX Date Acknowledged: 02/10/2022 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 12-21-508-164 Janitorial Cleaning Service Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Simplyofs LLC Mission, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_ \_\_\_\_\_, and my date of birth is \_\_\_\_\_ My address is \_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_day of \_\_\_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

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 USI	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business ent	2 (2)		cate Number: 851239	- 4
	ExerPlay, Inc.			2022-	001203	
	Cedar Crest, NM United States			Date F		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which th	ne form is	02/16/	/2022	
	City of McAllen			Date A	cknowledged:	
	<b>,</b>				•	
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 t	rack or identify t	the cor	ntract, and pro	vide a
	02-22-P31-01					
	Playground equipment and safety surfacing, includes installation	ion				
,	I				Nature o	f interest
4	Name of Interested Party	City, State, Country	(place of busine	ss)		plicable)
					Controlling	Intermediary
-2						
5	Check only if there is NO Interested Party.					
5	UNSWORN DECLARATION					
	My name is Michelle McKean	, ;	and my date of bi	rth is _	07/14/1964	
	My address is1101 Anderson St.	. Hearne	TX		77859	USA
	(street)	(city)	, IA		(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Robinson County,	State of TX	, on the <u>16</u>	6th <sub>day</sub>		5 S S S S S S S S S S S S S S S S S S S
					(month)	(year)
		minell	i meke	an		
	<del></del>	Signature of authorize	ed agent of contra Declarant)	acting b	ousiness entity	

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.		OFFICE USE CERTIFICATION	No. and Company of the Company
1	Name of business entity filing form, and the city, state and country of business.  ExerPlay, Inc.  Cedar Crest, NM United States	ry of the business entity's place	Certificate Number: 2022-851239 Date Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	e contract for which the form is	02/16/2022  Date Acknowledged: 02/16/2022	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided 02-22-P31-01  Playground equipment and safety surfacing, includes installation	ed under the contract.	the contract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	Nature of Controlling	N. DESCRIPTION OF CHARACTER STATE
 5	Check only if there is NO Interested Party.			
	UNSWORN DECLARATION			
	My name is	, and my date of b	irth is	
	My address is(street)	(city) (sta	te) (zip code)	 (country)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed inCounty,	State of, on the	day of(month)	, 20 (year)
		Signature of authorized agent of contri	acting business entity	
		(Declarant)	and pasiness chity	

#### 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. 2022-851069 Musco Sports Lighting, LLC Oskaloosa, IA United States Date Filed: 02/15/2022 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 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 02-22-P29-01 PURCHASE & INSTALLATION OF LIGHTING AT LAS PALMAS PARK 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 UNSWORN DECLARATION \_\_\_\_\_, and my date of birth is 12/9/58 My name is \_\_James M. Hansen 52577 USA Oskaloosa My address is 100 1st Avenue West (state) (street) I declare under penalty of perjury that the foregoing is true and correct. \_County, State of IOWA Executed in Mahaska on the 15 day of February , 20 22 nature of authorized agent of contracting business entity (Declarant)

### **CERTIFICATE OF INTERESTED PARTIES FORM 1295** 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. 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. 2022-851069 Musco Sports Lighting, LLC Oskaloosa, IA United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 02/15/2022 being filed. City of McAllen, TX Date Acknowledged: 02/18/2022 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 02-22-P29-01 PURCHASE & INSTALLATION OF LIGHTING AT LAS PALMAS PARK Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Musco Corporation Oskaloosa, IA United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_\_, and my date of birth is \_\_\_\_ My name is \_\_\_ My address is \_\_\_\_ (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct.

Forms provided by Texas Ethics Commission

Executed in \_\_\_\_\_

www.ethics.state.tx.us

\_\_\_\_\_\_\_ County, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.191b5cdc

(vear)

(month)

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 US	
1	Name of business entity filing form, and the city, state and cou	intry of the bu	siness entity's pla		rtificate Number:	N OF FILING
	of business.				22-851827	
	Catholic Charities of the Rio Grande Valley, Inc San Juan, TX United States			Dat	te Filed:	
2	Name of governmental entity or state agency that is a party to t	the contract f	or which the form		/17/2022	
	being filed.					
	City of McAllen			Dai	te Acknowledged	:
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov			identify the	contract, and pro	ovide a
	B-21-MC-48-0506					
	HOMELESS SERVICES					
_		1			Nature o	of interest
4	Name of Interested Party	City, State	e, Country (place o	of business)	<u> </u>	pplicable)
					Controlling	Intermediary
	WINE					
					<b>I</b>	.J
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Sister Norma Pimentel		, and my	date of birth	is07/01/195	
	My address is700 N. Oblate Dr.	, Sar	Juan	, <u>TX</u>	, 78589	_, <u>US</u>
	(street)		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed in Hidalgo Cour	nty, State of _	Texas	on the17	day of Februa	ary, 20 22.
		_			(month)	
			M	l'mes	atel	
		Signature	of authorized ager			/
		2.5	(Declara		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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		tificate Number: 22-851827	
	Catholic Charities of the Rio Grande Valley, Inc		202	22-851827	
	San Juan, TX United States		Dat	e Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/	17/2022	
	being filed. City of McAllen		Date	e Acknowledged:	
	City of MicAllett			21/2022	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		entify the	contract, and pro	vide a
	B-21-MC-48-0506				
	HOMELESS SERVICES				
	<del></del>	<u> </u>		Nature o	fintorost
4	Name of Interested Party	City, State, Country (place of I	business)		
	y	piuse en l		Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my da	ate of birth	is	·
	My address is	,	,	,	· ·
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	y, State of, o	n the	_day of	, 20
				(month)	(year)
		Cinnahura of authorized -	of a sufficient	na husing	
		Signature of authorized agent ( (Declarant)		ng business entity	

CERTIFICATE OF INTERESTE	JPARILES

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	ume of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number:			
	Turf Alliance LLC		202	2-852858			
	Bonnieville, KY United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	02/2	21/2022			
	being filed. City of McAllen		Date	Acknowledged:			
	City of McAileri		June	, Nouncincagou.			
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 idered under the contract.	tify the c	contract, and pro	vide a		
	02-22-C22-01						
	Recreational Soccer Field						
_					Nature of interest		
4	Name of Interested Party City, State, Country (place of busing		siness)	(check applicable)			
				Controlling	Intermediary		
2.50							
		** ###################################					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Ralph Buerger	y name is Ralph Buerger, and my date of birth i			is 08/10/1965		
	My address is 32 Deerpark Crescent	, Fonthill,	ON_	L0S1E1	Canada		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Regional Niagara County,	Province of Ontario	<sub>he</sub> 21	day of Februa			
		(		(month)	(year)		
		Signature of authorized agent of (Declarant)	contractin	ng business entity			
Fo	rms provided by Texas Ethics Commission www.ethi	cs.state.tx.us		Version	V1.1.191b5cdc		

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	ame of business entity filing form, and the city, state and country of the business entity's place			CERTIFICATION OF FILING Certificate Number:		
	of business.	, , ,	2022	2-852858		
	Turf Alliance LLC Bonnieville, KY United States		Data	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		21/2022		
_	being filed.	to contract for which the form is				
	City of McAllen			Acknowledged: 2/2022		
Ļ	Provide the identification number used by the governmental ent	ity or state agency to track or identif			ido a	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided to the services.		y the c	ontract, and prov	nue a	
	02-22-C22-01 Recreational Soccer Field					
	Recreational Soccer Field					
4	ı			Nature of interest		
	Name of Interested Party	ne of Interested Party City, State, Country (place of busines		(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is, and my date of birth			s		
	My address is				,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Executed inCounty	v. State of on the		day of	. 20	
		,,, on the		(month)	(year)	
	Signature of authorized agent of contracting business entity					
		(Declarant)				

#### **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 2021-797290 of business. FOREMOST PAVING, INC. Date Filed: WESLACO, TX United States 08/31/2021 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 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. MCALLEN YOUTH BASEBALL COMPLEX PARKING LOT IMPROVEMENTS Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary WESLACO, TX United States X PEBLEY, TREY WESLACO, TX United States X FORSHAGE III, E.E. WESLACO, TX United States X FORSHAGE, JOSEPH E. 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** -cy Pebles \_\_\_\_, and my date of birth is. My address is 22630 N. FM 48 (state) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hipalgo County, State of Signature of authorized agent of contracting business entity

FORM **1295** 

						1 of 1		
Com Com	Complete 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 b	of business. FOREMOST PAVING, INC.			Certificate Number: 2021-797290 Date Filed:				
bein	Jame of governmental entity or state agency that is a party to the contract for which the form is leing filed.  CITY OF McALLEN				08/31/2021 Date Acknowledged: 02/25/2022			
09-2	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.  09-21-C28-399  McALLEN YOUTH BASEBALL COMPLEX PARKING LOT IMPROVEMENTS							
4	Name of Interested Party	(	City, State, Country (plac	e of busines		of interest pplicable) Intermediary		
PEBLE	Y, TREY		WESLACO, TX United	States	Х			
FORSH	AGE III, E.E.		WESLACO, TX United	States	Х			
FORSH	AGE, JOSEPH E.		WESLACO, TX United	States	Х			
				William Wall				
			, , , , , , , , , , , , , , , , , , ,					
			,					
			-					
Check	conly if there is NO Interested Party.	-						
UNSW	ORN DECLARATION							
My nar	ne is	, and my date of birth is						
My add	dress is(street)		.,(city)	(state)	(zip code)	(country)		
I decla	re under penalty of perjury that the foregoing is true and	d correct.						
Execut	ed in	_County, S	tate of	_, on the				
					(month)	(year)		
	_	Signature of authorized agent of contracting business entity (Declarant)						
	(Destination)							

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	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:		
	of business. Rio United Builders		2022	-854637	1	
	Alton , TX United States	~	Date	Filed:	1	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/25	5/2022		
	being filed.				1	
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entif	ty or state agency to track or identify	the co	ontract, and pro	vide a	
,	description of the services, goods, or other property to be provide					
	02-22-C15-434					
	Heritage Center Ext Painting					
4					finterest	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
_				Controlling	Intermediary	
_			-	1		
_				,		
5	Check only if there is NO Interested Party.					
•	Check only if there is no interested raity.					
6	UNSWORN DECLARATION					
	My name is Agobeveo Perez Ju	, and my date of l	oirth is	10/29/8	5	
	My address is 219 n. missouri st.	Antony T	۷.	78573	USA	
	(street)	(city) (st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in Hidalgo County	, State of, on the	<b>25</b> d		_, 2022.	
				(month)	(year)	
	· \	DATE DI to	(			
		Signature of authorized agent or cont	racting	business entity		
		(Doording)				

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 coun of business.		Certificate Number: 2022-854637				
	Rio United Builders			2022 00 100	•		
	Alton , TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the	ne contract for which t	the form is	02/25/2022			
	being filed.			Date Acknow	dodgod:		
	City of McAllen			02/28/2022	neugeu.		
_					and mean	ida a	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided as a constant.			ine contract,	and prov	ide a	
	02-22-C15-434						
	Heritage Center Ext Painting						
_				1	Nature of	interest	
4	Name of Interested Party	City, State, Country	(place of busine	,	check ap	plicable)	
				Contr	olling	Intermediary	
		6					
_							
				-			
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		and my date of b	irth is		·	
	My address is	'			,	·	
	(street)	(city)	(sta	te) (zip	code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	y, State of	, on the	day of		_, 20	
					(month)	(year)	
		Signature of authori	zed agent of contr	acting busines	ss entity		
	(Declarant)						

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: 2022-853669 Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	02/23/2022
	City of McAllen	Date Acknowledged: 02/28/2022

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.

03-19-S46-502

Professional Engineering Services for Design of Storm Drainages Improvements (Drainage Utility Fee Projects)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
Lyppus or and Tiller Hormaco		Controlling	Intermediary	
Baker, Jessica	Richardson, TX United States	×		
Bertram, Shawn	Austin, TX United States	Х		
Edwards, Mark	Richardson, TX United States	Х		
Ickert, Andrew	Fort Worth, TX United States	×		
Jackson, Todd	Austin, TX United States	X		
Killen, Russell	Richardson, TX United States	Х		
Llewellyn, Sr, Mark	Tallahassee, FL United States	Х		
Miller, Steve	Austin, TX United States	Х		
Moya, Michael	Austin, TX United States	Х		
Murray, Menton	McAllen, TX United States	Х		
Pylant, Ben	Fort Worth, TX United States	Х		
Sagel, Joseph	Richardson, TX United States	Х		
Tanksley, Dan	Richardson, TX United States	X		
Zapalac, Russell	Austin, TX United States	X		
	1,0 01,0 × 1,2 × 0 1 = 0.00	in mar vita	rang rates	
	IT ATE IN ATT BE		rif in pfor	
	1 18 18 8			

FORM 1295

		- 4 and 6 if there a , 2, 3, 5, and 6 if th	CE	OFFICE USE ONLY CERTIFICATION OF FILING						
1	of business.						Certificate Number: 2022-853669			
	Halff Associate McAllen, TX Ur	10.4				5-4	Filed:			
2			tate agency that is a party	to the contract f	or which the form		Filed: 3/2022			
	being filed.		, a party			1	Aslanda			
	City of McAllen	711 1 857	5.0			02/2	Acknowledged 8/2022	50		
3	description of th	ne services, good	used by the governmenta s, or other property to be p	l entity or state a rovided under th	agency to track or in econtract.	dentify the c	ontract, and pro	ovide a		
	03-19-S46-502 Professional Er		ces for Design of Storm D	rainages Impro	vements (Drainag	e Utility Fee	Projects)			
4	tes isde. In	esta IIA					90 NO 17291	of interest		
		Name of Interes	ted Party	City, State	e, Country (place o	f business)		pplicable)		
_	yailmaah)	Manufes J.					Controlling	Intermediary		
			setti ve gregoriji iliji	Rounds				11. 1839L. 11		
			ichete dinti	NT 18 00%				warf mi.		
		- 4	<u>-12, E.</u> haloo.	ideli ili da d				. mM / this		
			og F outs of	ope Vin				wagn to 1		
			2914112511	X1 10						
		X.	PolgSchogen X e. i	P. mai Ben				1277. 17		
			h i penyin e					eM at not i		
		*	esta la coda	7 88 %				3, 1		
			a 13, pop.,	of more				i sidira n		
5	Check only if the	ere is NO Interesto	ed Party.							
6	UNSWORN DECL	ARATION								
	My name is		opi soe ned no nij		, and my o	ate of birth is		·		
	My address is		(street)		(ait.)		tala ca tab			
	I doglara undar	analty of parity at the			(city)	(state)	(zip code)	(country)		
	i deciare under pe	enalty of perjury tha	at the foregoing is true and co	orrect.						
	Executed in		Cc	ounty, State of _		on thed	APPA STATE NAME OF STREET	, 20		
							(month)	(year)		
				Signaturo	of authorized agent	of contracting	husiness ontite			

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.	Certificate Number: 2022-853669
	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.	02/23/2022
	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.

03-19-S46-502

Professional Engineering Services for Design of Storm Drainages Improvements (Drainage Utility Fee Projects)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Baker, Jessica	Richardson, TX United States	×		
Bertram, Shawn	Austin, TX United States	Х		
Edwards, Mark	Richardson, TX United States	Х		
Ickert, Andrew	Fort Worth, TX United States	×		
Jackson, Todd	Austin, TX United States	×		
Killen, Russell	Richardson, TX United States	×		
Llewellyn, Sr, Mark	Tallahassee, FL United States	×		
Miller, Steve	Austin, TX United States	×		
Moya, Michael	Austin, TX United States	×		
Murray, Menton	McAllen, TX United States	Х		
Pylant, Ben	Fort Worth, TX United States	X		
Sagel, Joseph	Richardson, TX United States	×		
Tanksley, Dan	Richardson, TX United States	×		
Zapalac, Russell	Austin, TX United States	×		

FORM 1295

_						Annaham and an annaham an	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		9	CEF	OFFICE USE		
Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number: 2022-853669		
	Halff Associates, Inc.						
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the	he form is	100000000000000000000000000000000000000	Filed: 3/2022		
_	being filed.	5 Sommation Willell II	10111113				
	City of McAllen				Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to t ded under the contrac	rack or identify t.	the co	ontract, and prov	vide a	
	03-19-S46-502 Professional Engineering Services for Design of Storm Draina	ages Improvements (	Drainage Utility	/ Fee	Projects)		
4		5004 Banks of 404 44			Nature of		
	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	Intermediary	
_					Controlling	mermediary	
_							
_							
_							
_							
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name isRobert Saenz		and my date of t	oirth is	5/2/1964	<del>.</del>	
	My address is 5000 West Military Highway, Suite 10 (street)	00, McAllen (city)		X, ate)	78503 (zip code)	, USA (country)	
	I declare under penalty of perjury that the foregoing is true and correct	et.					
	Executed in Hidalgo County	y, State of Texas	, on the _	23_c	day of Feb.	, 20 <u>22</u> .	
		171			(monal)	(Jour)	
	<del></del>	Signature of authoriz	zed agent of cont (Declarant)	racting	g business entity		

FORM **1295** 

_				Acres (Pale)		A STATE OF THE PARTY OF THE PAR	
	Complete 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	try of the business enti	ty's place		icate Number:	01 1120	
-	of business.	., .,		2022-	852569		
	jax construction mission, TX United States			Date F	iled:		
2	Name of governmental entity or state agency that is a party to the	e contract for which th	e form is		/2022		
_	being filed.						
	City of McAllen				Acknowledged: /2022		
_					AND SUBSHIPPING A PRESENT	ido a	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	ty or state agency to the ded under the contract	ack of identity	the co	intract, and prov	nue a	
	01-22-C14-489						
	demolition of various structures						
				$\overline{}$	Nature of	interest	
4	Name of Interested Party	City, State, Country (	place of busine	ess)	(check ap	plicable)	
				[	Controlling	Intermediary	
_							
_				$\rightarrow$			
_							
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		and my date of b	oirth is			
	My address is					,	
	(street)	(city)	(sta	ate)	(zip code)	(country)	
	I dealars under papalty of pariting that the foregoing is true and correct	*t					
	I declare under penalty of perjury that the foregoing is true and correct	.t.					
	Executed inCount	y, State of	, on the _	d			
					(month)	(year)	
		Signature of authoriz	ed agent of cont (Declarant)	racting	business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are intereste Complete Nos. 1, 2, 3, 5, and 6 if there are no in	d parties. nterested parties.				FICE USE	ONLY 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: 2022-852569		
	Schach Contractors llc. dba Jax Construction						
_	mission, TX United States				Date Filed 02/18/202		
2	Name of governmental entity or state agency being filed.	that is a party to	the contract for which	the form is	02/10/202		
	City of McAllen				Date Ackn	owledged:	
3	Provide the identification number used by the description of the services, goods, or other particles.	e governmental oroperty to be pro	entity or state agency to ovided under the contra	track or identify	the contra	ct, and prov	ide a
	01-22-C14-489 demolition of various structures						
-						Nature of	interest
4	Name of Interested Party		City, State, Countr	v (place of busine	ess)	(check ap	
	Maine of interested / tary		only cancer country	) (pillor of buoffice			Intermediary
				2000			
-		AND THE PARTY OF T					
		WALE-18-18-18-18-18-18-18-18-18-18-18-18-18-					
-							
				unum ayar uni uni an aliqopani uni			
_					_		
5	Check only if there is NO Interested Party.	X					
;	UNSWORN DECLARATION						
	My name is			, and my date of b	irth is09-	15-1970	*
	My address is7021 mile 7 1/2 Rd		,Mission	, <u>Tx</u>	,78	573,	usa
	(street)		(city)	(sta	e) (zi	p code)	(country)
	I declare under penalty of perjury that the forego	ing is true and corr	rect.				
	Executed in Hidalgo	Cou	inty, State of Texas	, on the	22_day of		, 20_22
			Comin	Charle	1	(month)	(year)
			Signature of authori	zed agent of contra (Declarant)	acting busin	ess entity	
				(Decidianit)			

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.  CERTIFICATION OF FILING						
Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-856943			
Cutler Repaving, Inc.						
Lawrence, KS United States		Date File				
2 Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	03/03/20	022			
City of McAllen		Date Acl	knowledged:			
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		the conti	ract, and prov	/ide a		
02-22-C13-316 2022 Single Machine Repaving						
4			Nature of			
Name of Interested Party	City, State, Country (place of busin		(check ap	Intermediary		
Rathbun, John	Lawrence, KS United States	×	İ	intermediary		
Miles, John	Lawrence, KS United States	×	(			
Veskerna, Charles	Lawrence, KS United States	×	(			
5 Check only if there is NO Interested Party.				¥		
6 UNSWORN DECLARATION						
My name is Charles R. Veskerna	, and my date of l	birth is _	APRIL 6,	1960		
My name is, and my date of birth is APRIL 6, 1950.  My address is, [Street]						
I declare under penalty of perjury that the foregoing is true and correc	I declare under penalty of perjury that the foregoing is true and correct.					
Executed in Pova LAS Count	ty, State of <u>KANSAS</u> , on the	3 <u>00</u> day	of MARCS (month)	(year)		
	Cerailes of Well	leur	8	****		
	Signature of authorized agent of cont (Declarant)	racting bu	isiness entity			

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		
	Name of business entity filing form, and the city, state and count of business.  Cutler Repaying, Inc.	try of the business entity's place	Certificate Number: 2022-856943			
2	Lawrence, KS United States  Name of governmental entity or state agency that is a party to th being filed.  City of McAllen	ie contract for which the form is	Date F 03/03 Date <i>F</i>			
	City of Michieff		03/04			
	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 202-22-C13-316 2022 Single Machine Repaving		the co			
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap		
Ra	athbun, John	Lawrence, KS United States		X	Intermediary	
Mil	iles, John	Lawrence, KS United States		Х		
Ve	eskerna, Charles	Lawrence, KS United States		Х		
			$\perp$			
_			_			
			$\dashv$			
			$\dashv$			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
j	My name is	, and my date of t	oirth is _			
ı	My address is(street)		, ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	:t.				
	Executed inCounty	y, State of, on the _	da	(month)	, 20 (year)	
		Signature of authorized agent of conti (Declarant)	racting	business entity		

#### 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: 2022-854680 Texas Cordia Construction, LLC Edinburg, TX United States Date Filed: 02/25/2022 2 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. 12-21-C11-385 Hackberry and Kendlewood Waterline Improvements (CDBG Funded) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Edinburg, TX United States X Heredia, Isaac X Corbitt, PE, Yara Edinburg, TX United States 5 Check only if there is NO Interested Party. П **6 UNSWORN DECLARATION** My name is Yara M. Corbitt, PE, CEO , and my date of birth is 11/09/1979 78539 USA My address is 3149-A Center Pointe Drive \_\_\_, \_\_\_Edinburg (street) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas , on the 25 day of February Executed in Hidalgo , 20 22 (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

#### 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. 2022-854680 Texas Cordia Construction, LLC Edinburg, TX United States Date Filed: 02/25/2022 2 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen 03/08/2022 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 12-21-C11-385 Hackberry and Kendlewood Waterline Improvements (CDBG Funded) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Edinburg, TX United States Х Heredia, Isaac Corbitt, PE, Yara Edinburg, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_\_, and my date of birth is \_\_\_\_\_ My name is \_\_\_\_ My address is \_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_\_\_ (month) (year) Signature of authorized agent of contracting business entity

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					
Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2022-857215		
M.J.A. Construction, LLC			2022-	037213		
Mission, TX United States						
	e contract for which	the form is	03/04/	/2022		
			Date A	cknowledged:		
City of MicAllett			Dute 7	ioiniomeagea.		
			the cor	ntract, and pro	vide a	
01-22-C14-489 Demolition of Various Structures						
				Nature o	f interest	
Name of Interested Party	City, State, Country	(place of busine	ss)	(check a	pplicable)	
				Controlling	Intermediary	
onya, Gonzalez	Mission, TX Unite	d States		X		
			1			
			_			
Check only if there is NO Interested Party.						
UNSWORN DECLARATION						
My name is Sonya A. Gonzalez		and my date of bi	rth is _	07/01/1975	5	
	, Mission	Tx			USA	
(street)	(city)	(stat	e)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct	i.					
Executed in Hidalgo County	, State of Texas	, on the 4	th <sub>day</sub>		_, 20 <u>22</u> .	
		085		(monal)	(year)	
		ed agent of correction (Declarant)	icing b	usiness entity		
	Name of business entity filing form, and the city, state and coun of business.  M.J.A. Construction, LLC Mission, 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 of the services, goods, or other property to be provided the identification of the services, goods, or other property to be provided the identification of Various Structures  Name of Interested Party  Onya, Gonzalez  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is	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 end fol business.  M.J.A. Construction, LLC Mission, TX United States  Name of governmental entity or state agency that is a party to the contract for which being filed.  City of McAllen  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 01-22-C14-489  Demolition of Various Structures  Name of Interested Party  City, State, Country onya, Gonzalez  Mission, TX United  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is	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.  M.J.A. Construction, LLC 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  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.  01-22-C14-489  Demolition of Various Structures  Name of Interested Party  City, State, Country (place of busine only), State, Country (place of busine only), State of Study States  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is	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.  M.J.A. Construction, LLC 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  Provide the identification number used by the governmental entity or state agency to track or identify the condescription of the services, goods, or other property to be provided under the contract.  O1-22-C14-489  Demolition of Various Structures  Name of Interested Party  City, State, Country (place of business)  Innya, Gonzalez  Mission, TX United States  Ocheck only if there is NO Interested Party.  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is Sonya A. Gonzalez and my date of birth is (sireet)  (city) (state)  (city) (state)  (state)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Hidalgo County, State of Texas on the 4th declare under penalty of perjury that the foregoing is true and correct.	CERTIFICATION Name of Dusiness entity filing form, and the city, state and country of the business entity's place of business.  M.J.A. Construction, LLC 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  Provide the identification number used by the governmental entity or state agency to track or identify the contract, and prodescription of the services, goods, or other property to be provided under the contract.  Name of Interested Party  City, State, Country (place of business)  Nature of (check a) Controlling  Mya, Gonzalez  Mission, TX United States  X  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is  Sonya A. Gonzalez  My address is 3100 Hackberry Ave.  (strent)  (strent)  My address is 3100 Hackberry Ave.  (strent)  My address is 3100 Hackberry Ave.  (strent)  County, State of Texas  on the 4th day of March  (moonth)  Signature of apdificitized agent of coptracting business entity  My address is 3100 Hiddle States  Signature of apdificitized agent of coptracting business entity  My address agent of coptracting business entity  Signature of apdificitized agent of coptracting business entity	

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			
<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> <li>M.J.A. Construction, LLC Mission, TX United States</li> </ol>	2022	Certificate Number: 2022-857215 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	led.				
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. 01-22-C14-489 Demolition of Various Structures	dentify the c	ontract, and pro	vide a		
Name of Interested Party City, State, Country (place of	business)		f interest oplicable) Intermediary		
Sonya, Gonzalez Mission, TX United States		х			
5 Check only if there is NO Interested Party.		,			
6 UNSWORN DECLARATION					
My name is, and my d	ate of birth is		· · · · · · · · · · · · · · · · · · ·		
My address is,(city)	(state)	(zip code)	, (country)		
I declare under penalty of perjury that the foregoing is true and correct.					
Executed inCounty, State of c	on theo	day of(month)	, 20 (year)		
Signature of authorized agent (Declarant		g business entity			

				FUN	м 1
_			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.		CE	OFFICE USI RTIFICATION	
1	Name of business entity filing form, and the city, state and coof business.		20 70 7007 1	ficate Number: 2-848874	**************************************
		NAMES OF THE PERSONS ASSESSED. THE PERSON PROPERTY AND ADDRESS.	20.000	Filed:	, ,
2	Name of governmental entity or state agency that is a party t being filed.  City of Mcallen CDBG	to the contract for which the form is		9/2022 Acknowledged:	
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr B-21-MC-48-0506 Provide financial assistance to the elderly and adults w dis	rovided under the contract.			
	equipment or medical expenses.	<u> </u>		Nature o	f inter
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	
				Controlling	Inte
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5	Check only if there is NO Interested Party.				
_	<u>                                      </u>				10.000 100
6	UNSWORN DECLARATION			-11	
	My name is Mindalia Uchr	, and my date of	birth is	5/10/6	<u>-</u>
		Alchila.	6.	1011	//
	My address is 1901 W ESPUANZA HVC	MAILEN	1	18501	Hig
	(street)	(city) (s	tate)	(zip code)	(00
	I declare under penalty of perjury that the foregoing is true and co	prrect.	a	AI	
	Executed in # Hallas Co	ounty, State of JUKW, on the	7	day of Telo	
		,		(month)	
		2011/1	·		
		MILLANGA	and a		
		Signature of authorized agent of con	tracting	g business entity	
		(Declarant)		The second	
or	rms provided by Texas Ethics Commission www	v.ethics.state.tx.us		Version	V1.1.
		500.0			

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
1	Name of business entity filing form, and the city, state and count of business.		icate Number:		
	Silver Ribbon Community Partners		2022	-848874	
	Mcallen, 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	02/09	9/2022	
	being filed. City of Mcallen CDBG		Date /	Acknowledged:	
	only of Medicin Obbo			/2022	
3	Provide the identification number used by the governmental enti	ty or state agency to track or identify	the co	ntract, and prov	ride a
-	description of the services, goods, or other property to be provide	led under the contract.			
	B-21-MC-48-0506				
	Provide financial assistance to the elderly and adults w disabi equipment or medical expenses.	lities for rent, rent deposit, utility, uti	lity de	posit, durable r	nedical
_	equipment of medical expenses.			Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)
				Controlling	Intermediary
			_		
9					
			-		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of b	oirth is _	-	·
	My address is(street)		, ite)	(zip code)	(country)
	Jonoci	(GILY) (SIA		(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCounty	, State of, on the _	da	ay of	_, 20
				(month)	(year)
		Signature of authorized agent of contr	acting	business entity	
		(Declarant)	3		

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 country of the business entity's place of business.		ificate Number: 2-855352		
	RUDS ENGINEERING AND CONSTRUCTION SERVICES, LLC Weslaco, TX United States	Date	Filed:		
2		0 - 0 -	8/2022		
	being filed.	Date	Acknowledged:		
	City of McAllen		, ioioiougua.		
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.	fy the c	ontract, and pro	vide a	
	Project # 01-22-C12-501				
	Construction Services, Engineering, professional Services				
4			10 000000000000000000000000000000000000	f interest	
•	Name of Interested Party City, State, Country (place of bus	ness)	(check ap	applicable) Intermediary	
_			Controlling	intermediary	
_					
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_	L	•			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		clas	11.5	
	My name is KiCara Pedraza, and my date of	f birth is	8/23	511978	
	1002 9 Down D	+	70575	1 1151	
	My address is   8 () 3	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in		day of <u>03</u>	, 20 <u></u> <u></u>	
		2			
	Signature of authorized agent of co	ntracting	g business entity		
	(Declarant)				

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 coun of business.	try of the business er	ntity's place		ficate Number: 2-855352		
	RUDS ENGINEERING AND CONSTRUCTION SERVICES, I	LLC			. 555552		
	Weslaco, TX United States			220 3000000 0	Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which	the form is	02/28	8/2022		
	being filed. City of McAllen			Date	Acknowledged:		
					0/2022		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided	ity or state agency to ded under the contrac	track or identify ct.	the co	ontract, and pro	vide a	
	Project # 01-22-C12-501						
	Construction Services, Engineering, professional Services						
		<u> </u>			Nature o	f interest	
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check a	oplicable)	
					Controlling	Intermediary	
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				_			
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				_			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		and my date of b	oirth is			
	My address is					,	
	(street)	(city)	(sta	ite)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	it.					
	Executed inCounty	y, State of	, on the _	d	ay of	, 20	
					(month)	(year)	
		0					
		Signature of authoriz	zed agent of contr (Declarant)	acting	business entity		

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 country of the business of business.		ificate Number:		
	Frontera Materials Inc		2022	2-857065	
	Elsa, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which being filed.	ch the form is		3/2022	
	City of McAllen		Date	Acknowledged:	×
	ony or Michieff		Date	Ackilowiedged.	
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 cont	to track or identify tract.	the c	ontract, and pro	vide a
	02-22-P26-71				
	Type "D" Hot Mix Asphaltic Concrete				
4	Name of Interested Party	·			finterest
	Name of Interested Party City, State, Coun	itry (place of busine	ess)	(check ap	Intermediary
			_	Controlling	intermediary
			-		
			_		
. (	Check only if there is NO Interested Party.				
l	UNSWORN DECLARATION			v	
٨	My name is EE Forshace TITE	_, and my date of bi	irth is	3/17/	63
٨	My address is 25631 LAGUNA SECR Rd Eling	burg To	×	78541	USA
	(street) (city)	,	le)	(zip code)	(country)
I	declare under penalty of perjury that the foregoing is true and correct.			,	
Ε	Executed in H1CA (60 County, State of TEX	425 on the	<u>3</u> da	ay of March	-, 20 <u>22</u> .
	46 9	$\langle \rangle -$		(month)	(year)
	Signature of author	orized agent of contra (Declarant)	acting	business entity	
		,			

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		ay of the huciness entitude where			OF PILING
T	Name of business entity filing form, and the city, state and country of business.			icate Number: -857065	
	Frontera Materials Inc				
	Elsa, TX United States		Date F		
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	U3/U3	/2022	
	City of McAllen			Acknowledged:	
			03/07	/2022	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide		the co	ntract, and prov	ide a
	02-22-P26-71				
	Type "D" Hot Mix Asphaltic Concrete				
				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ss)	(check ap	204 C 2 4 4 6 6 6
				Controlling	Intermediary
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_	Charle only if there is NO Interested Destrict				
)	Check only if there is NO Interested Party.				
5	UNSWORN DECLARATION				
	My name is	, and my date of bi	rth is _		
	My addraga is				
	My address is(street)	(city) (state	e)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty,	State of, on the	da	y of(month)	_, 20 (year)
				(month)	() 501/
		444			
		Signature of authorized agent of contra (Declarant)	acting I	business entity	ж.

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.	Certificate Number: 2022-862297						
	The Salvation Army McAllen/Hidalgo County		2022	2-802297				
	McAllen, 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	03/1	.7/2022				
	being filed. City of McAllen		Date					
	City of Michieff			Date Acknowledged: 03/18/2022				
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 identified under the contract.	fy the c	ontract, and prov	<i>r</i> ide a			
	B-21-MC-48-0506							
	Emergency Shelter, Feeding Program, and Social Services.							
_	1	<u> </u>		Nature of	interest			
4	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	UNSWORN DECLARATION							
	My name is	, and my date c	of birth is	s	·			
	My address is	,,,	,		.,			
	(street)		(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	y, State of, on the	e					
				(month)	(year)			
		Signature of authorized agent of co	ntractin	ig business entity				

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 business.	Certi	ficate Number:		
	The Salvation Army McAllen/Hidalgo County		2022	2-862297	
_	McAllen, TX United States		l	Filed: 7/2022	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	03/1	112022	
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental entity	y or state agency to track or identify	the co	ontract, and pro	vide a
	description of the services, goods, or other property to be provided B-21-MC-48-0506	ed under the contract.		-	
	Emergency Shelter, Feeding Program, and Social Services.				
				Nature of	fintarant
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	A server for all the first
toismus				Controlling	Intermediary
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	A				
5	Check only if there is NO Interested Party.				-
	X				
6	UNSWORN DECLARATION				
	My name is Captain Adolph Ac	TUITTE, and my date of b	irth is	2-22-	10
	1000 N 22 1 2 4	McAllen To	,	78501	11.04
	My address is 1600 N 2010 SURECT (street)	(city) (sta	te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County,	State of Texas, on the	7	avor March	. 20 Q Q
	Journey	) All A	- uc	ay or <u>r v Art (</u> V )	(уөаг)
	The state of the s	of full /			and the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commissions of the commission of the commis
		Signature of authorized agent of contra	acting	business entity	
		(Declarant)	19		:

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: -861499	
	Hermes Music PHARR, TX United States						
2		ame of governmental entity or state agency that is a party to the contract for which the form is					
	being filed. City of McAllen				Date	Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided				the co	ontract, and prov	vide a
	03-22-P37-01 PROJECT NO. 03-22-P37-01 SOUND SYSTEM CONV CEN						
4					,	Nature of	
	Name of Interested Party	City, State	e, Country	(place of busine	ess)	(check ap	Intermediary
I	Hermes Music	McAlen,	Texas	USA		X	memeanary
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		,	and my date of I	oirth is	12/24/1971	·
	My address is _830 N. Cage Blvd.	, McAll			xas_,		, <u>USA</u> .
	(street)		(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of _	Texas	, on the 2	<u>21</u> _c	day of March	, 20 <u>22</u> (year)
	(	Quan	Alva	rado zed agent of cont		,	() - <del></del> /
		Signature	of authori	zed agent of cont (Declarant)	racting	g business entity	

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			
1	Name of business entity filing form, and the city, state and cour of business.	f business entity filing form, and the city, state and country of the business entity's place					
	Hermes Music			2022-861499			
	PHARR, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the	no contract for which	the form is	03/15/2022			
_	being filed.	ne contract for which	the form is	00,20,2022			
	City of McAllen		Date Acknowledged: 03/21/2022				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi			the contract, and pro	vide a		
	03-22-P37-01						
	PROJECT NO. 03-22-P37-01 SOUND SYSTEM CONV CEN	NTER					
4				Nature o	f interest		
7	Name of Interested Party	City, State, Country (place of busines		ss) (check a	pplicable)		
				Controlling	Intermediary		
_							
 5	Check only if there is NO Interested Party.						
	X						
6	UNSWORN DECLARATION						
	My name is		, and my date of b	irth is			
	My address is				·		
	(street)	(city)	(stat	te) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	et.					
	Executed inCount	y, State of	, on the				
				(month)	(year)		
		Signature of author	ized agent of contra (Declarant)	acting business entity			

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.			Certificate Number: 2022-865290			
	Carollo Engineers, Inc.		2022-865290				
	Austin, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	03/25/2022				
	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 by the governmental entidescription of the services.	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a		
	Project No. 03-20-S31-267 Treatment Plant Feasibility Study						
4				Sec. 252 55	f interest		
7	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)		
_				Controlling	Intermediary		
Sobeck, David		Phoenix, AZ United States		X			
Hart, Vincent		Broomfield, CO United States		Х			
W	achter, Russell	Phoenix, AZ United States		Х			
W	ason, Ash	Costa Mesa, CA United States		Х			
Hagstrom, James		Walnut Creek, CA United States		Х			
Ba	rnes, Michael	Walnut Creek, CA United States		Х			
Na	ırayanan, Balakrishnan	Walnut Creek, CA United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Scott P. Hoff	, and my date of	birth is	September 1	9, 1970		
	My address is5329 Summer Star Lane		X,	75036	, USA .		
	(street)	(city) (st	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	y, State of, on the	25th_(		, 2022		
		SHAA	-	(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						

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					
Name of business entity filing form, and the city, state and cou of business.	ntry of the business entity's place	Certificate Number: 2022-865290				
Carollo Engineers, Inc. Austin, TX United States		Date Filed:				
<ul><li>Name of governmental entity or state agency that is a party to</li></ul>	the contract for which the form is	03/25/2022				
being filed. McAllen Public Utility		Date Acknowledged: 03/25/2022				
3 Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided.	ntity or state agency to track or identify vided under the contract.	the contract, and provi	de a			
Project No. 03-20-S31-267 Treatment Plant Feasibility Study						
4	City, State, Country (place of busin	Nature of (check app				
Name of Interested Party	City, State, Country (place of busin	,	Intermediary			
Sobeck, David	Phoenix, AZ United States	Х				
Hart, Vincent	Broomfield, CO United States	X				
Wachter, Russell	Phoenix, AZ United States	X				
Wason, Ash	Costa Mesa, CA United States	Х				
Hagstrom, James	Walnut Creek, CA United States	; X				
Barnes, Michael	Walnut Creek, CA United States	S X				
Narayanan, Balakrishnan	Walnut Creek, CA United States	s X				
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is	, and my date of	f birth is	·			
My address is(street)	,	state) (zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and cor	rrect.					
	unty, State of, on the	day of	, 20			
Exceuted III		(month)	(year)			
	Signature of authorized agent of contracting business entity  (Declarant)					

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.		CEI	OFFICE USE			
1	of business.			Certificate Number: 2022-865131			
	Linebarger Goggan Blair & Sampson, LLP						
2	Edinburg, TX United States  Name of governmental entity or state agency that is a party to the	ne contract for which the form is	Date Filed: 03/25/2022				
_	being filed.	ic contract for which the form is	Data	A - l			
	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	ontract, and pro	vide a		
	21-S56-01 09-21-S56-77 Delinquent Municipal Court Cost Fine and Fee	Collection Attorneys					
4					f interest		
	Name of Interested Party	Name of Interested Party City, State, Country (place of business)		(check applicable Controlling Interm			
Fr	anz, John David	vid McAllen, TX United States		controlling	Х		
5	Check only if there is NO Interested Party.						
	UNSWORN DECLARATION						
	•	, and my date of l					
	My address is 1512 S. Lone Star Way (street)	Edinburg, To (str) (str)	ate)	78539 (zip code)	$\frac{MSA}{\text{(country)}}$		
	I declare under penalty of perjury that the foregoing is true and correct	et.					
	Executed in Hidalgo County	y, State of Texas, on the	25 <sub>d</sub>	ay of March (month)	1, 20 27. (year)		
		Rucy B. Cherale	7				
		Signature of authorized agent of cont	racting	business entity			

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: 2022-865131				
	Linebarger Goggan Blair & Sampson, LLP		2022	003131			
	Edinburg, 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	03/25/2022				
	being filed.		Data	Acknowledged:			
	City of McAllen			5/2022			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	_		vide a		
	21-S56-01						
	09-21-S56-77 Delinquent Municipal Court Cost Fine and Fee	Collection Attorneys					
4		(Ca. 1. 24 50 500)		Nature of			
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap			
_		State agreed agreement over the second of		Controlling	Intermediary		
Fr	anz, John David	McAllen, TX United States			X		
5	Check only if there is NO Interested Party.			¥I			
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	8	·		
	My address is		,	<u> </u>	,		
	(street)	(city) (s	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	et.					
	Executed inCount	y, State of, on the					
				(month)	(year)		
		Signature of authorized agent of contracting business entity (Declarant)					

#### 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. 2022-861116 NM Contracting, LLC McAllen, TX United States Date Filed: 03/15/2022 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 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. 01-22-C14-489 **Demolition of Various Structures** Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary X McAllen, TX United States Munoz, Noel 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION and my date of birth is $\frac{2/01/1968}{}$ My name is Noel Munoz My address is 2022 Orchid Avenue USA 78504 Mcallen (state) (country) (city) (zip code) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas on the 15 day of March Executed in Hidalgo (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

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 count of business.	try of the business entity's place	100000000000000000000000000000000000000	ficate Number: 2-861116			
	NM Contracting, LLC						
	McAllen, 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	03/1	5/2022			
	being filed.		Doto	Acknowledged:			
	City Of McAllen			8/2022			
			-	CONTRACTOR OF THE PARTY OF THE			
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.	y the c	ontract, and prov	ride a		
	01-22-C14-489						
	Demolition of Various Structures						
4				Nature of			
	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap			
				Controlling	Intermediary		
Мι	unoz, Noel	McAllen, TX United States		X			
			-				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	f birth is	s	·		
	My address is				,		
	(street)	(city)	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of, on the		day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity  (Declarant)						

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filling form, and the city, state and country of the business entity's place Certificate Number: of business. 2022-866206 **Telepro Communications** Mission, 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 03/29/2022 being filed. City of McAllen Date Acknowledged: 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. City-Wide Wi-Fi Network Maintenance 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 UNSWORN DECLARATION** My name is \_\_\_\_ Daniel Backhaus \_, and my date of birth is \_\_\_\_06/09/1986 My address is \_\_\_\_12005 N. Bryan Rd. Missiòn TX 78572 USA (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_ Hidalgo Texas , on the 29 day of March County, State of (year) Signature of authorized agent of contracting business entity

FORM **1295** 

_					10000		
	Complete 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.	try of the business entity's place		ificate Number: 2-866206			
	Telepro Communications		2022 000200				
2	Mission, TX United States		Date Filed: 03/29/2022				
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	03/2	312022			
	City of McAllen	Date Acknowl 03/29/2022					
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		
	2-22-S19-139 City-Wide Wi-Fi Network Maintenance						
4				Nature of			
35	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap			
_				Controlling	Intermediary		
			$\dashv$				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION		11-210				
	My name is	, and my date of b	irth is				
	My address is						
	(street)	(city) (sta	ite)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	, State of, on the _	d		_, 20		
				(month)	(year)		
		Signature of authorized agent of contr	racting	husiness entity			
	(Declarant)						

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			
L	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number: 2022-855503		
	of business. HEAT Safety Equipment, LLC		2022-	000000		
	Von Ormy, TX United States		Date F			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/28/2022			
	City of McAllen		Date /	Acknowledged:		
			the	ntract and prov	uido a	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided to the services of the services.	ed under the contract.	the co	miraci, and pro-	viue a	
	03-22-P33-184					
	FIRE DEPARTMENT COMPRESSOR SYSTEM					
4		all all a surface of busin			f interest oplicable)	
7	Name of Interested Party	City, State, Country (place of busin	ess)	Controlling	Intermediary	
-						
-						
		4				
		1	0	, , , , , , , , , , , , , , , , , , ,		
_						
_						
L						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			. 1 1		
	My name is in mix - John Dur	and my date o	f birth i	s <u>5/7/</u>	72	
	THIT! DI	Von Orny	Tx	7807	> Rover	
	My address is 5 465 (street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre					
	Executed inCoun	ty, State of texas, on the	28	day of Flavor	20 22 (year)	
		1,				
	,	Signature of authorized agent of ed (Declarant)	ntractir	ng business entit	y	
Ļ	orms provided by Toyas Ethics Commission WMM 8			Version	n V1.1.191b5cdc	

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 count of business.	ry of the business entity's place		tificate Number:			
	HEAT Safety Equipment, LLC		202	.2-033303			
	Von Ormy, TX United States		Date	e Filed:	ſ		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/2	28/2022	ſ		
	being filed.		Date	e Acknowledged:	ſ		
	City of McAllen			30/2022			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		ntify the	contract, and prov	√ide a		
	03-22-P33-184						
	FIRE DEPARTMENT COMPRESSOR SYSTEM						
4			Nature of interest				
ľ	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my da	te of birth	is	·		
	My address is						
	My address is	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	it.					
	Executed inCounty	y, State of, on	the	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of (Declarant)	f contracti	ng business entity			

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 count	try of the business entity's place	Certificate Number:			
	of business. Quantum-Mechanical Contractors, LLC		2022-866346			
	Edinburg, 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	03/29/2022			
	being filed.		<b> </b>	A . I I I I		
	CITY OF MCALLEN			Acknowledged: 01/2022		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		y the c	contract, and prov	ride a	
	#02-22-C16-265					
	McAllen City Hall Mechanical Upgrades					
4	Name of Interested Party	City State Country (place of hypir	\	Nature of		
	Name of Interested Party	City, State, Country (place of busi	iess	(check ap	Intermediary	
					memediary	
_	Cheek only if there is NO Interested Porty					
	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth i	s		
	My address is		,		,	
	My address is(street)	(city)	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of, on the		day of	, 20	
				(month)		
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity		

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 US		
1	of business.	try of the business e	ntity's place	Certificate Number: 2022-866346			
	Quantum-Mechanical Contractors, LLC 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	03/29/2022			
	being filed. CITY OF MCALLEN		3050 - Nobel Williams - Nobel 2002 200 100 10	Date	Acknowledged:		
	CIT OF MCALLEN			Date	Acknowledged.		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  #02-22-C16-265						
	McAllen City Hall Mechanical Upgrades						
4	Name of Interested Party	City State Country	u (place of busine			f interest	
	Name of interested Party	City, State, Country (place of business) (check applicable					
		-		$\Box$	J		
		(4)					
	*						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name isRene Olivarez		and my date of b	irth is _	Nov. 6, 197	73	
	My address is 2705 E Davis Rd.	, Edinburg	'	X_,_	78540	USA	
	(street)	(city)	(sta	ie)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	, State of Texas	, on the <u>2</u>	<u>'9</u> da			
		0			(month)	(year)	
		Colus	7				
		Signature of authori	zed agent of contra (Declarant)	acting t	ousiness entity		

CERTIFICATE OF INTERESTE	DEARTIES		FOR	1295	
Consider No. 1 And Cithern Statement		T	OFFICE US	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			RTIFICATION		
Name of business entity filing form, and the city, stat	te and country of the business entity's place	Certificate Number:			
of business. Gignac & Associates, LLP		2022-	-872956		
McAllen, TX United States		Date I	Filed:		
<ol> <li>Name of governmental entity or state agency that is a being filed.</li> </ol>	a party to the contract for which the form is	04/13	3/2022		
City of McAllen		Date /	Acknowledged:		
Provide the identification number used by the govern description of the services, goods, or other property Project No. 12-21-S10-267 ARCHITECTURAL DESIGN SERVICES FOR MCA	to be provided under the contract.	ify the co	entract, and pro	vide a	
			Nature o	f interest	
Name of Interested Party	City, State, Country (place of bus	iness)		oplicable)	
	McAllen, TX United States	-	Controlling	Intermedia	
GIGNAC & ASSOCIATES, LLP	moraldi, in onice outes		^		
Check only if there is NO Interested Party.					
UNSWORN DECLARATION					
My name is Raymond Gignac, AIA	, and my date of	of birth is	11/10/19	950	
My address is 416 Starr St, Corpus Christi	, TX 78401, USA				
(street)	(city)	(state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true					
Executed in Nueces	County, State of	13 <sup>th</sup> da	ay of Apr (month)	, 20	
	Signature of authorized agent of co	ntracting	business entity		
	(Declarent)	mudoung			
orms provided by Texas Ethics Commission	www.ethics.state.tx.us		Version	V1.1.191b5	

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 CERTIFICATIO				
	lame of business entity filing form, and the city, state and country f business.	of the business entit		Certificate Number: 2022-872956				
(	Gignac & Associates, LLP			7				
١	McAllen, TX United States			Date Filed:				
	lame of governmental entity or state agency that is a party to the design filed.	contract for which the	form is	04/13/2022				
	City of McAllen			Date Acknowledged: 04/13/2022				
	Provide the identification number used by the governmental entity lescription of the services, goods, or other property to be provided				ovide a			
	Project No. 12-21-S10-267 ARCHITECTURAL DESIGN SERVICES FOR MCALLEN FIRE	STATION #8						
4					of interest			
	Name of Interested Party	City, State, Country (p	lace of busine		applicable)			
				Controlling	Intermediary			
GIG	NAC & ASSOCIATES, LLP	McAllen, TX United	States	X				
		7						
					V			
		-						
5 (	Check only if there is NO Interested Party.	· · · · · · · · · · · · · · · · · · ·						
6 U	NSWORN DECLARATION							
N	ly name is	, a	nd my date of bi	irth is				
N	ly address is(street)	(city)	(stat	te) (zip code)	(country)			
I	declare under penalty of perjury that the foregoing is true and correct.							
F	executed inCounty,	State of	on the	day of	. 20			
	County, v		, on the	(month				
		Signature of authorized	agent of contra	acting business entity	,			
			eclarant)					

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.		CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	Certi	ficate Number: 2-876798	
	Texas Cordia Construction, LLC		2022 070700		
L	Edinburg, TX United States		112/02/04/15	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	04/2	1/2022	
	City of McAllen		Date	Acknowledged:	E
3	Provide the identification number used by the governmental ent 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 pro	vide a
	03-22-C25-307				
	Trenton Road at Auburn Avenue Intersection Improvements (	(Rebid)			
4	Name of Interested Party	City City Court (1)			f interest
	Name of Interested Party	City, State, Country (place of busin	ess)	Controlling	pplicable) Intermediary
Н	eredia, COO, Isaac	Edinburg, TX United States		X	intermediary
C	orbitt, PE, CEO, Yara	Edinburg, TX United States		Х	
			$\neg$		
			$\neg$		
			$\neg$		
			$\neg$		
			$\dashv$		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name isYara M. Corbitt, PE, CEO	, and my date of b	oirth is	11/09/1979	·
	Mundelpage in 2140 A.C. of D. o. D.			70500	
	My address is 3149-A Center Pointe Drive (street)	, Edinburg, To	,	78539 (zip code)	, <u>USA</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed in Hidalgo County	, State of <u>Texas</u> , on the _	21_da	ay of April	, 20_22
	$\forall$	Culitte?		(month)	(year)
	-	Signature of authorized agent of contr	acting	business entity	

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	Name of business entity filing form, and the city, state and coun of business.	try of the business entity		Certificate Number:		
	Texas Cordia Construction, LLC			2022-876798		
	Edinburg, 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 f	orm is	04/21/2022		
	City of McAllen		Date Acknowledged 04/26/2022	:		
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 trac ded under the contract.	k or identify t	the contract, and pro	ovide a	
	03-22-C25-307 Trenton Road at Auburn Avenue Intersection Improvements (	(Rebid)				
4				CALLEGATION	of interest	
	Name of Interested Party	City, State, Country (pla	ce of busine		pplicable)	
				Controlling	Intermediary	
_	eredia, COO, Isaac	Edinburg, TX United S		X		
C	orbitt, PE, CEO, Yara	Edinburg, TX United S	States	X		
		5				
		328				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		-			
	My name is	, and	my date of bir	rth is		
	My address is		,		,	
	(street)	(city)	(state	e) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	, State of	, on the	day of	. 20	
	k		3	(month)	(year)	
	v					
	,	Signature of authorized a (Dec	gent of contra larant)	acting business entity		

								1 of 1	
Complete Nos. 1 - 4 an Complete Nos. 1, 2, 3,	d 6 if there are interested parties. 5, and 6 if there are no interested partie	es.				CEE	OFFICE US	E ONLY N OF FILING	
Texas Cordia Constr Edinburg, TX United	of business.  Texas Cordia Construction, LLC  Edinburg, TX United States								
City of McAllen	l entity or state agency that is a part					Date /	04/21/2022 Date Acknowledged:		
03-22-C24-604	on number used by the government ices, goods, or other property to be outh 23rd Street Drainage Improve	provided	d under the	contrac	track or identify t.	the co	ntract, and pro	vide a	
4 Nam	e of Interested Party	C	City, State,	Country	(place of busine	ess)		f interest pplicable) Intermediary	
Heredia, COO, Isaac			Edinburg,	TX Unit	ed States		Х	- Intermedialy	
Corbitt, PE, CEO, Yara			Edinburg,	TX Unit	ed States		Х		
5 Check only if there is N									
UNSWORN DECLARATI	ON								
My name is Yara M	. Corbitt, PE, CEO			, ;	and my date of bi	rth is _	11/09/1979		
My address is3149-A C	enter Pointe Drive (street)		, <u>Edinbu</u>	rg (city)	, TX (stat	, e)	78539 , (zip code)	USA (country)	
I declare under penalty of	perjury that the foregoing is true and co	correct.							
Executed in	Hidalgo C	County, St	ate ofT	exas	, on the	21 <sub>day</sub>	1707 VENEZO	_, 20_22	
		R	uli	TE	)		(month)	(year)	
		di	gnature of	authorize (I	d agent of contra Declarant)	cting bu	usiness 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 CERTIFICATION			
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number:	VOI TILIIVO		
	Texas Cordia Construction, LLC		2022-876792			
2	Edinburg, TX United States  Name of governmental entity or state agency that is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency the state agency	he contract for which the form is	Date Filed: 04/21/2022			
	being filed.  City of McAllen	ne contract for which the form is				
	orty of McAileri	1	Date Acknowledged: 04/26/2022			
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 ded under the contract.	the contract, and pro	vide a		
	03-22-C24-604					
	Chicago Avenue at South 23rd Street Drainage Improvemen	ts (CDBG Funded)				
4	Name of Interested Party	City, State, Country (place of busine		f interest		
	The or interested Farty	City, State, Country (place of busine	Controlling	oplicable) Intermediary		
Н	eredia, COO, Isaac	Edinburg, TX United States	X	intermediary		
C	orbitt, PE, CEO, Yara	Edinburg, TX United States	Х			
	£ 2					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of bir	rth is	·		
	My address is(street)					
		(city) (state	e) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	, State of, on the	day of(month)			
			(month)	(year)		
	<del></del>	Signature of authorized agent of contra	cting business entity			
_		(Declarant)				

# **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. 2022-864222 Nilfisk, Inc. Brooklyn Park, MN United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 03/23/2022 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. 02-22-P27-181 **AUTOMATED FLOOR SCRUBBER** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary BARTHEL, TINA Brooklyn Park, MN United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** I declare under penalty of perjury that the foregoing is true and correct. Executed in County, State of

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.191b5cdc

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 CERTIFICAT			
1	Name of business entity filing form, and the city, state and count of business.  Nilfisk, Inc.  Brooklyn Park, MN United States	ntity's place	Certificate Num 2022-864222 Date Filed:	ber:	5 - 10 Millioner (n. d.		
2	Name of governmental entity or state agency that is a party to the being filed.  CITY OF MCALLEN	e contract for which	the form is	03/23/2022  Date Acknowledged: 04/22/2022			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 22-22-P27-181 SC50 AUTOMOUS FLOOR SCRUBBER			the contract, an	d provid	e a	
4	Name of Interested Party	City, State, Country	/ (place of busine		ture of in eck appli		
BA	ARTHEL, TINA	Brooklyn Park, M	N United States			•	
					$\perp$		
					_		
					$\perp$		
					+		
					_		
 5	Check only if there is NO Interested Party.					·	
6	UNSWORN DECLARATION						
	My name is		and my date of b	oirth is		•	
	My address is(street)	(city)	,,,,	ate) (zip code	, e)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	ν, State of	, on the _		onth)	, 20 (year)	
		Signature of authorize	zed agent of contr	racting business e	entity		
			(Declarant)				

FORM 1295

F					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.		CF	OFFICE US	
1	Name of business entity filing form, and the city, state and cour of business.	Cert	ificate Number: 2-863599	TOT TIEMO	
	Metro Electric, Inc. McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	03/22/2022		
	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.	ity or state agency to track or identify	the c	ontract, and pro	vido o
	description of the services, goods, or other property to be provided 03-22-C26-175	ded under the contract.	tile Ci	ontract, and pro	vide a
	Upgrade to Public Safety Main Electrical Switchboard				
4	Name of Interested Party	Site of the second seco		0.11000.00.00	f interest
	Name of interested Party	City, State, Country (place of busine	ss)	(check ap	oplicable) Intermediary
				Controlling	intermediary
			$\dashv$		
			_		
			$\top$		
			+		
С	heck only if there is NO Interested Party.				
U	NSWORN DECLARATION				
М	y name is <u>Michael A. Gerdes</u>	, and my date of bir	th is _	11/12/6	31
М	<sub>y address is</sub> 1901 Industrial Drive	McAllen TX	(	78504	LISA
	(street)	(city) (state	<u> </u>	(zip code)	(country)
10	leclare under penalty of perjury that the foregoing is true and correct.				
E	secuted in Hidalgo county.	State of Texas on the 2	2 da	vot March	20 22
	<b>,</b>	, or the Z		(month)	(year)
		Signature of authorized agent of contract	ting b	usiness entity	
122.0		(Declarant)			

-					1 0	
	Complete 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 cou	Intry of the husiness entitude place	CERTIFICATION OF FILIN			
	of business.  Metro Electric, Inc.	, or the business entity's place		tificate Number: 2-863599	:	
	McAllen, TX United States					
	Name of governmental entity or state agency that is a party to	the contract for which the form is		e Filed: 22/2022		
	being filed.  City of McAllen	and the form is	Date Acknowledged: 04/28/2022			
	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	wido a	
	description of the services, goods, or other property to be prov 03-22-C26-175	ided under the contract.		ominot, and pro	ovide a	
	Upgrade to Public Safety Main Electrical Switchboard					
		1				
	Name of Interested Party	City, State, Country (place of busine	\		of interest	
	•	ony, state, country (place of busine	ess)	(check a	pplicable) Intermedi	
				Controlling	Intermedi	
			$\dashv$			
			$\dashv$			
			+			
•						
1	neck only if there is NO Interested Party.					
1	ISWORN DECLARATION			-		
,	name is					
•	name is	, and my date of birt	h is _		·	
y	address is					
	(street)	(city) (state)	_'	(zip code)	(country)	
	eclare under penalty of perjury that the foregoing is true and correct.				Ward	
	ecuted inCounty,	State of, on the	day	of	, 20	
				(month)	(year)	
		Signature of authorized agent of contract	ine t			
		(Declarant)	ıng bu	Isiness entity		

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.		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	Certi	ficate Number: 2-878980		
	SAMES, Inc.		2022-070900			
	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	04/2	7/2022		
	being filed.		Doto	Aaknawladaad		
	City of McAllen			Acknowledged: 2/2022		
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	vide a	
	Project No. 03-19-S46-502 Professional Engineering Services for Design of Storm Draina	age Improvements 2019				
4	!			Nature of		
•	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
				Controlling	Intermediary	
Ma	aldonado, Samuel D.	Edinburg , TX United States		Х		
Mi	aldonado, Saul D.	Edinburg , TX United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	S	·	
	My address is(street)	(city) (si	tate)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correc	xt.				
				dov of	20	
	Executed inCounty	y, State of, on the	(	(month)	, 20 (year)	
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

								1 of 1		
	Complete Nos. 1 - 4 a	and 6 if there are interested parties. 8, 5, and 6 if there are no interested	narties			0.0000	OFFICE USE	1,000,000,000,000,000		
1				ry of the husiness entity's	nlace		TIFICATION cate Number:	OF FILING		
Name of business entity filing form, and the city, state and country of the business entity's place of business.							878980			
	SAMES, Inc. McAllen, TX United		Date Filed:							
2		tal entity or state agency that is a	a party to th	e contract for which the for	rm is	04/27				
	being filed.	,								
	City of McAllen					Date A	Acknowledged:	Λ.		
3	Provide the identific description of the se	ation number used by the goverrervices, goods, or other property	nmental enti to be provid	ty or state agency to track led under the contract.	or identify	the co	ntract, and pro	vide a		
	Project No. 03-19-5									
	Professional Engin	eering Services for Design of S	torm Draina	age Improvements 2019						
4	N							f interest		
	Na	me of Interested Party		City, State, Country (plac	e of busine	ess)    -	(check a	oplicable) Intermediary		
М	aldonado, Samuel D			Edinburg , TX United S	States		X	Intermediary		
		•	YANYA TIRACA AMAMAMA							
M	aldonado, Saul D.		ä	Edinburg , TX United S	States		X			
				The state of the s						
					***************************************					
					NAMES OF THE PERSON OF THE PER					
	-							7		
						_				
		*					***************************************			
5	Check only if there is	s NO Interested Party.						1)		
6	UNSWORN DECLAR	ATION								
	My name is	Samuel D. Maldona	ndo	, and i	my date of t	oirth is <sub>.</sub>	08/02/	1975 .		
	My address is	2236 Arlina Drive		, Edinburg	, _T2	X, _	78542 (zip code)	, USA .		
		(street)		(city)	(sta	ate)	(zip code)	(country)		
	I declare under penalt	y of perjury that the foregoing is tru	e and correc	i.						
	Executed in	Hidalgo	County	, State of Texas	, on the 2	27th da	ay ofApril	, 20 22 .		
					_		(month)	(year)		
				Lypu						
				Signature of authorized ag		racting	business entity			
				(Decla	arant)			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	
				RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place		icate Number: -881422	- 1
	LAKE COUNTRY CHEVROLET		2022	-001422	
	JASPER, TX United States		Date I	Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	05/03	1/2022	- 1
	being filed.		Data	Acknowledged:	- 1
	CITY OF MCALLEN		Date 1	Ackilowiedged.	
3	Provide the identification number used by the governmental entity	y or state agency to track or identify	the co	ntract, and pro	vide a
	description of the services, goods, or other property to be provide	ed under the contract.			
	03-22-P36-188				
	NEW CURRENT MODEL VEHICLES				
				Nature of	finterest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
DO	DNALSON, DREW	JASPER, TX United States		X	
-					
-					
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is A Cless Ancelle	and my date of t	oirth is	3-21	1-58 l
	iviy fiditie is 17 SIRN STATE	and my date of	011 111 10		
	My address is 211 U.S. Hug 96N	S.15By-	χ	77656	us
	(street)	(city) (st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t,			
		1	2	, <	27
	Executed in County	, State of on the _	<u>ں</u> و	ay of (month)	(year)
			0	,	17 I
		TO ( )	(	10 -	
		Signature of authorized agent of cont	tracti	business entity	
		(Declarant)	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.		CEF	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: -881422		
	LAKE COUNTRY CHEVROLET		-~~			
	JASPER, 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	05/03	3/2022		
	CITY OF MCALLEN		Date Acknowledged:			
			05/03	3/2022		
3	Provide the identification number used by the governmental enti- 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 prov	vide a	
	03-22-P36-188 NEW CURRENT MODEL VEHICLES					
4		City Charles Comments and the		Nature of		
	Name of Interested Party	City, State, Country (place of busin	c55}	(check ap	plicable) Intermediary	
DONALSON, DREW JASPER, TX United States		JASPER, TX United States		X	птеннешагу	
	J. 11. 1200 1 J. 1200 1	The state of the s				
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)		ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCount	y, State of, on the		day of	, 20	
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

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				Certificate Number:		
	of business. Randall Reed's Planet Ford 635		2022-	-881407		
	GARLAND, TX United States		Date F	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	05/03	3/2022		
being filed.			Date /	Acknowledged:		
	City of McAllen			nonnowicagea.	- 1	
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided 3-22-P36-118  THIRTY(30) NEW CURRENT VEHICLES	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	ride a	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Nations of	linka wa na	
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap		
	Name of incorested Party	Only, State, Country (place of Busine	-	Controlling	Intermediary	
Sa	arac, Admir	GARLAND, TX United States			Х	
3						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Himir Jarac  My address is 3601 J. Sh. Joh Rd	and my date of	birth is	03/17/	1961	
	My address is 3601 J. Sh. Joh Rd		ate)	7504 (zip code)	/ USA (country)	
	I declare under penalty of perjury that the foregoing is true and correct	, ,,	,	· · · · · · · · · · · · · · · · · · ·		
	of the second	y, State of <b>Texas</b> , on the	3 D	ay of May	1,2022	
		pu su		(month)	, (year)	
		Signature of authorized agent of con (Declarant)	tracting	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.		CE	OFFICE USE		
1	of business.  LAKE COUNTRY CHEVROLET			Certificate Number: 2022-881422 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	05/03/2022  Date Acknowledged: 05/03/2022			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 03-22-P36-188 NEW CURRENT MODEL VEHICLES	ity or state agency to track or ide ded under the contract.	ntify the (	contract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of bo	usiness)	Nature of (check ap	f interest oplicable) Intermediary	
D	ONALSON, DREW	JASPER, TX United States		х		
		4				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my dat	e of birth	is	·	
	My address is(street)	,, (city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre					
	Executed inCount	ty, State of, on	the	_day of(month)	, 20 (year)	
		Signature of authorized agent of (Declarant)	contracti	ng business entity		

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 U	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			r;
	SILSBEE FORD			- 1
	SILSBEE, 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	05/03/2022	
	being filed. CITY OF MCALLEN		Date Acknowledge	ed:
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 contract, and p	provide a
	03-22-P36-188 30 NRW CURRENT MODEL VEHICLES			
_			Natur	e of interest
4	Name of Interested Party	City, State, Country (place of busine	ess) (checl	(applicable)
			Controlling	Intermediary
D	DNALSON, DREW	SILSBEE, TX United States	×	
ia.				
5	Check only if there is NO Interested Party.			
6	UNSWORN DEGLARATION			
	My name is A. Glen Angella.	, and my date of	birth is 3 1	ـ 58-ما
	My address is 1211 U.S. H. 9(street)	(city) (sl	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.		
	Executed in Handin Count	ty, State of, on the	day of	20
		0.0 of	l	
		Signature of authorized agent of (Declarant)	tracting business en	tity

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 count of business.	Certificate Number: 2022-881404			
	SILSBEE FORD		<u>.</u>		
	SILSBEE, TX United States			Filed: 3/2022	
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	312022	
	CITY OF MCALLEN			Acknowledged: 3/2022	
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	ride a
	03-22-P36-188 30 NRW CURRENT MODEL VEHICLES				
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
	,	- · · · · · · · · · · · · · · · · · · ·		Controlling	Intermediary
DO	ONALSON, DREW	SILSBEE, TX United States		Х	
		-			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is		<del></del>
	My address is			,, <u>.</u>	,
	(street)	(city) (s	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	y, State of, on the	c	day of(month)	, 20 (year)
				,,	<b>3</b> - ,
		Signature of authorized agent of cor	ntracting	g business entity	<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 CERTIFICATION	
1 Name of business entity filing form, and the city, state and cour	ntry of the business entity's place	Certificate Number:	
of business.  Park Place Recreation Designs, Inc.		2022-883067	
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	05/06/2022	
being filed. 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 provi	tity or state agency to track or identify ided under the contract.	the contract, and pro	vide a
04-22-P41-01			
Playground at Municipal Park			
4	1	Nature o	f interest
Name of Interested Party	City, State, Country (place of busine		
		Controlling	Intermediary
Ahrens, Robert	San Antonio, TX United States	X	
Ahrens, Marilyn	San Antonio, TX United States	X	
Ahrens, Andrew	San Antonio, TX United States	X	
	1		
,	1		
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is Marilyn Ahrens	, and my date of b	oirth is 10/29/1	952
My address is 4225 Woodburn Pr. (street)	. San Antonio, Tieste	78218 (zip code)	, USA (country)
I declare under penalty of perjury that the foregoing is true and correct	ct.		
Executed inCount	ty, State of Texas, on the	day of May	
$\mathcal{M}$	areigna W	My (month)	(year)
	Signature of authorized agent of conti (Declarant)	racting business entity	

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE			
1	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	tur, of the business entitude place	_	ERTIFICATION	OF FILING		
_	<ul> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> </ul>			tificate Number: 22-883067			
	Park Place Recreation Designs, Inc.						
_	San Antonio, TX United States			e Filed: 06/2022			
2	name of governmental entity or state agency that is a party to the being filed.	ne of governmental entity or state agency that is a party to the contract for which the form is ng filed.					
	City of McAllen			Date Acknowledged: 05/06/2022			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		tify the	contract, and prov	ide a		
	04-22-P41-01						
	Playground at Municipal Park						
4				Nature of	interest		
_	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap			
				Controlling	Intermediary		
Al	nrens, Robert	San Antonio, TX United State	S	X			
Al	nrens, Marilyn	San Antonio, TX United State	5	X			
Αl	nrens, Andrew	San Antonio, TX United State	S	X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth	is			
	My addrage is						
	My address is(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	xt.					
	Executed inCount	v. State of on t	ne.	day of	. 20		
		, , , , , , , , , , , , , , , , , , , ,	-	(month)	(year)		
		Signature of authorized agent of (Declarant)	ontracti	ng business entity			

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.		CER	OFFICE USE ONLY CERTIFICATION OF FILING		
L	Name of husiness entity filling form, and the city, state and country of the basilions and pro-			Certificate Number: 2022-883652		
	Artillery LLC EDINBURG, TX United States		Date I		1	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	05/09	9/2022	1	
	being filed. City Of McAllen		Date /	Acknowledged:	1	
			_	- track and man	dido o	
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 prov	nue a	
	03-22-C27-604 N Main at Cedar Drainage Improvements					
_			lone	Nature of (check ap		
4	Name of Interested Party	City, State, Country (place of busin	iess)	Controlling	Intermediary	
C	ity of McAllen	McAllen, TX United States		Х		
_						
_						
r						
l						
r						
5	Check only if there is NO Interested Party.					
ē	UNSWORN DECLARATION			-12/10	97	
	My name is Joe Borjes	, and my date o	f birth i	s 5/5/19	0/	
	My address is 87604 N. 5Kinner P.	Edwach .	(state)	(zip code)	, U.S (country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in Hidalgo Count	ty, State of TCXG5 , on the	gt L	_day of(month	20 72. (year)	
		A Ch				
		Signature of authorized agent of co (Declarant)	ontracti	ng business entit	<b>y</b>	

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.				FICE USE	ONLY 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: 2022-883652		
	Artillery LLC		- 1	2022 000	,002		
	EDINBURG, TX United States		1	Date Filed	i:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the	e form is	05/09/20	22		
	being filed.		- 1				
	City Of McAllen			Date Acki 05/09/20:	nowledged:		
					4-6 00-00-0		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ack or identify t	the contra	ct, and prov	ide a	
	03-22-C27-604						
	N Main at Cedar Drainage Improvements						
_					Nature of	interest	
4	Name of Interested Party	City, State, Country (p	place of busine	ss)	(check ap		
	•	, , ,			ontrolling	Intermediary	
Ci	ty of McAllen	McAllen, TX United	States	Х		•	
_							
-					-		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, a	and my date of b	irth is			
	My address is						
	(street)	(city)	(sta	te)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	et.					
	Executed inCounty	y, State of	, on the _	day o			
					(month)	(year)	
		Signature of authorize	ed agent of conti Declarant)	acting bus	siness entity		

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.		Certificate Number: 2022-844033				
	MLG Protection Services		202	2-044033			
	Mission, TX United States		Date	e Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/2	26/2022			
	being filed.		Date	- Acknowledged:			
	CITY OF MCALLEN			Date Acknowledged: 05/09/2022			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ify the c	contract, and prov	/ide a		
	01-22-S17-143						
	SECURITY GUARD SERVICES						
_	- I			Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap			
				Controlling	Intermediary		
		<u> </u>		<u>                                       </u>			
5	Check only if there is NO Interested Party. $\begin{tabular}{c c} X \end{tabular}$						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth is	s			
	My address is(street)		, (state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	of.					
	Executed inCounty	y, State of, on th	e				
				(month)	(year)		
		Signature of authorized agent of co	ontractin	ng husiness entity			
		(Declarant)	uotil 1	.g Duomicoo Critity			

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	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ificate Number: 2-844033	
	MLG Protection Services				
	Mission, TX United States		11 100 TAN TAN TAN	Filed: 6/2022	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/2	0/2022	
	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	ontract, and pro	vide a
	01-22-S17-143 SECURITY GUARD SERVICES				
4					f interest
: <b>.</b> 0	Name of Interested Party	City, State, Country (place of busine	ess)		oplicable)
				Controlling	Intermediary
			$\neg$		
	Charle pulse if the are in NO Intercepted Party				51
	Check only if there is NO Interested Party.				
i	UNSWORN DECLARATION			1 1	
	My name is Armando Garza	, and my date of b	irth is	12/02/	1965.
	My address is 2515-B East Griffin PKwy.			78 <i>57)</i> - , (zip code)	$\frac{\mathcal{O}, \mathcal{S}_{-}}{\text{(country)}}$ .
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County,	State of $\underline{\text{Texas}}$ , on the $\underline{\partial}$	5th da	ay of Januar (month)	<b>y</b> , 20 <u><b>22</b></u> . (year)
		(M)	/		
		Signature of authorized agent of contra (Declarant)	acting	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.				ICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Musco Sports Lighting, LLC Oskaloosa, IA United States				Number: 632	
2	2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen, TX  Date 05/1					
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided Project No. 04-22-P42-01  Sports Lighting			the contrac	xt, and prov	ride a
4	Name of Interested Party	City, State, Country	y (place of busine		Nature of (check ap ntrolling	
M	usco Corporation	Oskaloosa, IA Ur	nited States	X	in oming	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		, and my date of t	oirth is		
	My address is(street)	,(city)	,,	ate) (z	zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	y, State of	, on the _	day of	(month)	, 20 (year)
		Signature of author	rized agent of cont (Declarant)	racting busi	ness entity	

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: 2022-884632			
	Musco Sports Lighting, LLC					
	Oskaloosa, IA United States		Date Filed: 05/11/2022			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/1.	1/2022		
	City of McAllen, TX	Date Acknowledged:				
3	Provide the identification number used by the governmental enti- 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 prov	ride a	
	Project No. 04-22-P42-01 Sports Lighting					
4				Nature of	to the contract of the contrac	
7	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap		
-		October 10 Heited States		Controlling	Intermediary	
Musco Corporation		Oskaloosa, IA United States		Х		
-						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is James M. Hansen	, and my date of	birth is	12/9/58	·	
	My address is100 1st Avenue West(street)	Oskaloosa IA	state)	52577 (zip code)	, USA (country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed in MahaskaCounty	y, State of <b>lowa</b> , on the	11	<sub>day of</sub> May	_, <sub>20</sub> 22	
				(month)	(year)	
		Melle.				
	Signature of authorized agent of contracting business entity (Declarant)					

						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		
	Name of business entity filing form, and the city, state and count of business.	ry of the business entity	's place	Certificate Number: 2022-885948			
	Texas Cordia Construction, LLC						
	Edinburg, TX United States			Date Filed: 05/13/2022			
	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the	iorm is				
	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	ty or state agency to tra- led under the contract.	ck or identify	the co	ontract, and prov	/ide a	
	03-22-C20-676 Intersection Improvements on FM1926 (23rd Street)						
					Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of business)			(check ap	plicable)	
		·			Controlling	Intermediary	
He	redia, Isaac	Edinburg, TX United	States		х		
Co	rbitt, PE, Yara	Edinburg, TX United	States		х		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name isYara M. Corbitt, PE, CEO	, a	nd my date of	birth is	11/09/1979		
	My address is3149-A Center Pointe Drive	, Edinburg		ΓX ,	78539	, USA .	
	(street)	(city)	(8	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed in Hidalgo Count	y, State ofTexas	, on the	13	day of <u>May</u> (month)	, 20_22 (year)	
	Signature of authorized agent of contracting business entity (Declarant)						

					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	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-885948				
	Texas Cordia Construction, LLC			0000 10				
	Edinburg, TX United States		Date F					
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	05/13/2022					
	City of McAllen		Date Acknowledged: 05/13/2022					
3	Provide the identification number used by the governmental enti- 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			
	03-22-C20-676 Intersection Improvements on FM1926 (23rd Street)							
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap				
	Name of interested 1 arry	City, Came, Country (pince of Busine	-	Controlling	Intermediary			
He	eredia, Isaac	Edinburg, TX United States		X				
C	orbitt, PE, Yara	Edinburg, TX United States		Х				
	•							
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of	birth is					
	My address is			(-ida)				
	(street)	, <i>,</i> ,	tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct							
	Executed inCounty	y, State of, on the	d	ay of(month)	, 20 (year)			
	Signature of authorized agent of contracting business entity (Declarant)							

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.	try of the business entity's place	Certificate Number: 2022-885748					
	Leslie's Poolmart, Inc.		2022	. 003740				
	Phoenix, AZ United States		Date	Filed:				
2	Name of governmental entity or state agency that is a party to th	ame of governmental entity or state agency that is a party to the contract for which the form is						
	being filed.							
	City of McAllen			Acknowledged:				
			05/1	3/2022				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided		the c	ontract, and prov	/ide a			
	05-22-P43-01							
	Filtration System for Municipal Pool.							
┝				Nature of	interest			
4	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap				
		, , , , , , , , , , , , , , , , , , ,	•	Controlling	Intermediary			
					·			
Г								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of	birth is	S				
	My address is		,		,			
	(street)	(city) (s	tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ot.						
l	Executed inCounty	y, State of , on the	(	day of	, 20 .			
				(month)	(year)			
1								
	Signature of authorized agent of contracting business entity (Declarant)							

### 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. 2022-885748 Leslie's Poolmart, Inc. Phoenix. AZ United States Date Filed: 05/12/2022 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. 05-22-P43-01 Filtration System for Municipal Pool. 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 UNSWORN DECLARATION** Brian Agnew My name is \_ \_\_\_\_\_, and my date of birth is \_\_\_ My address is \_2005 E. Indian School Road, Phoenix AZ 85016 U.S.A. \_\_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. State of \_\_AZ\_\_\_\_\_, on the \_12\_\_\_day of \_\_\_May\_\_\_, 2022 Executed in \_\_\_\_Maricopa \_\_\_\_County, (month) -DocuSigned by:

Forms provided by Texas Ethics Commission

Brian agnew

<sup>53BD0B</sup>ទីម្រាំដំហើe of authorized agent of contracting business entity (Declarant)

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: 2022-886848			
	Metro Fire Apparatus Specialists Inc		2022-888848			
	Houston, 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	05/16	6/2022		
	City of McAllen			Acknowledged:		
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	
	PROJECT NO. 04-22-P40-03 PPE					
	Bunker Gear, PPE					
4				Nature o	finterest	
•	Name of Interested Party	City, State, Country (place of busing	ess)	(check ap		
_			$\dashv$	Controlling	Intermediary	
Russell, Craig N		Houston, TX United States		Х		
			$\neg$			
			$\dashv$			
_			-			
			_			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isJim Minton	, and my date of	birth is	June 11, 194	9	
	My address is 2199 S. FM 1194	, Lufkin, Te	exas,	75904	, USA .	
	(street)	(city) (st	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
			16+L	Marr	22	
	Executed in Angelina Count	y, State of <u>Texas</u> , on the _		lay of <u>May</u> (month)	, 20 <u>22</u> . (year)	
		Jens Ment				
		Signature of authorized agent of conf	tracting	husinese entity		
		(Declarant)	u avill iç	a promisso cititly		

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 cou of business.	ntry of the business er	ntity's place	Certificate Number: 2022-886848			
	Metro Fire Apparatus Specialists Inc			2022-	-000040		
	Houston, 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				5/2022		
	being filed.						
	City of McAllen			Date Acknowledged: 05/17/2022			
3	description of the services, goods, or other property to be prov			tne co	ntract, and prov	/ide a	
	PROJECT NO. 04-22-P40-03 PPE						
	Bunker Gear, PPE						
					Nature of	finterest	
4	Name of Interested Party	City, State, Country	/ (place of busine	ess)	(check ap		
	·				Controlling	Intermediary	
Rı	ussell, Craing N	Houston, TX Unit	ed States		Х		
_							
_				-			
				_		1	
_							
_				$\dashv$			
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		, and my date of t	birth is		<u>*</u>	
	My address is					ا المستاد و	
	(street)	(city)	(sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect,					
	Executed inCour	ntv. State of	on the	Ч	av of	, 20 .	
	Executed III	ny, otate or	, on the _		(month)	(year)	
		Signature of author	ized agent of cont	tracting	business entity		
			(Declarant)				

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.		CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and coun of business.		Certificate Number: 2022-892525				
	Delta Fire & Safety Inc.			-032323			
	Port Neches, TX United States		Date	Filed:			
2				1/2022			
	being filed.						
	City of McAllen	Date	Date Acknowledged:				
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	PROJECT NO. 04-22-P40-03						
	FIFTY 50 SETS OF BUNKER GEAR PPE						
		<u> </u>		Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of bu	siness)	l	plicable)		
	y	, , , , , , , , , , , , , , , , , , , ,	,	Controlling	Intermediary		
_							
_	<u> </u>	· <u> </u>			=		
_							
					II.		
_					-		
5	Check only if there is NO Interested Party.		,				
6	UNSWORN DECLARATION	<u> </u>					
	My name isMarissa Guerra	, and my date	of <b>birt</b> h is	12/21/199	93		
	My address is 3159 Summit Drive	_, Port Neches	TX .	77651	USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	Executed in Jefferson Coun	ty, State of <b>Texas</b> , on t	he <u>31</u>		, 20 <u>22</u>		
		70. M		(month)	(year)		
		Signature of authorized agent of	contractin	g business entity			
	(Declarant)						

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	Certificate Number:				
	of business.		2022-892525				
	Delta Fire & Safety Inc. Port Neches, 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	05/31/2022				
_	being filed.		_				
	City of McAllen		Date Acknowledged: 05/31/2022				
_			l		Ma a		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	d under the contract.	the c	ontract, and prov	ide a		
	PROJECT NO. 04-22-P40-03						
	FIFTY 50 SETS OF BUNKER GEAR PPE						
				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap			
	·			Controlling	Intermediary		
		<u> </u>		<del>                                     </del>			
				l i			
_							
5	Check only if there is NO Interested Party.						
	X						
6	UNSWORN DECLARATION						
	My name is	and my date of	birth is	i			
					· · · · · · · · · · · · · · · · · · ·		
	My address is			,			
	(street)		ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty,	State of, on the _		day of	. 20		
	,			(month)	(year)		
	<del></del>	Signature of authorized agent of conf	tractin	g business entity			
		(Declarant)					

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 count of business.	ry of the business entity's place	Certificate Number: 2022-897330			
	HUBER Technology, Inc.		2022	007000		
	Denver, NC 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	06/09/2022			
	being filed.					
	McAllen Public Utility Board		Date Acknowledged:			
3	Provide the identification number used by the governmental entir description of the services, goods, or other property to be provided.		the co	ontract, and prov	ide a	
	03-22-P38-01 South Wastewater Treatment Plant Headworks Screens					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
			Controlling I		Intermediary	
Kohler, Rainer		Berching Bavaria Germany		Х		
M	iller, Jason	Denver, NC United States		Х		
St	reele, Jacqueline	Denver, NC United States		Х		
va	an Ettekoven, Henk-Jan	Denver, NC United States		X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Jacqueline Steele	, and my date of	birth is	December 29	9, 1961	
	u u 121 Croy Ook Long	Maaraayilla	ıc	20447	LICA	
	My address is 121 Grey Oak Lane	<del>''</del>	<u>IC</u> , _ tate)	28117 , (zip code)	USA .	
	(street)	(city) (st	uic)	(Zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in Lincoln County	, State of North Carolina, on the	9 <sub>d</sub>	ay of June	, 2022	
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	business entity		

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.	ry of the business entity's place	Cert	ificate Number:	or riento		
	HUBER Technology, Inc.		2022-897330				
	Denver, NC United States		Date	Filed:			
2		e contract for which the form is	06/09/2022				
	being filed.						
	McAllen Public Utility Board			Date Acknowledged: 06/13/2022			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		fy the c	contract, and prov	ide a		
	03-22-P38-01						
	South Wastewater Treatment Plant Headworks Screens						
4				Nature of			
-	Name of Interested Party	City, State, Country (place of bus	iness)	<del></del>	eck applicable) ing Intermediary		
				Controlling	Intermediary		
K	ohler, Rainer	Berching Bavaria Germany		X			
M	iller, Jason	Denver, NC United States		X			
St	eele, Jacqueline	Denver, NC United States		X			
٧a	n Ettekoven, Henk-Jan	Denver, NC United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date (	of birth i	S	·		
	My address is		,		··		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	/, State of, on th	e	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of co (Declarant)	ontractin	ng business entity	<del></del>		

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: 2022-899256			
	DIAZ FLOORS AND INTERIORS, INC PHARR, 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		14/2022			
	being filed. City of McAllen		Date	e Acknowledged:			
3	Provide the identification number used by the governmental entit	y or state agency to track or ide	ntify the d	contract, and pro	vide a		
	description of the services, goods, or other property to be provid 06-22-P46-01	ed under the contract.					
	Recarpeting At The Branch Libraries and The Entry of The Ma	in Library					
4	Name of Interested Parts	Site State Samuel (Inc. 1)		Nature of			
	Name of Interested Party	City, State, Country (place of b	isiness)	(check ap	Intermediary		
				Controlling	intermediary		
_			,				
_							
-							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Andres Diaz, Sr.	, and my date	of birth is	s 05/13/1956	S		
	My address is 1205 W. Polk	Pharr	TX,	78577	USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Hidalgo County,	State of Texas , on t	<sub>he</sub> <u>14</u>		_, <sub>20</sub> 22		
			_	(month)	(year)		
		Andres Diaz, S					
		Signature of authorized agent of (Declarant)	contractin	g business entity			

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 CERTIFICATION	
1	Name of business entity filing form, and the city, state and country of t of business.	Certificate Number: 2022-899256		
	DIAZ FLOORS AND INTERIORS, INC			
2	PHARR, TX United States  Name of governmental entity or state agency that is a party to the cont		Date Filed: 06/14/2022	
_	being filed.	itract for which the form is	00/1-4/2022	
	City of McAllen		Date Acknowledged: 06/14/2022	
3	Provide the identification number used by the governmental entity or s description of the services, goods, or other property to be provided un		he contract, and pro	vide a
	06-22-P46-01			
	Recarpeting At The Branch Libraries and The Entry of The Main Lib	brary		
4			Nature of	
	Name of Interested Party City,	, State, Country (place of busine		
			Controlling	Intermediary
_				
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is	, and my date of bi	rth is	· · ·
	My address is,			·
	(street)	(city) (state	e) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed inCounty, State	e of, on the	day of	, 20
			(month)	(year)
	Sign	nature of authorized agent of contra (Declarant)	acting business entity	

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parti	ies	OFFICE US		
Name of business entity filing form, and the city, state and of business.  The Tamis Corporation Pittsburg, PA United States	CERTIFICATION OF FILIN Certificate Number: 2022-898971			
Name of governmental entity or state agency that is a part being filed. City of McAllen City Commission	ty to the contract for which the form is	Date Filed:  06/14/2022  Date Acknowledged:		
Provide the identification number used by the government description of the services, goods, or other property to be 05-22-P45-01 PURCHASE OF BLOCKADER INTERLOCKING STEE	provided under the contract.		ovide a	
Name of Interested Party	City, State, Country (place of busine		ure of interest	
ne Tamis Corporation	Pittsburgh, PA United States	X	Intermediary	
Check only if there is NO Interested Party.				
JNSWORN DECLARATION  My name is Melissa Jordan on helm		rth is <u>01 -26</u> -7	79	
(street)	#105 Pittsburgh Pr-	1, 15935 (zip code)	USA . (country)	
declare under penalty of perjury that the foregoing is true and co	ounty, State of Pennsylvania on the 1	day of June (month)	_, 20 <u>22</u> . (year)	
	Melina Ondan			

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	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-898971			
	The Tamis Corporation			2022-	030371		
	Pittsburg, PA United States			Date F	iled:		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which t	the form is	06/14/	/2022		
	City of McAllen City Commission			<b>Date A</b> 06/15/	Acknowledged: /2022		
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 ded under the contrac	track or identify ct.	the co	ntract, and pro	vide a	
	05-22-P45-01 PURCHASE OF BLOCKADER INTERLOCKING STEEL BAR	RRIERS/BARRICADI	ES THROUGH I	BUY B	OARD		
4					Nature o	f interest	
-	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	pplicable)	
					Controlling	Intermediary	
Th	ne Tamis Corporation	Pittsburgh, PA Ur	nited States		Х		
			×1,300				
			2	$\top$			
				$\top$		) w	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	,	and my date of b	irth is _			
	My address is			,		,	
	(street)	(city)	(sta	ite)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	, State of	, on the _	da	y of	, 20	
					(month)	(year)	
		Signature of authoriz	zed agent of contr (Declarant)	acting t	business entity		

L					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.		CER	TIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	The second seconds	icate Number: 899639	
	Precision Pump Systems		2022-	033033	
	Spring, TX United States		Date F	iled:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	06/15	/2022	
	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 provi	ity or state agency to track or identify ded under the contract.	the co	ntract, and pro	vide a
	05-22-P44-01				
	6" Portable Pump				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
-				Controlling	Intermediary
					1
					L A CALL
-		•			
-					
	Check only if there is NO Interested Party.				
5 (	JNSWORN DECLARATION				
١	My name is Forrest Lindsey	, and my date of b	irth is _	08/11/9	2
Ν	My name is Forrest Lindsey  My address is 3303 Cypresswood Dr  (street)	. Spring . Tx (city) (state	,	77388 (zip code)	Country)
ı	declare under penalty of perjury that the foregoing is true and correct	i.			
E	executed in Harris County	, State of <u>Texas</u> , on the <u>I</u>	<b>5<sup>+A</sup></b> day	y of Tune (month)	, 20 <u><b>22</b></u> . (year)
		Fut U			
	-	Signature of authorized agent of contra	acting h	usiness entity	
		(Declarant)		- Gon Good Grilley	

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 business.	y of the business entity's place		ficate Number: -899639	
	Precision Pump Systems Spring, 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		5/2022	
	being filed. City of McAllen		Date	Acknowledged:	
	ony of Michigan		7. 6.40	L/2022	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	y or state agency to track or identifyed under the contract.	the co	ontract, and prov	vide a
	05-22-P44-01 6" Portable Pump				
4				Nature of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable) Intermediary
_				Controlling	intermediary
5	Check only if there is NO Interested Party.				
5	UNSWORN DECLARATION				
	My name is	, and my date of b	irth is _		·
	My address is(street)	,,,,,,,,,,,,,	, _ te)	(zip code)	(country)
	(Control of the Control of the Contr	(5.57)		(=,- 5555)	(223187)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty,	State of, on the	da	ay of(month)	
				(monut)	(year)
		Signature of authorized agent of contr (Declarant)	acting	business entity	

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 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: 2022-900412		
	Eutek Systems, Inc.					
	HILLSBORO, OR United States		Dat	e Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	06/	16/2022		
	being filed.		Det	o Aoknowlodas-I-		
	City of McAllen Public Utility			Date Acknowledged: 06/22/2022		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide				vide a	
	Project No. 05-22-P49-01					
	the North Wastewater Treatment Plant Grit system componer	nts				
4					f interest	
	Name of Interested Party	City, State, Country (place of	business)			
				Controlling	Intermediary	
Ει	itek Systems Inc dba Hydro International Wastewater Inc	Hillsboro, OR United States	5		Х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my d	ate of birth	is		
	My address is		_,	.,	.,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCount	y, State of, o	n the	_day of	, 20	
				(month)		
		Signature of authorized agent (Declarant)		ng 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.		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	Certif	tificate Number:	OFFILING
	Eutek Systems, Inc.	7	2022	2-900412	
	HILLSBORO, OR United States	J			
_			1	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	06/Ir	L6/2022	
	City of McAllen Public Utility	1	Date	Acknowledged:	:
3	description of the services, goods, or other property to be provided	ity or state agency to track or identify ided under the contract.	/ the co	ontract, and pro	vide a
	Project No. 05-22-P49-01 the North Wastewater Treatment Plant Grit system componer	nts			
4			7	Nature o	of interest
•	Name of Interested Party	City, State, Country (place of busine	iess)	(check a	pplicable)
				Controlling	Intermediary
Eu	utek Systems Inc dba Hydro International Wastewater Inc	Hillsboro, OR United States			Х
<b>MANAGEMENT</b>					
-					
	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Susande Lukaca	, and my date of b	birth is	APRIL 6.	1974
	My address is 2925 NE ALOCLEK De #140 (street)	City), Of	ore, _ state)	97 (24 (zip code)	, <u>USA</u> (country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in WASHINGTON County	y, State of <u>ORE(501)</u> , on the	2131 d	day of Two E (month)	, 20 <u></u> 2. (year)
		Circums of outborized agent of conf	Line		
		Signature of authorized agent of contr (Declarant)	racting	, business entity	

## **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. 2022-904950 GRAPEVINE DCJ, LLC GRAPEVINE, TX United States Date Filed: 06/29/2022 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: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 06-22-P50-01 PURCHASE OF 4 2022 POLICE SEDANS Nature of interest Name of Interested Party (check applicable) City, State, Country (place of business) Controlling Intermediary **BUEHLMAN, BRANDON** GRAPEVINE, TX United States Х 5

Check only if there is NO Interested Party.	
UNSWORN DECLARATION	-
My name is <u>Dennis</u> Thomas	and my date of birth is 5-10-58
My address is 2601 William (ate (street)	Crapersine TZ 76051 2USA. (city) (state) (zip code) (country)
I declare under penalty of perjury that the foregoing is true a	nd correct
Executed in	County, State of Texas, on the 29 day of June, 20 22.
-	
	Signature of authorized agent of contracting business entity

6

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: 2022-904950		
	GRAPEVINE DCJ, LLC		2022	<i>3</i> 04300		
	GRAPEVINE, 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	06/2	9/2022		
	being filed.		Date	Acknowledged:		
	CITY OF MCALLEN			9/2022		
3	Provide the identification number used by the governmental ent	ity or state agency to track or identify			vide a	
3	description of the services, goods, or other property to be provi		,	onitiaot, and prov	riuc u	
	PROJECT NO. 06-22-P50-01					
	PURCHASE OF 4 2022 POLICE SEDANS					
		<u> </u>		Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap		
	·		•	Controlling	Intermediary	
Βl	JEHLMAN, BRANDON	GRAPEVINE, TX United States		х	-	
5	Check only if there is NO Interested Party.					
0	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	3	·	
	My address is	,			.,	
	(street)		tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCoun	ty, State of, on the	(	day of	, 20	
		, , , , , , , , , , , , , , , , , , , ,		(month)	(year)	
		Signature of authorized agent of con (Declarant)	ıtractin	g business entity		

### 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: 2022-905274 Negrete Kolar Architects LLP Edinburg, TX United States Date Filed: 06/29/2022 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 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. 12-21-S09-304 Architectural Design Services for a New Traffic Operations Facility 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 UNSWORN DECLARATION** \_\_\_\_\_\_, and my date of birth is 02/12/1953 My name is David Negrete, AIA My address is 1405 Tamar Lane USA Austin Texas, 78727 (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas Executed in Travis on the 29 day of June (year)

Signature of authorized agent of contracting business entity (Declarant)

					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 coun	try of the business en	tity's place	Certificate Number:	
	of business.	, 0	y o p.acc	2022-905274	
	Negrete Kolar Architects LLP				
	Edinburg, TX United States			Date Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which th	he form is	06/29/2022	
	City of McAllen			Date Acknowledged 06/30/2022	:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide			the contract, and pro	ovide a
	Project No. 12-21-S09-304				
	Architectural Design Services for a New Traffic Operations Fa	acility			
4					of interest
•	Name of Interested Party	City, State, Country	(place of busine		pplicable)
				Controlling	Intermediary
			1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 -		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is		and my date of b	irth is	·
	My address is				
	(street)	(city)	(sta	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Executed inCounty	/, State of	, on the	day of	, 20
				(month)	
		Signature of outlesti-	ad agent of section	acting business entity	
			ed agent of contr (Declarant)	acting business entity	

	CERTIFICATE OF INTERESTED PAR	RTIES	FO	Rм <b>1295</b>
ı	Counciete Nee 1 4 and 5 if the second			1 of 1
I	Complete 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 cou of business.	intry of the business entity's place	CERTIFICATIO	
ı	Capital Towing LLC		2022-906845	
ŀ	Harlingen, TX United States		Date Filed:	
l	Name of governmental entity or state agency that is a party to t being filed.	the contract for which the form is	07/05/2022	
	City of Mcallen		Date Acknowledged	
	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided 22-S57-01	tity or state agency to track or identify t ided under the contract.	the contract, and pro	vide a
	Towing & Recovery			
4	Name of Interested Party	City, State, Country (place of busines		f interest
-		City, State, Country (place of busines	Controlling	pplicable) Intermediary
C	Ortiz, Nicole	Harlingen, TX United States	X	memediary
_				
5	Check only if there is NO Interested Party.  UNSWORN DECLARATION			-
į			1,010	
	My name is MICOLE OF TO	, and my date of bir	th is 5/10/10	185
	My address is 1000 Honderson St. (street)		(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct Executed in COMBCCM County	t.  7. State of TRYCH on the U	Do day of My (month)	_, 20 <u>7_7</u> (year)
			` _	
		Signature of authorized agent of contract (Declarant)	cting business entity	

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 USE ONLY CERTIFICATION OF FILING		
1				nber:	
	of business. Capital Towing LLC		2022-906845		
	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	07/05/2022		
	being filed. City of Mcallen		Date Acknowle	daed:	
	ony or mountain		07/07/2022	-	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.		the contract, an	d provide a	
	22-S57-01				
	Towing & Recovery				
4			1	ture of interest	
	Name of Interested Party	City, State, Country (place of busing	ess) (che	eck applicable) ing Intermediary	
Or	tiz, Nicole	Harlingen, TX United States	×	ing   intermediary	
				n	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of t	oirth is	·	
	My address is				
	(street)	(city) (sta	ate) (zip cod	e) (country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Executed inCounty	, State of, on the _	day of	, 20	
			(m	nonth) (year)	
		Signature of authorized agent of conti (Declarant)	racting business e	entity	
		(Doublant)			

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 p	parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state of business.	f business entity filing form, and the city, state and country of the business entity's place			Certificate Number: 2022-906687		
	Cellco Partnership d/b/a Verizon Wireless			20	022-900007		
	Annapolis Junction , MD United States			Da	ate Filed:		
2		party to the	contract for which the form	n is	7/05/2022		
	being filed. City of McAllen			Da	ate Acknowledged:		
3	Provide the identification number used by the government description of the services, goods, or other property to			r identify the	e contract, and prov	/ide a	
	05-22-P47-01						
	Wireless goods and services						
_		1			Nature of	interest	
4	Name of Interested Party		City, State, Country (place	of business	s) (check ap	plicable)	
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.						
	[X]						
6	UNSWORN DECLARATION						
	My name is Todd Loccisano		, and my	y date of birt	h is November 5, 1	968	
	My address is 10170 Junction Drive, Suite 200		Annapolis Junction	, _MD_	,20701	, <u>USA</u> .	
	(street)		(city)	(state)	) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true	and correct					
	Executed in Howard	County,	, State of <u>Maryland</u>	_, on the _5th	-		
		DocuSigi	ned by:		(month)	(year)	
			Loccisano				
		CD86E52	rignogaeu Signature of authorized age (Declara		cting business entity		

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.		Certificate Number: 2022-906687			
	Cellco Partnership d/b/a Verizon Wireless		202	.2-900007		
	Annapolis Junction , MD United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/0	05/2022		
	being filed.		Date	e Acknowledged:		
	City of McAllen			06/2022		
3	Provide the identification number used by the governmental entir description of the services, goods, or other property to be provided.		entify the	contract, and prov	√ide a	
	05-22-P47-01					
	Wireless goods and services					
4	1			Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of b	ousiness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	ate of birth	is	·	
	My address is					
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	it.				
	Executed inCounty	y, State of, or	n the	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent o	of contraction	ng business entity	_	

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: 2022-907287		
	Aquatic Design & Engineering, Inc. Orlando, FL 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		5/2022		
	being filed. The City of McAllen Texas McAllen City Commission		Date /	Acknowledged:		
	The dity of Movillett rexus Movillett dity commission			<b>3</b>		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided to the control of the services.		the co	ontract, and prov	vide a	
	Proj No 07-19-NBI41-01  Development of Boeye Reservoir - Design & Engineering					
4	Name of Interested Party	City, State, Country (place of busine	,ce/	Nature of (check ap		
	Name of interested Party	City, State, Country (place of busine	;55)	Controlling	Intermediary	
Br	aswell, William	Orlando, FL United States		Х		
W	einbaum, Michael	Orlando, FL United States		X		
Má	artin, Kerry	Orlando, FL United States		Х		
Martin, Kenneth		Orlando, FL United States		Х		
Ma	artin, Patricia	Orlando, FL United States		Х		
Má	artin, Joshua	Orlando, FL United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			7/40		
	My name is Joshua M. Martin	, and my date of b	oirth is	8/9/8	3	
	My address is 1600 5 weet brank Rd , Orlando FL 37806 , USA . (street) (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correc	ot.	2			
	Executed in Orange County	y, State of FL , on the _	6 d	ay of July	, 20 <u>27.</u> (year)	
					a provided field in Belle	
	:	Signature of authorized agent of cont (Declarant)	racting	business entity		

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 coun	try of the business entity's place		tificate Number:	
	of business.  Aquatic Design & Engineering, Inc.		202	22-907287	
	Orlando, FL United States		Date	e Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	07/0	06/2022	
	being filed. The City of McAllen Texas McAllen City Commission		Date	e Acknowledged:	
	The end of the men reside the men end eath commission			07/2022	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		ify the	contract, and prov	√ide a
	Proj No 07-19-NBI41-01				
	Development of Boeye Reservoir - Design & Engineering				
_				Nature o	f interest
4	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap	plicable)
				Controlling	Intermediary
Br	aswell, William	Orlando, FL United States		Х	
W	einbaum, Michael	Orlando, FL United States		Х	
Ma	artin, Kerry	Orlando, FL United States		Х	
Ma	artin, Kenneth	Orlando, FL United States		Х	
Ma	artin, Patricia	Orlando, FL United States		X	
Ma	artin, Joshua	Orlando, FL United States		X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth	is	
	Mu address is				
	My address is(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	ct.			
	Executed inCount	tv. State of	ne	day of	. 20
		, 011 0		(month)	, 20 (year)
		Signature of authorized agent of o	ontracti	ng business entity	_

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 CERTIFICATION	
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  Certificate Number: 2022-910923					
	Trane U.S. Inc.		- 1		
	San Antonio, TX United States		l <sub>c</sub>	ate Filed:	
2	Name of governmental entity or state agency that is a party to	he contract for which the form		7/15/2022	
2	being filed.	the contract for which the for	1115		
	City of McAllen			Date Acknowledged:	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov	atity or state agency to track o	or identify th	ne contract, and prov	vide a
	. 07-22-C35-01				
	Emergency Replacement of AC Unit at Lark and Palm View				
		1		Nature of	f interest
4	Name of Interested Party	City, State, Country (place	of busines		
	or moreover any			Controlling	Intermediary
_		1		Controlling	a iconnection y
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name isMatt Wieand	, and m	ny date of bir	th is05/01/1974	
	My address is9535 Ball Street, Suite 1100	San Antonio	TX	, <b>7</b> 8217	US
	(street)	(city)	(state	e) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Bexar	ny State of Texas	on #5 14	4 day of July	, 20_22
	Executed in Bexar Cour	nty, State ofTexas	on the	month)	
		/		(month)	(year)
	W.	K-A.			
		Oliverty of the total		national business and the	
		Signature of authorized ag (Decla		acting business entity	

Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no	interested parties.	OFFICE U	
		CERTIFICATION	N OF FILI
	city, state and country of the business entity's place	Certificate Numbe	r:
Trane U.S. Inc.		2022-910923	
San Antonio, TX United States		Data File I	
2 Name of governmental entity or state agenc	y that is a party to the contract for which the form is	Date Filed: 07/15/2022	
City of McAllen	was to think the folin is	01713/2022	
They of they men		Date Acknowledge	d:
Provide the identification number used by the		07/18/2022	
description of the services, goods, or other	e governmental entity or state agency to track or identify property to be provided under the contract	the contract, and pr	ovide a
. 07-22-C35-01			
Emergency Replacement of AC Unit at La	k and Palm View		
Name of Interested Party		Nature	of interest
	City, State, Country (place of busine	ess) (check a	pplicable)
		Controlling	Intermedi
		1 1	
Check only if there is NO Interested Party.			
	X		
INSWORN DECLARATION			
ly name is			
	, and my date of birth	h is	
ly address is			
(street)	(city) (state)	(zip code)	n
doolore under .	(ciato)	(zip code)	(country)
declare under penalty of perjury that the foregoing	is true and correct.		
xecuted in	County Of the T		
	County, State of, on the	day of	, 20
		(month)	(year)
	Signature of authorized agent of contracti	ing hard	

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 CERTIFICATION		
1	of business.  LBL Architects, Inc. dba Shelter Planners of America			Certificate Number: 2022-911323 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  The City of McAllen	07/18/2022 Date Acknowledged 07/18/2022	:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided of 3-22-S39-204  ANIMAL SHLETER FACILITY FEASIBILITY STUDY	ity or state agency to ded under the contrac	track or identify ct.	the contract, and pro	ovide a	
4	Name of Interested Party	City, State, Country	/ (place of busine	THE SECOND CONTRACTOR OF THE PARTY OF THE PA	of interest pplicable) Intermediary	
М	cCarty, Thomas	Arlington, TX Uni	ted States		X	
В	arnard, Michael	Arlington, TX Unit	ted States	Х		
	,					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of bi	irth is	·	
	My address is(street)	,(city)	,, (stat	te) (zip code)	_, (country)	
	I declare under penalty of perjury that the foregoing is true and correct	i.				
	Executed inCounty	, State of	, on the	day of(month)	, 20 (year)	
		Signature of authoriz	zed agent of contra (Declarant)	acting business entity		

	CERTIFICATE OF INTERESTED PAR	RTIES		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.		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: 2-911323	
	LBL Architects, Inc. dba Shelter Planners of America Arlington, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	07/1	8/2022	
	The 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 provi 03-22-S39-204 ANIMAL SHLETER FACILITY FEASIBILITY STUDY	tity or state agency to track or identify ided under the contract.	the c	ontract, and pro	vide a
_		1		Nature o	of interest
4	Name of Interested Party	City, State, Country (place of busin	ess)		pplicable)
M	cCarty, Thomas	Arlington, TX United States		Controlling	Intermediary X
1410					
Ba	rnard, Michael	Arlington, TX United States	10 900	Х	
		¥			
			A. H		
i	Check only if there is NO Interested Party.				
	JNSWORN DECLARATION			9-26-57	7
	My name is Michael Barnard	, and my date of b	oirth is		
1	My address is 1106 W. Randol Mill Rd (street)		<b>X</b> , _ate)	76012 (zip code)	USA (country)
	declare under penalty of perjury that the foregoing is true and correct	ı <del>t</del>			
	Tarrant	Tayraa	8 <sub>d</sub>	lay of July	_, 20 <u>22</u> .
	M	111/2.	سده	(month)	(year)
		Signature of authorized agent of conti (Declarant)	racting	business entity	
		/ (Deciarant)	/		

L					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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2022-911757		
	Rod'z Lawn Care & Landscaping		202.	2-911/5/	
	McAllen, TX United States		Date	e Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	07/1	L8/2022	
	City of McAllen		Date	e 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 ide ded under the contract.	ntify the c	ontract, and pro	vide a
	02-22-S22-137				
	Grounds Maintenance				
4	Name of Interested Party	City, State, Country (place of b	usinoss)		f interest
	name of interested Furty	City, State, Country (place of bi	,5111C55)	Controlling	oplicable) Intermediary
				Controlling	intermediary
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	<sub>My name is</sub> Guadalupe Rodriguez	, and my date	of birth is	08/26/1969	<u> </u>
	My address is 401 N 8th St	, McAllen,	<u>Tx</u>		,
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.	<u>'</u>			
	Executed in Hidalgo County,	, State of Texas , on t	he <u>19</u>	day of July	_, 20_22
					(year)
		Guadalupe Ro			
		Signature of authorized agent of (Declarant)	contracting	j business entity	

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	Control of the contro
1	Name of business entity filing form, and the city, state and countr of business.	262 25 551 77	ificate Number: 2-911757	2 -	
	Rod'z Lawn Care & Landscaping				
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the	contract for which the form is	(A-1000)	Filed: 8/2022	
	being filed.				
	City of McAllen			Acknowledged: 9/2022	
3		y or state agency to track or identify	the co	ontract, and pro	vide a
	description of the services, goods, or other property to be provided 02-22-S22-137	ed under the contract.			
	Grounds Maintenance				
62	T			Nature of	f interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
			$\neg$		
5	Check only if there is NO Interested Party.				
5	UNSWORN DECLARATION				
	My name is	, and my date of b	irth is		
	My address is				
	(street)	(city) (sta	te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty,	State of, on the _	d	ay of	_, 20
				(month)	(year)
		Cimphun of and the last		L	
		Signature of authorized agent of control (Declarant)	acting	business entity	

				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 o of business.		Certificate Number: 2022-909090		
	RBM Contractors, LLC.		2022 303030		
	Edcouch, 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	07/12/2022		
	City of McAllen		Date Acknowledged:		
			a.		
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided upon the services.		the contract, and pro	vide a	
	Project No. 07-22-C31-436				
	2018 BOND - GROUP C DRAINAGE IMPROVEMENTS PROJEC	CTS C1 & C3			
_			Nature o	f interest	
4	Name of Interested Party Cit	ity, State, Country (place of busine	ess) (check ap	oplicable)	
			Controlling	Intermediary	
_					
-					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		VIII AAAA		
		, and my date of b			
	My address is 9721 E. Monte Cristo Rd (street)	Edcouch TX (sta	nte), 78538 (zip code)	, US (country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County, Sta	ate of Texas , on the 1	day of July (month)	, 20 <u>22</u> (year)	
		KN			
	Si	ignature of authorized agent of contri	racting business entity		
		(Declarant)			

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.	try of the business entity's place		Certificate Number: 2022-909090			
	RBM Contractors, LLC. Edcouch, TX United States						
2			Date Filed: 07/12/2022				
	being filed.	o contract for which the form is					
	City of McAllen			Date Acknowledged: 07/12/2022			
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 ide led under the contract.	ntify the c	ontract, and pro	vide a		
	Project No. 07-22-C31-436						
	2018 BOND - GROUP C DRAINAGE IMPROVEMENTS PRO	JECTS C1 & C3					
4				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of b	usiness)	(check a	pplicable)		
_					Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION				-		
	My name is	, and my dat	e of birth is	·	·		
	My address is						
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty,	State of on	the c	day of	. 20 .		
		,		(month)	(year)		
		Signature of authorized agent of (Declarant)	contractino	business entity			

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.			Certificate Number: 2022-914891			
	South Texas Communications, Inc			2-31-031			
	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			07/26/2022			
	being filed. CITY OF MCALLEN	Date Acknowledged:					
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	07-22-S51-01						
	PANASONIC TOUGHBOOK CF-33 MOBILE TABLETS						
4				Nature of			
	Name of Interested Party	City, State, Country (place of busir	iess)	Controlling	applicable) Intermediary		
					intermedialy		
_							
_							
_							
_							
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is James L. Ewing	, and my date of	birth is	o5/04/1952			
	My address is 709 E Pecan Blvd	McAllen, T	<b>X</b>	78501	USA		
	(street)	(city) (s	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed in HIDALGOCount	y, State of TX , on the	26	day of JULY	20 22 (year)		
	,	(a) 90 ·		(month)	(Jour)		
	Q	MS LOWING	2				
		Signature of authorized agent of 661 (Declarant)	ntractin	ig business entity			

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.	try of the business entity's place		Certificate Number: 2022-914891			
	South Texas Communications, Inc		202	2022-914691			
	McAllen, TX United States		Date Filed: 07/26/2022				
2		lame 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: 07/27/2022				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		ntify the o	contract, and pro	vide a		
	07-22-S51-01 PANASONIC TOUGHBOOK CF-33 MOBILE TABLETS						
4	!			Nature o			
	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap			
					Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my dat	e of birth i	is			
	My address is			,	.,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	t.					
	Executed inCounty	y, State of, on	the	_day of(month)			
				(month)	(year)		
		Signature of authorized agent of (Declarant)	contractir	ng business entity			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE II	OF ON!! \'			
	Complete Nos. 1 - 4 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 count of business.	tity's place	Certificate Number: 2022-906810					
	Triun, LLC							
	San Antonio, TX United States		Date Filed:					
	Name of governmental entity or state agency that is a party to the	he form is	07/05/2022					
	being filed.		Data Askraciuladaad					
	City of McAllen	Date Acknowledge 07/27/2022	cu.					
	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			tne contract, and p	provide a			
	07-22-C30-558  McAllen Hidalgo Bridge Pedestrian Improvements							
4					e of interest			
•	Name of Interested Party	City, State, Country	(place of busine		applicable)			
				Controlling	Intermediary			
De	e La Garza, Edward R. San Antonio, TX United States			X				
 5	Check only if there is NO Interested Party.	1		'	1			
6	UNSWORN DECLARATION							
	My name is	,	and my date of I	birth is	·			
	My address is			,				
	(street)	(city)	(st	ate) (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed inCount	ty, State of	, on the _	day of	, 20			
				(mon	ith) (year)			
		Signature of authori	zed agent of cont (Declarant)	tracting business en	iity			

	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 business.			Certificate Number: 2022-906810				
	Triun, LLC San Antonio, TX United States							
2	Name of governmental entity or state agency that is a party to the	contract for which th	o form io	Date F 07/05/				
_	being filed.	contract for which th	ie ioriii is	0110312022				
	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	y or state agency to t ed under the contract	rack or identify	the cor	ntract, and prov	vide a		
	07-22-C30-558 McAllen Hidalgo Bridge Pedestrian Improvements							
4				T	Nature of	interest		
•	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap			
				_	Controlling	Intermediary		
De	La Garza, Edward R.	San Antonio, TX U	Jnited States		Х			
			· · · · · · · · · · · · · · · · · · ·					
N. Lind								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION		and the second s					
	My name isEdward R. De La Garza	,	and my date of	birth is <sub>-</sub>	12/05/1973	·		
	My address is7800 W. IH-10, Suite 803, (street)	San Antonio (city)		<u>ΓΧ</u> , _ ate)	78230 (zip code)	, <u>USA</u> . (country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed in Bexar County	, State of Texas	, on the	7th_da	ay of _July	, 20_22		
		Male			(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

_					20,2	
	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 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: 2022-917277			
	FERGUSON ENTERPRISES LLC		2022	2-917277		
	Tyler, TX United States		Date Filed:			
2		e contract for which the form is	08/02/2022			
	being filed.					
	CITY OF MCALLEN, TEXAS		Date Acknowledged: 08/02/2022			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	ty or state agency to track or identify led under the contract.	/ the co	ontract, and prov	/ide a	
	06-22-SP28-401					
	Annual Supply of Underground Utility Products					
				Nature of	interest	
4	Name of Interested Party	Name of Interested Party City, State, Country (place of business)				
				Controlling	Intermediary	
			$\dashv$			
_	<u> </u>					
	Check only if there is NO Interested Party.				-	
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is			
	My address is					
	My address is(street)		tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty,	. State of on the	4	lav of	. 20	
	county,	, -1.20 St, Off the _	u	(month)	, 20 (year)	
		Signature of authorized agent of con	tracting	husiness entity		
		(Declarant)	acung	, Duamicaa ciilly		

				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 count of business. FERGUSON ENTERPRISES LLC Tyler, TX United States	Certificate Number: 2022-917277 Date Filed:					
2	Name of governmental entity or state agency that is a party to th being filed. CITY OF MCALLEN, TEXAS	te agency that is a party to the contract for which the form is  Date					
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.  06-22-SP28-401  Annual Supply of Underground Utility Products						
4	Name of Interested Party	City, State, Country (place of busine		f interest pplicable) Intermediary			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Troy McCamish	, and my date of b	oirth is <u>02/02/1975</u>	·			
	My address is 7982 US Hwy 69N (street)	Tyler , Tx (city) (sta		, USA (country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed in Smith County	y, State of <u>Texas</u> , on the <u>2</u>	2nd_day of August_ (month)	, 20 <u>22</u> . (year)			
	Trop	M = Camise					
		Signature of authorized agent of contr	racting business entity				

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	0. 100000000000000000000000000000000000	
1	of business.	y of the business entity's place	104545700017	tificate Number: 22-917573		
	Core & Main LP McAllen, TX United States	Date	Data Filad.			
2	Name of governmental entity or state agency that is a party to the		Date Filed: 08/02/2022			
	being filed. City of McAllen		Date	e Acknowledged:		
	City of McAlleri			03/2022		
3	Provide the identification number used by the governmental entity	or state agency to track or iden	ify the o	contract, and pro	vide a	
	description of the services, goods, or other property to be provide 06-22-SP28-401	ed under the contract.				
	Water Products for McAllen Public Utility					
				Nature a	6 !	
4	Name of Interested Party	City, State, Country (place of but	iness)	(check ap	f interest	
		The second secon		Controlling	Intermediary	
					8	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s	<i>-</i>	
	My address is				,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	State of, on th	e	day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co	ontractin	g business entity		
		(Declarant)				

L							1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.					OFFICE US		
L	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie					RTIFICATION	OF FILING	
1	Name of business entity filing form, and the city, state and of business.	COUN	try of the business e	ntity's place		ificate Number: 2-917573		
	Gore & Main LP				2722 921010			
-	McAllen, TX United States				Date Filed: 08/02/2022			
2	<ol><li>Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</li></ol>				00/0	212022		
City of McAllen					Date	Acknowledged:	\$	
3	Provide the identification number used by the government description of the services, goods, or other property to be	al enti	ty or state agency to	track or identify	the c	ontract, and pro	vide a	
	06-22-SP28-401	brovie	sea buder die Colitra	GI,				
	Water Products for McAllen Public Utility							
_						Nature.o	f interest	
4	Name of Interested Party		City, State, Countr	y (place of busine	ss)	(check ar	oplicable)	
				······································		Controlling	Intermediary	
				* * * * * * * * * * * * * * * * * * * *				
		-		1 0				
		8						
			Vacant (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
		-				,		
				·		<u></u>		
6	Check only if there is NO Interested Party.							
;	UNSWORN DECLARATION							
)	My name is lorge Lopez			and my date of bi	rth is	07/29/19	71	
J	My address is 100 N 1st Street	1	McAllen	, T	X ,	78501	Hidalgo	
	(street)		(city)	(stal	e)	(zip code)	(country)	
ļ	I declare under penalty of perjury that the foregoing is true and c	orrect.						
ì	Executed in <u>Hidalgo</u> C	ounty,	State ofTexas	5, on the	<u>2</u> da		_, 20 <u>22</u> .	
			0	_		(month)	(year)	
			Signature of authoriz	red agent of contra	cting	business entity	——	
			ť	(Declarant)				

# **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 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. 2022-918715 T.F. Harper & Associates, LP Buda, 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 08/04/2022 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. Splash Pad for Baseball Complex 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 UNSWORN DECLARATION** Smith - Susan, and my date of birth is 02/08/1995 I declare under penalty of perjury that the foregoing is true and correct. \_County, State of Executed in

Signature of authorized agent of contracting business entity (Declarant)

### 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. 2022-918674 T.F. Harper & Associates, LP Buda, TX United States Date Filed: 08/04/2022 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: 08/05/2022 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. 07-22-P52-01 Splash Pad for Youth Baseball Complex Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Smith-Susan, Ariel Buda, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_\_, and my date of birth is \_\_\_\_\_ My name is My address is \_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_ Executed in (year) Signature of authorized agent of contracting business entity

(Declarant)

FORM **1295** 

	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.		C	ERTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	ling form, and the city, state and country of the business entity's place			
	Raba Kistner, Inc.				
	San Antonio, TX United States			te Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form i	08 <i>i</i>	/04/2022	
	City of McAllen		Da	te Acknowledged:	
	only of mornion			/04/2022	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		dentify the	contract, and prov	vide a
	Project No. 02-22-S25-466				
	Construction Material Testing and Geotechnical Services				
		<u> </u>		Nature of	fintorost
4	Name of Interested Party	City, State, Country (place o	f business)		
	······································	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Controlling	Intermediary
				1	
				_	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	٠٠٠٠ اد مده	data of him	, io	
	My name is	, and my (	uate of birth	IS	·
	My address is				
	(street)	(city)	, (state)	_;(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Everyted in County	v State of	on the	day of	20
	Executed inCounty	y, Siale UI,	on the	day of (month)	
				()	<u>.</u>
		Signature of authorized agent	t of contract	ing business entity	
		(Declaran		•	

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.		C	OFFICE USE		
1	Name of business entity filing form, and the city, state and coulof business.	-	Certificate Number: 2022-918592			
	Raba Kistner, Inc.			722 310332		
	San Antonio, TX United States		Da	ate Filed:		
2	Name of governmental entity or state agency that is a party to	the contract for which the f	orm is	3/04/2022		
	being filed. City of McAllen		Da	ate Acknowledged:		
3	Provide the identification number used by the governmental en		k or identify the	e contract, and pro	vide a	
	description of the services, goods, or other property to be prov	vided under the contract.				
	Project No. 02-22-S25-466 Construction Material Testing and Geotechnical Services					
4	Name of Intercepted Ports	City State County (al		l	f interest	
	Name of Interested Party	Name of Interested Party City, State, Country (place		Controlling	pplicable) Intermediary	
				Controlling	Intermediary	
_						
					•	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Chris L. Schultz	, and	d my date of birtl	h is <u>3/16/66</u>	·	
	My address is 12821 W. Golden Lane	, San Antonio	, <u>TX</u>	,78249	_, _USA	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corr	rect.				
	Executed in Bexar Cou	inty, State of <u>Texas</u>	, on the <u>4t</u>	h_day ofAugus (month)	t , 20 <u>22</u> . (year)	
		A		(monun)	(your)	
		Signature of authorized	agent of conin	/ ma husiness entity		
			clarant)	ang business critity		

					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.			CERTIFICATION	OF FILING
1	of business.	try of the business en		Certificate Number: 2022-918606	
	B2Z Engineering, LLC				
_	Mission, 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	08/04/2022	
	City of McAllen			Date Acknowledged: 08/08/2022	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide			ne contract, and prov	vide a
	Project No. 02-22-S25-466				
	Construction Material Testing and Geotechnical Services				
4	-			Nature of	f interest
4	Name of Interested Party	City, State, Country	y (place of busines		pplicable)
				Controlling	Intermediary
G	onzalez, Aisha	Mission, TX Unite	ed States	X	
_					
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is		_, and my date of bir	rth is	·
	My address is	,	,	,	.,
	(street)	(city)	(state	e) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	xt.			
	Executed inCounty	ty, State of	, on the		
				(month)	(year)
		Signature of author	rized agent of contra (Declarant)	acting 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			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			-	Certificate Number: 2022-918606			
	B2Z Engineering, LLC Mission, TX United States	- 1,	Date Filed:					
2	Name of governmental entity or state agency that is a party to the	e contract	for which the f		08/04/2022			
	being filed. City of McAllen			ı	Date Acknowledged	l:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid Project No. 02-22-S25-466  Construction Material Testing and Geotechnical Services			k or identify t	he contract, and pr	ovide a		
					Nature	of interest		
4	Name of Interested Party	City, Stat	e, Country (pla	ace of busine		applicable)		
				Controlling	Intermediary			
G	onzalez, Aisha	Mission	, TX United S	tates	X			
5	Check only if there is NO Interested Party.				- 1			
6	UNSWORN DECLARATION							
	My name is Aisha Gonzalez		, an	d my date of bi	irth is <u>01/23/19</u>	79		
	My address is 900 S. Stewart Road, Suite 4	,	Mission	,	,	, USA .		
	(street)		(city)	(sta	te) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed in Hidalgo County	/, State of _	Texas	, on the <u>4</u>	th_day of Augu			
		(	( Jaha	Clows		, , , , , , , , , , , , , , , , , , , ,		
		Signatur		agent of contractions	acting business entity	У		

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 count of business.	Certificate Number: 2022-918956				
	Terracon Consultants, Inc.		2022-910930			
	Pharr, 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	08/05	5/2022		
	being filed.					
	City of McAllen	Date Acknowledged: 08/08/2022				
3		vide the identification number used by the governmental entity or state agency to track or identify the cription of the services, goods, or other property to be provided under the contract.				
	Project No. 02-22-S25-466 Construction Material Testing and Geotechnical Services					
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap		
	Name of interested 1 arty	City, State, Country (place of busin	233,	Controlling	Intermediary	
Pá	avlicek, Bob	Olathe, KS United States		X		
Anderson, Tim		Tempe, AZ United States		Х		
Do	onald, Vic	Baton Rouge, LA United States		X		
M	oussallem, Maroun	Denver, CO United States		×		
Zambo, Vanessa		Olathe, KS United States		Х		
Pa	acker, Gayle	Olathe, KS United States		Х		
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)		, _ tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCounty	y, State of, on the	d	ay of	, 20	
				(month)	(year)	
		Signature of authorized agent of con	tracting	business entity		
		(Declarant)		,		

								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.						OFFICE US	E ONLY N OF FILING	
	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:					
	Ferracon Consultants, Inc.					2022-918956			
I	Pharr, TX United States					Date F			
	Name of governmental entity or state agency that is a party to being filed.	to the	contract 1	or which	the form is	08/05/	/2022		
	City of McAllen					Date A	cknowledged	:	
	Provide the identification number used by the governmental description of the services, goods, or other property to be p					the co	ntract, and pro	ovide a	
	Project No. 02-22-S25-466 Construction Material Testing and Geotechnical Services								
4	Name of Interested Party		City Stat	e Countr	/ (place of busing	966)		of interest	
	Name of interested Party		City, Stat	e, Country	(place of busine	-555)	Controlling	Intermediary	
Pav	rlicek, Bob		Olathe,	KS Unite	d States		Х		
And	derson, Tim		Tempe,	AZ Unite	d States		Х		
Dor	nald, Vic		Baton R	ouge, LA	United States		Х		
Moi	ussallem, Maroun		Denver,	CO Unite	ed States		Χ		
Zar	nbo, Vanessa		Olathe,	KS Unite	d States		Х		
Pac	sker, Gayle		Olathe,	KS Unite	d States		X		
5 (	Check only if there is NO Interested Party.								
6 l	JNSWORN DECLARATION								
N	My name is _ Jorge A. Flores, P.G.				, and my date of I	birth is <sub>-</sub>	10/20	0/1972	
N	My address is 1506 Mid Cities Drive		,E	harr	, <u>T</u> 2	X, _	78577	_, USA	
	(street)			(city)	(st	ate)	(zip code)	(country)	
I	declare under penalty of perjury that the foregoing is true and co	orrect.							
ſ	Executed in <u>Hidalgo</u> Co	ounty,	State of _	Texas	5, on the _	5th <sub>da</sub>	ay of <u>Augu</u> (month)		
			Signature	e of author	ized agent of cont (Declarant)	racting	business entity	'	

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						ONLY OF FILING
1	Name of business entity filing form, and the city, state and coun of business.	ntity's place		icate Number: -919555		
	TRISTAR Claims Management Services, Inc.			2022	-919555	
	San Antonio, TX United States			Date I	Filed:	
2		ne contract for which	the form is	08/08	3/2022	
_	being filed.			L		
	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.	ity or state agency to ded under the contra	track or identify ct.	the co	ntract, and pro	vide a
	RFP 08-21-D46-77	A durinistration				
	Third-Party Administration for Workers Compensation Claims	s Administration				
4				,		finterest
	Name of Interested Party	City, State, Country	(place of busine	ess)		pplicable) Intermediary
_				$\rightarrow$	Controlling	intermediary
_				_		
				$\dashv$		
				$\neg$		
				$\dashv$		
5	Check only if there is NO Interested Party. $\boxed{\times}$					
6	UNSWORN DECLARATION					
	My name is		and my date of l	oirth is	9/3/1957	<u>.                                    </u>
	My address is 131 Harbor Circle	Mathis	, TX		78368	, USA _
	(street)	(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in Live OakCount	ty, State of Texas	, on the _	8th_d	<sub>ay of</sub> August	, <sub>20</sub> _22
	<del></del>	122			(month)	(year)
		- Gin	rmy Dye	r		
		Signature of author	ized agent of conf	racting	business entity	
			(Declarant)		•	

FORM 1295

_						
	OFFICE USE					
1	Name of business entity filing form, and the city, state and count of business.	ness entity filing form, and the city, state and country of the business entity's place				
	TRISTAR Claims Management Services, Inc.		1202	2-919555	- 1	
	San Antonio, 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	o8/0	8/2022		
	being filed.		Date	Acknowledged:		
	City of McAllen			8/2022		
3	Provide the identification number used by the governmental entit	ty or state agency to track or it	dentify the c	ontract, and pro	/ide a	
٠	description of the services, goods, or other property to be provide	led under the contract.	-			
	RFP 08-21-D46-77 Third-Party Administration for Workers Compensation Claims	Administration				
	Third-Party Administration for Workers Compensation Claims	Auministration				
4				Nature of		
ľ	Name of Interested Party	City, State, Country (place of	pusiness)	(check ap	Intermediary	
				Controlling	nitermediary	
			=			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my c	late of birth is	s	<u> </u>	
	** ** *					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of,	on the			
				(month)	(year)	
		Signature of authorized agent		g business entity		
		(Declaran	ı)			

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 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. 2022-920644 The Reyna Network, LLC Mission, 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 08/10/2022 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. 06-22-S56-202 Grant Compliance Services 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.	
5	UNSWORN DECLARATION	1
	My name is Rethat hey and my date of birth is 12/25/37.	
	My address is 1715 High land PAV L AVE Mi 56 pm Ty 785, 72 hr. (city) (state) (zip code) (country)	Pe
	I declare under penalty of perjury that the foregoing is true and correct.	
	Executed in 41 and 190 County, State of TEXAS, on the 10 day of August 2027	
	(moYith) (year)	
	Signature of authorized agent of contracting business entity	

(Declarant)

FORM **1295** 

ᆮ					
	Complete 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 business.	y of the business entity's place		ficate Number:	
	The Reyna Network, LLC		2022-920644		
	Mission, TX United States		Date	Filed: 0/2022	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	00/10	112022	
	City of McAllen			Acknowledged: 6/2022	
3	Provide the identification number used by the governmental entity	or state agency to track or identify	the co	ontract, and prov	ride a
	description of the services, goods, or other property to be provided	d under the contract.			
	06-22-S56-202 Grant Compliance Services				
	Grant Compliance Services				
4	Name of the state		_ ,	Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	Intermediary
			$\dashv$	Controlling	intermediary
			_		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of b	irth is <sub>-</sub>		
	My address is				
	(street)	(city) (state	te)	(zip code)	 (country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty, S	State of, on the	da	ay of	_, 20
				(month)	(year)
		Signature of authorized agent of contra (Declarant)	acting	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 CERTIFICA		
1	Name of business entity filing form, and the city, state and count of business.	Certificate Nur	nber:		
	Civil Systems Engineering, Inc.		2022-923182		
	SUGAR LAND, 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	08/17/2022		
	being filed.		Date Acknowle	daad.	
	City of McAllen		Date Acknowle	ugeu:	
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 contract, ar	ıd provi	ide a
	02-22-S26-520				
	El Rancho Drainage Improvement Study and Design				
4			Na	ture of	interest
•	Name of Interested Party	City, State, Country (place of busine			olicable)
			Control	ing	Intermediary
					¥
				$\dashv$	
				$\neg$	
			_	$\dashv$	
_				_	
5	Check only if there is NO Interested Party.				
3	UNSWORN DECLARATION				
	My name is Deren Li	, and my date of t	oirth is11/	19/61	
	My address is1202 Lake Pointe Parkway	, Sugar Land _ , T	X774	78_	USA_
	(street)	(city) (sta	ate) (zip coo	le)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.	i.			
	Executed in Fort Bend County,	, State of <b>Texas</b> , on the	17 <sub>day of</sub> Au	ıgus	t <sub>, 20</sub> 22 .
			(n	nonth)	(year)
		Dem	2i		
		Signature of authorized agent of conti (Declarant)	racting business	entity	

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 USI	
1	Name of business entity filing form, and the city, state and coun of business.	ntity's place		ficate Number: 2-923182		
	Civil Systems Engineering, Inc.			2022	923102	
	SUGAR LAND, 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	08/17	7/2022	
	City of McAllen				Acknowledged:	
					7/2022	
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 ded under the contra	track or identify ct.	the co	ontract, and pro	vide a
	02-22-S26-520					
	El Rancho Drainage Improvement Study and Design					
4			38.8080		Nature o	f interest
	Name of Interested Party	City, State, Country	/ (place of busine	ess)		oplicable)
_				$\dashv$	Controlling	Intermediary
			***			
				$\dashv$		
				$\dashv$		
				_		
				_		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	,	and my date of b	irth is		
	My address is					,
	(street)	(city)	(sta	ite)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of	, on the	da	ay of	, 20
		,	- A Just Car Massell		(month)	(year)
		Signature of authori	zed agent of contr (Declarant)	acting	business entity	

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 cour of business.	try of the business entity's place		ficate Number: 2-925537			
	Professional Turf Products, LP Euless, 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		Filea: 3/2022			
	being filed. City of McAllen, TX		Dato	Acknowledged:			
	City of MicAllett, 17			3/2022	.9		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or identify	the co	ontract, and prov	/ide a		
	Project No. 08-22-P54-01	ued under the contract.					
	Purchase of Two Toro Z-Turn Riding Mowers						
4				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap			
			$\dashv$	Controlling	Intermediary		
			$\dashv$				
			$\neg$				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION				8		
	My name is	, and my date of b	irth is		·		
	My address is(street)	(city) (sta	, ite)	(zip code)	 (country)		
	l declare under penalty of perjury that the foregoing is true and correc	•					
	Executed inCounty	, State of, on the _	da	ay of(month)			
				(monun)	(year)		
		Signature of authorized agent of contr (Declarant)	acting	business entity	£.		

### 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: 2022-925537 Professional Turf Products, LP Euless, TX United States Date Filed: 08/23/2022 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen, TX Date Acknowledged: 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. 08-22-P54-01 Purchase of Two Toro Z-Turn Riding Mowers 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 UNSWORN DECLARATION David Lau \_\_, and my date of birth is 5/31/1967My name is USA My address is 1010 N. Industrial Blvd. Euless 76039 (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Tarrant , on the <u>23 day of</u> 08 County, State of Texas (month)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.191b5cdc

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.		С	OFFICE USE		
1	Name of business entity filing form, and the city, state and cou of business.	ntry of the business entity's		Certificate Number: 2022-918134		
	PAVEMENT RESTORATION INC		20.	22-910134		
	Boerne, 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 fo	rm is 08	/03/2022		
	City of McAllen		Da	te Acknowledged:		
				/23/2022		
3	Provide the identification number used by the governmental en	tity or state agency to track	or identify the	contract, and prov	∕ide a	
	description of the services, goods, or other property to be prov	rided under the contract.				
	08-22-C40-311 2022 PAVEMENT PRESERVATION PROJECT					
	2022 PAVEIVIENT PRESERVATION PROJECT					
4				Nature of	interest	
	Name of Interested Party	City, State, Country (plac	e of business)	<del></del>		
_				Controlling	Intermediary	
	,					
				a		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and r	my date of birth	is	,	
	My address is					
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCoun	ty, State of	_, on the	_day of	_, 20	
				(month)	(year)	
		Signature of authorized ag (Decla		ng business entity		

### 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. 2022-918134 PAVEMENT RESTORATION INC Boerne, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 08/03/2022 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. 08-22-C40-311 2022 PAVEMENT PRESERVATION 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. X **6 UNSWORN DECLARATION** KOBERT WIGGINS , and my date of birth is VAUEY knou 78006 WSA. (street) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. CAX3T Executed in County, State of (year) Signature of authorized agent of contracting business entity

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.	try of the business entity's place	Certi	ificate Number: 2-925548	0
	Digital Resources, Inc		2022	2-925548	
	Southlake, 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	08/2	3/2022	
	being filed.			0 -1	
	City of McAllen			Acknowledged: 3/2022	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the services.		y the c	ontract, and prov	vide a
	08-22-P57-01				
	PURCHASE OF A NEW CHANNEL PROGRAMMING COMP	UTER FOR MCN			
4	ı			Nature of	
-	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	f birth is	s	
	My address is				
	My address is(street)	(city)	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCounty	sy, State of, on the		day of	, 20
		,		(month)	(year)
		Signature of authorized agent of cor (Declarant)	ntractin	g business entity	

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 business.	y of the business entity's place		cate Number: 925548		
	Digital Resources, Inc					
	Southlake, TX United States		Date F			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	08/23/	/2022		
	being filed.		Date A	Acknowledged:		
	City of McAllen		2	ougedi		
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	
	08-22-P57-01					
	PURCHASE OF A NEW CHANNEL PROGRAMMING COMPU	JTER FOR MCN				
_	1		Т	Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
	,			Controlling	Intermediary	
			$\rightarrow$			
_			-+			
10 per			$\dashv$			
			_			
_		-	L			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
		, and my date of	birth is	08/05/19	67	
	My name is Wendy BOCK  My address is 2107 Greenbria Dr. Stuß	Southlek. X	/	76092	11(tA	
	My address is Old I Or Con Drias prosession (street)	(city) (st	(, _ tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	, State of, on the	<u>23 </u> d	ay of Auc	, 20 <u>22</u> (year)	
		Stone				
		Signature of authorized agent of con (Declarant)	tracting	business entity		
		1				

				ENDO:	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	Name of business entity filing form, and the city, state and count of business.  Mata G. Construction Inc Penitas, TX United States	try of the business entity's place	Certifica 2022-92 Date Fil		
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	e contract for which the form is	08/23/2022 Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided to 8-22-C39-387 Construction Services: Existing Sidewalk Demolition, New Construction	ded under the contract.		ract, and prov	ride a
4	Name of Interested Party	City, State, Country (place of busing		Nature of (check ap Controlling	
Ci	ty of McAllen	McAllen , TX United States		Κ	
					<del></del>
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION  My name is OVED VAN MATA		*	02/01/	
	2.12.511.61	and my date of t	oirth is	1	1979. USA
	My address is 3613 5. 11. 54. (street)		<u>λ</u> ,	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed in HIDALGO County	/, State of <u>Texas</u> , on the	23 <sub>day</sub>	of August	, 20 <u></u> Z (year)
		Over Run Ma	_		
		Signature of authorized agent of cont (Declarant)	racting bu	usiness entity	

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 cour of business.	Certificate Number:		
	Mata G. Construction Inc		2022-925553	
	Penitas, TX United States		Date Filed:	
2		he contract for which the form is	08/23/2022	
	being filed. City of McAllen		Date Acknowledge	1.
	only of mornion		08/24/2022	
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided.	tity or state agency to track or identify ided under the contract.	the contract, and pr	ovide a
	08-22-C39-387			
	Construction Services: Existing Sidewalk Demolition, New Co	oncrete Sidewalk, New Concrete Driv	veways	
4				of interest
	Name of Interested Party	City, State, Country (place of busine		pplicable)
Ci	ty of McAllen	MaAllan TV I Inited Ctatas	Controlling	Intermediary
<u></u>	y of McAilett	McAllen , TX United States	X	
5	Check only if there is NO Interested Party.			
•	UNSWORN DECLARATION			
	My name is	, and my date of bi	irth is	
1	My address is			
	(street)	(city) (stat	te) (zip code)	(country)
	declare under penalty of perjury that the foregoing is true and correc	t.		
	Executed inCounty	, State of, on the	day of	, 20
			(month)	(year)
		Signature of authorized agent of contra (Declarant)	acting business entity	
_		(Declarant)		

### 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. 2022-926285 METRO FIRE APPARATUS SPECIALISTS INC HOUSTON, TX United States Date Filed: 08/25/2022 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. PROJECT NO. 08-22-P56-01 Fire Engine and Firefighting Equipment Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary RUSSELL, CRAIG HOUSTON, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** MONICA INGRAM 10/03/1979 My name is , and my date of birth is 17350 STATE HWY 249 STE 250 **HOUSTON** 77064 My address is (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_County, State of \_\_TEXAS Executed in HARRIS \_\_\_\_, on the 25 day of AUG (month) Digitally signed by Monica Ingram Monica Ingram DN: cn=Monica Ingram, o=Metro Fire Apparatus Specialists, Inc, ou=MFAS, email=mingram@mfas.com, c=US

Signature of authorized agent of contracting business entity (Declarant)

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 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. 2022-926285 METRO FIRE APPARATUS SPECIALISTS INC HOUSTON, 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 08/25/2022 being filed. City of McAllen Date Acknowledged: 08/30/2022 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. 08-22-P56-01 Fire Engine and Firefighting Equipment Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary RUSSELL, CRAIG HOUSTON, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_\_ \_\_\_\_, and my date of birth is My address is \_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_, on the \_\_\_\_day of \_\_\_\_ (year)

Signature of authorized agent of contracting business entity (Declarant)

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	SAN THE REAL PROPERTY AND A SAN THE SA
1	of business.	ry of the business entity's place	Certificate Number 2022-920097	:
	Andale Construction, Inc. Wichita, KS United States		Date Filed:	
2		contract for which the form is	08/09/2022	
	being filed.			
	City of McAllen, TX		Date Acknowledge 08/09/2022	a:
3	Provide the identification number used by the governmental entity	v or state agency to track or identify	218-2-2142-2019-2009	ovide a
•	description of the services, goods, or other property to be provide	ed under the contract.	the contract, and pr	ovide a
	08-22-C41-01			
	Installation of High Density Mineral Bond Pavement Preservati	on		
4			Nature	of interest
-	Name of Interested Party	City, State, Country (place of busine	ess) (check	applicable)
_			Controlling	Intermediary
5	Check only if there is NO Interested Party.			
3	UNSWORN DECLARATION			
	My name is	, and my date of b	irth is	·
	My address is			_,
	(street)	(city) (stat	te) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed inCounty,	State of, on the	day of	, 20
			(month)	(year)
		Signature of authorized agent of contra (Declarant)	acting business entity	,

### 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. 2022-920097 Andale Construction, Inc. Wichita, KS United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 08/09/2022 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. Installation of High Density Mineral Bond Pavement Preservation 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 UNSWORN DECLARATION My name is Peter J. Molitor - President - Andale Construction, Inc. and my date of birth is \_\_04/21/1978 My address is 442 Sevy Andale KS 67001 USA (street) (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Sedawick Executed in \_County, State of \_\_Kansas on the 9th day of August ignature of authorized agent of contracting business entity (Declarant)

#### **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. 2022-930346 D. Wilson Construction Company McAllen, TX United States Date Filed: 09/06/2022 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. Project No. 07-22-C29-802 Anzalduas Bridge Infrastructure Improvements 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 UNSWORN DECLARATION My name is\_ Josue Reyes 1207 E. Pecan Blvd. McAllen 78501 USA (street) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo lexas September County, State of day of

Signature of authorized agent of contracting business entity

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 CERTIFICAT		
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business e	ntity's place	Certificate Num	ber:	
	D. Wilson Construction Company			2022-930346		
	McAllen, 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	09/06/2022		
	being filed.			Data Aalmanda	lara di	
	City of McAllen			Date Acknowled 09/07/2022	igeu:	
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3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided to the services.	ded under the contra	track or identify ct.	the contract, and	a provid	e a
	Project No. 07-22-C29-802					
	Anzalduas Bridge Infrastructure Improvements					
4				Nat	ure of in	terest
7	Name of Interested Party	City, State, Country	y (place of busine	ess) (che	ck appli	cable)
				Controlli	ng Ir	ntermediary
_					-	
5	Check only if there is NO Interested Party.					
	x					
3	UNSWORN DECLARATION					
	My name is		and my date of b	irth is		
	My address is(street)					· · · · ·
	(street)	(city)	(sta	te) (zip code	*)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	, State of	, on the	day of		20
					onth)	(year)
		Signature of authori	zed agent of contr	acting husiness e	ntity	
		organicale of autifoli.	(Declarant)	acting business e	intry	