| L | | | | | 1011 | |
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| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: | | |
| | Doggett Freightliner of South Texas, LLC | | 2023 | 3-968711 | | |
| | Converse, TX United States | | 1020 00000000 | e Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to t being filed. | he contract for which the form is | 01/0 | 04/2023 | | |
| | City of McAllen | | Date | Acknowledged: | | |
| | | | 01/0 | 04/2023 | | |
| 3 | Provide the identification number used by the governmental en description of the services, goods, or other property to be provi | tity or state agency to track or identify iden tidentify | / the c | ontract, and pro | vide a | |
| | 12-22-P01 | | | | | |
| | Purchase of Two Tandem Trucks | | | | | |
| 4 | | | | Nature of | f interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | oplicable) | |
| _ | | | | Controlling | Intermediary | |
| D | oggett, William | Houston, TX United States | | х | | |
| D | oggett Industries Investments, LLC | Dallas, TX United States | | | х | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
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| | My name is | , and my date of I | birth is | | ·· | |
| | Margadana in | | | | | |
| | My address is (street) | '''''' (sta | ' _ ate) | (zip code) | (country) | |
| | V david da F | (| 2107 | | (oounity) | |
| | I declare under penalty of perjury that the foregoing is true and correct | ct. | | | | |
| | Executed in Count | v Stata of | | 1 | 00 | |
| | Executed inCount | y, State of, on the _ | a | (month) | , 20 (year) | |
| | | | | | | |
| | | Signature of authorized agent of cont (Declarant) | racting |) business entity | | |
| or | ms provided by Texas Ethics Commission www.eth | nics.state.tx.us | | Version V3 | .5.1.3ac88bc0 | |

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| | | | | 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. | | | E ONLY NOF FILING |
| Name of business entity filing form, and the cit of business. | y, state and country of the business entity's plac | | lficate Number: 3-968711 | |
| Doggett Freightliner of South Texas, LLC Converse, TX United States | | Date | Filed: | |
| Name of governmental entity or state agency the being filed. | nat is a party to the contract for which the form is | | 4/2023 | |
| City of McAllen | | Date | Acknowledged | : |
| Provide the identification number used by the g description of the services, goods, or other pro 12-22-P01 Purchase of Two Tandem Trucks | governmental entity or state agency to track or ic perty to be provided under the contract. | lentify the c | ontract, and pro | ovide a |
| 4 Name of Interested Party | City, State, Country (place of | husiness) | | of interest pplicable) |
| | | Submess) | Controlling | Intermediary |
| Doggett, William | Houston, TX United States | | × | |
| Doggett Industries Investments, LLC | Dallas, TX United States | | | x |
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| 5 Check only if there is NO Interested Party. | | | | |
| 6 UNSWORN DECLARATION My name is Michael Crock | ett, and my da | ate of birth is | 66-17- | 1975. |
| My address is <u>380 Becr Riolcye 1</u> (street) | Dr. <u>La Vernia</u> | (state) | 7 <i>E</i> /2/ (zip code) | . <u>U.S.A</u> . (country) |
| I declare under penalty of perjury that the foregoing | is true and correct. | | , | |
| Executed in <u>Bexov</u> | County, State of <u>Texas</u> , o | n the 4 th | ay of <u>Janue</u> (month) | <u>~ 1/</u> 20 <u>2023</u> (year) |
| | MUAA | | | |
| | Signature of authorized agent o (Declarant) | |) business entity | |
| Forms provided by Texas Ethics Commission | www.ethics.state.tx.us | | Version V | 3.5.1.3ac88bc0 |

FORM 1295

| | | | | | our services | |
|---|--|--|--|------------------------------------|----------------------|--|
| | Complete 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 | 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-970055 | | |
| | Doggett Heavy Machinery | | 202 | 3-970033 | | |
| 2 | SAN JUAN, TX United States Name of governmental entity or state agency that is a party to the | | | Filed: 9/2023 | | |
| ľ | being filed. | e contract for which the form is | 01/0 | 572025 | | |
| | CITY OF MCALLEN | | Date | Acknowledged: | | |
| 3 | Provide the identification number used by the covernmental entit description of the services, goods, or other property to be provid | ty or state agency to track or identify | the c | ontract, and pro | vide a | |
| | 12-22-P20-01 | ed under the contract, | | | | |
| | purchase of one front end loader | | | | | |
| - | | | | Nature o | finterest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | Casey J Cavazos My name is | , and my date of I | birth is | 12/08/1987 | | |
| | My address is | San Juan Te: | xas, | 78589 | USA | |
| | (street) | (city) (st | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | 12 Stanson | | | |
| | Executed in Hidalgo County, | , State of, on the | 9TH | day of <u>January</u> | _, 20_ ²³ | |
| | \bigcirc | m j Cr | | (month) | (year) | |
| | | Signature of authorized agent of cont (Declarant) | ractinç | g business entity | | |
| | | | And in case of the local division of the loc | | | |

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 | of husiness and y ming term, and the endy, state and beaming of the Business child's place | | | |
| | Doggett Heavy Machinery | 2023-970055 | | |
| | SAN JUAN, TX United States | | Date Filed: | |
| 2 | Name of governmental entity or state agency that is a party to t | he contract for which the form is | 01/09/2023 | |
| | being filed. CITY OF MCALLEN | | Date Acknowledged | 1: |
| | | | 01/10/2023 | |
| 3 | Provide the identification number used by the governmental en description of the services, goods, or other property to be prov | tity or state agency to track or identify ided under the contract. | / the contract, and pro | ovide a |
| | 12-22-P20-01 | | | |
| | purchase of one front end loader | | | |
| 4 | | | Nature (| of interest |
| | Name of Interested Party | City, State, Country (place of busin | | applicable) |
| \vdash | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | |
| 6 | UNSWORN DECLARATION | | | |
| C and | My name is | , and my date of t | oirth is | |
| | | | | |
| | My address is (street) | | ate) (zip code) | _, (country) |
| | (succi) | (City) (Sta | ate) (Zip Code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | pt. | | |
| | Executed inCount | y, State of, on the _ | day of | , 20 |
| | | | (month) | |
| | | Signature of authorized agent of contr | racting husiness antibu | |
| | | (Declarant) | acting business entity | |
| For | ns provided by Texas Ethics Commission www.eth | nics.state.tx.us | Version V | 3.5.1.3ac88bc0 |

| E | | | | | 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 | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | ace C | Certificate Number: 2023-970048 | | |
| | Doggett Heavy Machinery | | 1 | 520 570040 | |
| 2 | SAN JUAN, TX United States | | | ate Filed: 1/09/2023 | |
| ľ | being filed. | e contract for which the form | is 0. | 105/2023 | |
| | CITY OF MCALLEN | , | D | ate 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 track or i ded under the contract. | identify th | e contract, and pro | ivide a |
| | 12-22-P01-01 | | | | |
| | purchase of one front end loader | | | | |
| 4 | | | | | of interest |
| | Name of Interested Party | City, State, Country (place o | f business | | pplicable) |
| \vdash | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| | UNSWORN DECLARATION | | | | |
| | My name is | , and my d | late of birth | n is12/08/1987 | |
| | 901 E I-2 My address is | San Juan | Texas | 78589 | USA |
| | (street) | (city) | (state) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | Executed inHidalgo County, | State of, o | on the 9th | | , 20 ²³ . |
| | Jus | y J | L | (month) | (year) |
| | | Signature of authorized agent (Declarant) | | ing 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 | of business. | business. | | | Certificate Number: 2023-970048 | | |
| | Doggett Heavy Machinery SAN JUAN, TX United States | Date | Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to being filed. | the contract for which the form is | 01/09 | 9/2023 | | | |
| | CITY OF MCALLEN | | Date Acknowledged: 01/10/2023 | | | | |
| 3 | Provide the identification number used by the governmental e description of the services, goods, or other property to be pro- | ntity or state agency to track or identify vided under the contract. | | vide a | | | |
| | 12-22-P01-01 purchase of one front end loader | | | | | | |
| 4 | Name of Interested Party | | | | finterest | | |
| | Name of Interested Party | City, State, Country (place of busine | ess) | (check ap Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | JNSWORN DECLARATION | | | | | | |
| | /ly name is | , and my date of b | irth is _ | | | | |
| | Ay address is | | | | | | |
| | (street) | | .te) | (zip code) | (country) | | |
| | declare under penalty of perjury that the foregoing is true and corre | ect. | | | | | |
| | Executed inCour | ity, State of, on the | da | y of | , 20 | | |
| | | | | (month) | (year) | | |
| | | Signature of authorized agent of contra (Declarant) | acting t | ousiness entity | | | |
| Forr | ns provided by Texas Ethics Commission www.e | thics.state.tx.us | | Version V3 | .5.1.3ac88bc0 | | |

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: 2023-972266 | | |
| | SOUTH TEXAS COMMUNICATIONS INC | | 2023 | 5-972200 | | |
| | McAllen, TX United States | | Date | Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 01/16 | 6/2023 | | |
| | MCALLEN CITY OF | | Date | Acknowledged: | | |
| | | | | Ū | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | ty or state agency to track or identify led under the contract. | the co | ontract, and pro | vide a | |
| | 01-23-P21-01 | | | | | |
| | Portable Radios & Accessories | | | | | |
| - | | | | Nature of | f interest | |
| 4 | Name of Interested Party | City, State, Country (place of busine | ess) | (check ap | | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is James L. Ewing | , and my date of b | irth is _. | May 4, 1952 | <u>.</u> | |
| | My address is PO BOX 3712 / 709 E PECAN BLVD | | | | USA | |
| | (street) | ''''' | ' te) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| | Executed in Hidalgo County, | State of Texas | 6 _d | _{av of} January | ₂₀ 23 | |
| | oodiiiy; | State of, on the | | (month) | _, (year) | |
| | JAMES L | calling | | | | |
| | / | Signature of authorized agent of contra | acting | business entity | | |
| | (Declarant) | | | | | |

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested | parties. | | | | CE | OFFICE USI | |
|-----|---|--------------|----------------|------------------------------------|----------------|----------|-------------------------|----------------------------|
| 1 | of business. SOUTH TEXAS COMMUNICATIONS INC | | | Certificate Number: 2023-972266 | | | | |
| 2 | McAllen, TX United States Name of governmental entity or state agency that is a | party to th | e contract fo | which the f | orm is | | Filed: 6/2023 | |
| Γ | being filed. | party to th | ie contract to | which the it | | | | |
| L | MCALLEN CITY OF | | | | | 01/16 | Acknowledged: 6/2023 | |
| 3 | 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. | | | | | | | vide a |
| | 01-23-P21-01 Portable Radios & Accessories | | | | | | | |
| 4 | Name of Interested Party | | City State | Country (pla | co of hucino | (22) | | f interest |
| | hane of interested Farty | | City, State, | country (pla | | 55) | Controlling | oplicable) Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | JNSWORN DECLARATION | | | | | | | |
| | My name is | | | , and i | my date of bi | rth is _ | | * |
| | Ay address is | | | | | | | |
| | (street) | | / | (city) | ,(state | e) | (zip code) | (country) |
| | declare under penalty of perjury that the foregoing is true a | and correct. | • | | | | | |
| | Executed in | County, | , State of | | _, on the _ | da | ay of | _, 20 |
| | | | | | | | (month) | (year) |
| | | | Signature of | authorized ac | lent of contra | Icting | business entity | |
| | | | NH7 | (Decla | | cung | Jusiness entity | |
| orr | ns provided by Texas Ethics Commission | www.ethi | cs.state.tx.us | ; | | | Version V3 | .5.1.3ac88bc0 |

| Γ | CERTIFICATE OF INTERESTED PAR | TIES | | |
|-----|---|---|---|-------------------------------|
| | | | FO | RM 1295 |
| ╞ | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE US CERTIFICATION | |
| 1 | Name of business entity filing form, and the city, state and cour of business. Motorola Solution, Inc. Houston, TX United States | ntry of the business entity's place | Certificate Number: 2022-963213 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 | 12/10/2022 Date Acknowledged | : |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi Project No. 12-22-P10-44 License Plate Recognition System | ity or state agency to track or identify ded under the contract. | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | | of interest |
| | Mano of interested Furty | City, State, Country (place of busine | Controlling | pplicable) Intermediary |
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| | Check only if there is NO Interested Party. | | | |
| 6 | UNSWORN DECLARATION | | | |
| ł | My name is George M. Ebelt | , and my date of bi | irth is07/07/1964 | 4 |
| I | My address is7904 N. Sam Houston Parkway W. Ste. 325 (street) | , Houston , T. (city) (stat | X_, 77064 te) (zip code) | USA (country) |
| | declare under penalty of perjury that the foregoing is true and correct. | | | |
| | Executed in Harris County, | Jug M K | Oth day of December (month) | er <u>, 20_22</u> . (year) |
| | | Signature of authorized agent of contra (Declarant) | acting business entity | |
| orn | ns provided by Texas Ethics Commission www.ethic | cs.state.tx.us | Version V3 | .5.1.3ac88bc0 |

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| | | | | | 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 coun of business. | Certificate Number: 2022-963213 | | | | |
| | Motorola Solution, Inc. | | 2022 | -903213 | | |
| | Houston, 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 | 14-50-602-58-54-5 |)/2022 | | |
| [| being filed. | ic contract for which the form is | | | | |
| | City of McAllen | | | Acknowledged: | | |
| | | | 01/17 | /2023 | | |
| 3 | Provide the identification number used by the governmental entited escription of the services, goods, or other property to be provide Devices to the property to be provided by the services of the services o | | the co | ontract, and prov | vide a | |
| | Project No. 12-22-P10-44 | | | | | |
| | License Plate Recognition System | | | | | |
| E | | | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my date of t | oirth is _ | | · | |
| | | | , | | | |
| | (street) | (city) (sta | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | |
| | Executed inCounty | , State of | da | ay of | . 20 . | |
| | couny | , c., uto_ | | (month) | _, 20 (year) | |
| | | | | | | |
| | | Signature of authorized agent of contr (Declarant) | racting | business entity | | |
| | | Declaranty | | | | |

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 count of business. | | Certificate Number: 2022-950381 | | | | |
| | Food Bank of the Rio Grande Valley, Inc. | | 2022 | -920381 | | | |
| | Pharr, TX United States | | | Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 10/3: | 1/2022 | | | |
| | City of McAllen | | Date | Acknowledged: | | | |
| | | | | 7/2023 | | | |
| 3 | Provide the identification number used by the governmental entit | | the co | ontract, and prov | ride a | | |
| | description of the services, goods, or other property to be provid | led under the contract. | | | | | |
| | B-22-MC-48-0506 \$8,000 towards the salary of a coordinator who will coordinate Housing Authority residents at a rate of \$.19 per pound. | and distribute up to 56,579 pound | s free | food assistance | e to McAllen | | |
| 4 | | | | Nature of | interest | | |
| - | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | | | |
| | | | | Controlling | Intermediary | | |
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| | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my date of | birth is | i | · | | |
| | | | | | | | |
| | My address is(street) | | , | (zip code) | , (country) | | |
| | (วและก) | (City) (Si | ale) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | | |
| | Executed inCounty | v, State of, on the | (| - | | | |
| | | | | (month) | (year) | | |
| | | Signature of authorized agent of con | tracting | n husiness entity | | | |
| | (Declarant) | | | | | | |

| | | | | | 10/1 | |
|---|---|---|----------|------------------------------------|-----------------------|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILI | | | | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2022-950381 | | |
| | Food Bank of the Rio Grande Valley, Inc. | | 2022 | -920201 | | |
| | Pharr, TX United States | | Date | Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for | or which the form is | 10/31 | 1/2022 | | |
| | being filed. | | | | | |
| | City of McAllen | | Date | Acknowledged: | | |
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| 3 | Provide the identification number used by the governmental entity or state a description of the services, goods, or other property to be provided under the | gency to track or identify e contract. | the co | ontract, and prov | /ide a | |
| | B-22-MC-48-0506 | | | | | |
| | \$8,000 towards the salary of a coordinator who will coordinate and distrib Housing Authority residents at a rate of \$.19 per pound. | ute up to 56,579 pound | ls free | food assistance | e to McAllen | |
| 4 | | | | Nature of | | |
| | Name of Interested Party City, State | , Country (place of busin | iess) | (check ap | plicable) | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | , <i>i</i> | | |
| | My name is Libby Saenz | , and my date of | birth is | 8/21/6 | ,9 | |
| | My address is 2012 Summer land lane, Edu (street) | n <u>burg</u> , <u>7</u> (city) | tate) | 78541 (zip code) | Hide/(1) (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | \smile | | | | |
| | Executed in $\underbrace{\text{Hi}}_{2}$ $\underbrace{\text{County, State of }}_{2}$ | TCX25, on the | 31d | lay of Oct | _, <u>20 27</u> . | |
| | . At | ila-2/ | | (month) | (year) | |
| | Signature | of authorized agent of con (Declarant) | tracting | business entity | | |

| | CERTIFICATE OF INTERESTED PAR | TIES | | FOR | м 1295 1 of 1 |
|---|--|---|--------------------------------------|----------------------------------|---------------------------------------|
| F | Complete Nos. 1 - 4 and 6 if there are interested parties. | | | OFFICE USE | EONLY |
| L | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CI | ERTIFICATION | OF FILING |
| 1 | Name of business entity filing form, and the city, state and coun of business. LiftFund Inc. | ntry of the business ent | | tificate Number: 22-959004 | |
| | San Antonio, TX United States | | Dat | e Filed: | |
| 2 | | ne contract for which th | e form is 11/ | 28/2022 | |
| | being filed. City of McAllen | | Dat | e Acknowledged: | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi DC - LIFT - 23 | ity or state agency to to ded under the contract | rack or identify the | contract, and pro | vide a |
| | Interest buy down and marketing/outreach | | | | |
| 4 | | | | Nature o | f interest |
| ľ | Name of Interested Party | City, State, Country | (place of business) | | plicable) |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is <u>Nelly Rojas-Moreno</u> | | and my date of birth i | s February 22, 1 | 977 |
| | My address is <u>2017 S. Hackberry</u> (street) | , <u>San Antonio</u> (city) | , <u>Texas</u> (state) | | , <u>USA</u> . (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | |
| | Executed inBexarCounty | y, State of <u>Texas</u> | , on the <u>_6th</u> | day of <u>Decembe</u> (month) | e <u>r</u> , 20 <u>22</u> . (year) |
| | | DocuSigned by: | | | |
| | | WT 16 M VION 25F E 85 B 75 D 204 A 0 | | and the state of the state | |
| | | | ed agent of contractin Declarant) | ig business entity | |
| | rms provided by Texas Ethics Commission www.eth | nine state ty us | | Margian M | 251 ob87 of 12 |

| E | | | | | | | 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 pa | arties. | | | CEI | OFFICE USE | | |
| 1 | 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | | | Certificate Number: 2022-959004 | | |
| | LiftFund Inc. | | | | 2022 | -333004 | | |
| - | San Antonio, TX United States | | | | | Filed: | | |
| 2 | Name of governmental entity or state agency that is a pabeing filed. | arty to th | e contract for which | n the form is | 11/20 | 8/2022 | | |
| | City of McAllen | | | | Date Acknowledged: 12/08/2022 | | | |
| 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. | | | | | | | |
| | DC - LIFT - 23 | | | | | | | |
| | Interest buy down and marketing/outreach | | | | | | | |
| 4 | | | | | | Nature of | f interest | |
| Γ | Name of Interested Party | | City, State, Count | ry (place of busine | ess) | (check ap | | |
| | | | | | | Controlling | Intermediary | |
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| 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 an | id correct. | | | | | | |
| | Executed in | _County, | State of | , on the | da | ay of | _, 20 | |
| | | | | | | (month) | (year) | |
| | _ | | Signature of author | ized agent of control | acting | husiness artity | | |
| | | | Signature of author | (Declarant) | acting I | business entity | | |
| orr | ns provided by Texas Ethics Commission | www.ethic | cs.state.tx.us | | | Version V3 | .5.1.eb87ef42 | |

| FORM 1 | L295 |
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| | Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILIN | | | | | | |
| 1 | Name of business entity filing form, and the city, state and count of business. | Certificate Number: 2023-973399 | | | | | |
| | Box Gang Manufacturing LLC Houston, TX United States | | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the form is | Date Filed: 01/18/2023 | | | | |
| | being filed. City of McAllen | | Date | Acknowledged: | | | |
| L | - | | | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | ty or state agency to track or identify led under the contract. | the co | ontract, and pro | vide a | | |
| | 1-23-P25-01 | | | | | | |
| L | Purchase of Refuse Dumpsters | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | | Nature of (check ap | f interest | | |
| L | · · · · · · · · · · · · · · · · · · · | | , | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | Myname is Ratael Marren | , and my date of b | irth is | 8/19/ | 65 | | |
| | My name is <u>Rafael Marreno</u> My address is <u>16736 E.Havdy Rd</u> , (street) | (jouston | , te) | 7-7032 (zip code) | Country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed inCounty, | State of . on the | da | av of | 20 | | |
| | | P | | (month) | <u>20</u> . (year) | | |
| | | Signature of authorized agent of contr | actino | business entitv | | | |
| or | ns provided by Texas Ethics Commission www.ethic | (Declarant) | | | <u> </u> | | |
| 511 | | cs.state.tx.us | | version V3 | .5.1.3ac88bc0 | | |

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 co of business. | | Certificate Number: 2023-973399 | | | | |
| | Box Gang Manufacturing LLC Houston, TX United States | | Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to | o the contract for which the form is | | .8/2023 | | | |
| | being filed. City of McAllen | | | Acknowledged: 9/2023 | | | |
| 3 | Provide the identification number used by the governmental e | entity or state agency to track or identify | | | vide a | | |
| | description of the services, goods, or other property to be pro 1-23-P25-01 | ovided under the contract. | | | | | |
| | Purchase of Refuse Dumpsters | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | | | of interest pplicable) | | |
| L | | City, State, Country (place of busin | 1033) | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my date of | birth is | 8 | , | | |
| | My address is | | | | | | |
| | (street) | tate) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and corr | rect. | | | | | |
| | Executed inCou | unty, State of, on the _ | d | lay of | , 20 | | |
| | | | | (month) | (year) | | |
| | | Signature of authorized agent of cont | tracting | business entity | | | |
| | | (Declarant) | | | | | |
| For | ms provided by Texas Ethics Commission www.e | ethics.state.tx.us | | Version V3 | 3.5.1.3ac88bc | | |

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 | 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-973305 | | | |
| | Women Together Foundation Inc | | 202 | 2023-973305 | | | |
| Ĺ | McAllen, TX United States | | | e Filed: L8/2023 | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | | | | | |
| | City of McAllen | | | e Acknowledged: 23/2023 | | | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid | | fy the c | contract, and prov | vide a | | |
| | 23 GF WT | | | | | | |
| | Shelter, Transitional Housing and Support Services for victime | s of domestic violence and sexual | assau | llt | | | |
| 4 | | | | Nature of | interest | | |
| - | Name of Interested Party | City, State, Country (place of bus | iness) | (check ap | | | |
| | | | | Controlling | Intermediary | | |
| Ci | ty of McAllen | McAllen, TX United States | | X | | | |
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| 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) | (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | | | |
| | Executed inCounty | /, State of, on the | e | | | | |
| | | | | (month) | (year) | | |
| | | Signature of authorized agent of co | ontractir | ng business entity | | | |
| | | (Declarant) | | | | | |

| | | | | | 2.01.2 | |
|----------|--|--|----------|------------------------------------|--------------------|--|
| Γ | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEI | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-973305 | | |
| Ŀ | Women Together Foundation Inc | | 2020 | | | |
| | McAllen, TX United States | | | Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to th being filed. | e contract for which the form is | 01/1 | 8/2023 | | |
| | City of McAllen | | Date | Acknowledged: | | |
| 3 | | ity or state agency to track or identify | / the c | ontract, and pro | vide a | |
| | description of the services, goods, or other property to be provid 23 GF WT | ded under the contract. | | | | |
| | Shelter, Transitional Housing and Support Services for victim | s of domestic violence and sexual a | assaul | t | | |
| 4 | | 1 | | Nature o | f interest | |
| ľ | Name of Interested Party | City, State, Country (place of busin | iess) | | pplicable) | |
| ⊢ | | | | Controlling | Intermediary | |
| С | ity of McAllen | McAllen, TX United States | | × | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | Myname is <u>Estella</u> De Anda | , and my date of | birth is | 3 | · | |
| | My address is <u>5// N. Cynthia</u> | . McAllen . 7 (city) (s | X | 78501 (zip code) | , USA (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct Executed in | | 18. | day of Janua (month) | rV. 20_23 | |
| | / | Eloth De ande | | | | |
| | (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. | | CEF | OFFICE USE | | |
|---|--|---|----------------------------------|-------------------|--------------|--|
| 1 | Name of business entity filing form, and the city, state and count of business. | Certificate Number: 2023-970512 | | | | |
| | Affordable Homes of South Texas, Inc. | | | | | |
| 2 | McAllen, TX United States | a contract for which the form is | | Filed: 0/2023 | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | | 0,2020 | | |
| | City of McAllen | | Date Acknowledged: 01/24/2023 | | | |
| | | | | | ida a | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | | the co | ontract, and prov | ride a | |
| | DC23AHSTI | | | | | |
| | Funds will used for the reconstruction and/or rehabilitation of s | single-family affordable housing un | its. | | | |
| _ | | | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | | |
| | | | | Controlling | Intermediary | |
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| F | Check only if there is NO Interested Party. | | | | | |
| 5 | X | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My nomo is | and my data at | hirth in | | | |
| | My name is | , and my date of | UII (I) IS | | · | |
| | My address is | ,,,,,,, | | | , | |
| | (street) | | tate) | (zip code) | (country) | |
| | | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | τ. | | | | |
| | Executed inCounty | v, State of, on the | (| - | | |
| | | | | (month) | (year) | |
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| | | | tue -1' | - h | | |
| | | Signature of authorized agent of con (Declarant) | tracting | g pusiness entity | | |
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| | | | | | 1 of 1 | | | |
|---|---|---|--|---------------------------------------|-----------------------------|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE | | | | |
| 1 | Name of business entity filing form, and the city, state and country of business. Affordable Homes of South Texas, Inc. McAllen, TX United States Name of governmental entity or state agency that is a party to the being filed. | | Certific 2023-9 Date F 01/10/ | | | | | |
| | City of McAllen | | Date A | cknowledged: | | | | |
| 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. DC23AHSTI Funds will used for the reconstruction and/or rehabilitation of single-family affordable housing units. | | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | ess) | Nature of (check ap Controlling | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is <u>Robert Calvillo</u> | , and my date of t | oirth is _ | 03/28/1963 | | | | |
| | My address is <u>1420 Erie Ave</u> . (street) | , <u>Mcallen</u> , <u>TX</u> (city) (str | X, ate) | 78501 (zip code) | , <u>USA</u> . (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | ale) | (zip code) | (country) | | | |
| | | | <u>l0th</u> da | ay of <u>January</u> (month) | , 20 <u>_23</u> . (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 USE | | | |
| | 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 cour of business. | ntry of the business entity's place | - | ficate Number: -975910 | | | |
| | Powerscreen Texas, Inc. | 3 | | | | | |
| | La Grange, TX United States | | a contraction de | Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | 5/2023 | | | |
| | 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 | tity or state agency to track or identify ided under the contract. | the co | ontract, and pro | vide a | | |
| | Project No. 12-22-P13-64 | | | | | | |
| | Purchase of One Trommel Screen | | | | | | |
| 4 | Name of Internetical Darts | | | | finterest | | |
| | Name of Interested Party | City, State, Country (place of busin | ess) | | pplicable) | | |
| - | | | | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my date of | birth is | 08-29-196 | ;4 | | |
| | My address is 16120 Ozarks Path | | | 78945 | USA | | |
| | (street) | (city) (st | tate) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and corre | ect. | | | | | |
| | Executed in Fayette Coun | ity, State of Texas , on the | 25th _c | lav of Januar | y 20 ²³ | | |
| | | nty, State of <u>Texas</u> , on the | | (month) | (year) | | |
| | | Samuel MEN | all | Ъ | | | |
| | Samuel McNab | b, President (Declarant) | tracting ower | screen Te | kas, Inc. | | |

www.ethics.state.tx.us

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 country of the business entity's place of business. | | | Certificate Number: 2023-975910 | | |
| | Powerscreen Texas, Inc. | | | 2020 | 010010 | |
| | La Grange, TX United States | | | Date F | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to th | e contract for which th | e form is | | 5/2023 | |
| 2 | being filed. | le contract for which th | | | | |
| | City of McAllen | | | Date Acknowledged: | | |
| | | | | 01/25 | 5/2023 | |
| 3 | Provide the identification number used by the governmental enti description of the services, goods, or other property to be provid | | | the co | ontract, and prov | ide a |
| | Project No. 12-22-P13-64 | | | | | |
| | Purchase of One Trommel Screen | | | | | |
| | Turchase of one frommer screen | | | | | |
| | | | | 1 | Nature of | interest |
| 4 | Name of Interested Party | City, State, Country | (place of busine | ess) | (check ap | plicable) |
| Í | | | | ŕŀ | Controlling | Intermediary |
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| 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 | , | , | , _ | | , <u> </u> |
| | (street) | (city) | (sta | ate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | ct. | | | | |
| | Executed inCount | v. State of | . on the | h | av of | . 20 |
| | | ,, | , | | (month) | (year) |
| | | Signature of authoriz | ed agent of cont (Declarant) | racting | business entity | |
| 1 | | | · · · · · · · · · · · · · · · · · · · | | | |

FORM 1295

| | | | | | 1011 | |
|---|---|---|----------|----------------------------|--------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. | | | OFFICE USE | | |
| L | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | CERTIFICATION OF FILING | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | ficate Number: 8-975619 | | |
| | Chastang Autocar | | | | | |
| | Houston, TX United States | | | Filed: 4/2023 | | |
| 2 | Name of governmental entity or state agency that is a party to th being filed. | e contract for which the form is | 01/24 | 4/2023 | | |
| | City of McAllen | | Date | Acknowledged: | | |
| 3 | Provide the identification number used by the governmental enti description of the services, goods, or other property to be provid | | the co | ontract, and prov | ide a | |
| | PROJECT NO. 01-23-P24-01 | | | | | |
| | New Autocar Trucks | | | | | |
| | | 1 | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | | |
| | | Controlling Inter | | | Intermediary | |
| N | orberg, Carl | Houston, TX United States | | | х | |
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| | | I | | II | | |
| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my date of | birth is | i | · | |
| | My address is | | , . | | · | |
| | (street) | (city) (s | tate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | ct. | | | | |
| | Executed inCount | y, State of, on the | c | day of | , 20 | |
| | | | | (month) | (year) | |
| | | Signature of authorized agent of con (Declarant) | tracting | g business entity | | |
| 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. | | CE | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-975619 | | |
| | Chastang Autocar | | | 0 | | |
| | Houston, 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 | 24/2023 | | |
| | being filed. | | | | | |
| | City of McAllen | | | Date Acknowledged: | | |
| | 01/25/2023 | | | | | |
| 3 | description of the services, goods, or other property to be provided under the contract. | | | | | |
| | PROJECT NO. 01-23-P24-01 | | | | | |
| | New Autocar Trucks | | | | | |
| | | | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (place of busi | ness) | (check ap | | |
| | | | , | Controlling | Intermediary | |
| N | orberg, Carl | Houston, TX United States | | | Х | |
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| | Check only if there is NO Interested Party. | | | 11 | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my date o | f birth i | s | · | |
| | My address is(street) | ,,, | , state) | ,(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 co (Declarant) | ntractir | ng business entity | | |
| | | (200101011) | | | | |

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| - A. | CH I | - 51 |
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| F | | | | | | 1 of 1 |
|---|---|--|------------------------------------|-----------------|--------------------------|----------------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | OFFICE US | |
| L | | | | | | N OF FILING |
| 1 | Name of business entity filing form, and the city, state and co of business. | untry of the business of | entity's place | | icate Number: ·975844 | |
| | Freeit Data Solutions, Inc. | | | 2023- | 975644 | |
| | Austin, TX United States | | | Date F | | |
| 2 | Name of governmental entity or state agency that is a party to being filed. | the contract for which | the form is | 01/25 | /2023 | |
| | 2008 | | | | Acknowledged | : |
| 3 | Provide the identification number used by the governmental e description of the services, goods, or other property to be pro | ntity or state agency to vided under the contra | o track or identify act. | the co | ntract, and pro | ovide a |
| | 01-23-P27-01 | | | | | |
| | network equipment for library patron pc usage | | | | | |
| 4 | | | | | | of interest |
| | Name of Interested Party | City, State, Countr | y (place of busine | ess) | | pplicable) |
| | rahid Mayree | Austin TV Units | d Ctataa | | Controlling | Intermediary |
| Ľ | rchid, Wayne | Austin, TX Unite | d States | | х | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | _{My name is} Dulari von Christierson | | , and my date of bi | rth is _ | 06/27/198 | 1 |
| | My address is 900 East 6th Street, Suite 102 | , Austin | тх | 7 | 8702 | USA |
| | (street) | (city) | (stat | e) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and corre | ect. | | | | |
| | Executed in TravisCour | nty, State of Texas | , on the 2 | 5 _{da} | _{y of} Januar | y_, ₂₀ 23 |
| | | | _ | / | (month) | (year) |
| | | A | n/1 | | | |
| | | Signature of author | zed agent of contra (Declarant) | acting b | ousiness entity | |

FORM 1295

| | | | | 1011 | |
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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 CERTIFICATIO | | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | Certificate Number: 2023-975844 | | | |
| L | Freeit Data Solutions, Inc. | | 2023-373044 | | |
| | Austin, TX United States | | Date Filed: | | |
| 2 | | he contract for which the form is | 01/25/2023 | | |
| | being filed. | | | | |
| L | City of McAllen | | Date Acknowledge | ed: | |
| | | | 01/31/2023 | | |
| 3 | 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. | | | | |
| | 01-23-P27-01 | | | | |
| | network equipment for library patron pc usage | | | | |
| \vdash | | | Nature | of interest | |
| 4 | Name of Interested Party | City, State, Country (place of busine | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | applicable) | |
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| | rahid Wayna | Austin TV United States | | Internetialy | |
| 0 | rchid, Wayne | Austin, TX United States | x | | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of b | pirth is | | |
| | | | | | |
| | My address is | | | | |
| | (street) | | ate) (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | t | ~ 13 E 8* | | |
| | | | | | |
| | Executed inCounty | /, State of, on the | day of(month | | |
| | | | | | |
| | | Signature of authorized agent of contr (Declarant) | racting business entit | y | |
| | | | | | |

| Name of Interested Party City, State, Country (place of business) (check appli | DF FILING | | | |
|---|-----------------------------|--|--|--|
| of business. 2023-978360 Southern Trenchless Solutions, LLC. La Feria,, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Filed: McAllen Public Utility Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide description of the services, goods, or other property to be provided under the contract. Project #01-23-C11-01 McAllen Public Utility - Manhole Rehabilitation Phase V Nature of interested Party City, State, Country (place of business) Nature of interested Party | | | | |
| Southern Trenchless Solutions, LLC. La Feria,, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Filed: 02/01/2023 McAllen Public Utility Date Filed: 02/01/2023 Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide description of the services, goods, or other property to be provided under the contract. Project #01-23-C11-01 NcAllen Public Utility - Manhole Rehabilitation Phase V A Name of Interested Party City, State, Country (place of business) Nature of interested party | | | | |
| La Feria,, 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. Date Filed: McAllen Public Utility Date Acknowledged: 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide description of the services, goods, or other property to be provided under the contract. Date Acknowledged: 4 Name of Interested Party City, State, Country (place of business) Nature of interested party | | | | |
| 2 Name of Interested Party City, State, Country (place of business) 2 Name of Interested Party | | | | |
| McAllen Public Utility Date Acknowledged: 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide description of the services, goods, or other property to be provided under the contract. Project #01-23-C11-01 McAllen Public Utility - Manhole Rehabilitation Phase V 4 Name of Interested Party City, State, Country (place of business) Nature of interested Party | | | | |
| description of the services, goods, or other property to be provided under the contract. Project #01-23-C11-01 McAllen Public Utility - Manhole Rehabilitation Phase V 4 Name of Interested Party City, State, Country (place of business) | | | | |
| McAllen Public Utility - Manhole Rehabilitation Phase V A Name of Interested Party City, State, Country (place of business) (check applic | nterest | | | |
| 4 Name of Interested Party City, State, Country (place of business) (check appli | nterest | | | |
| Name of Interested Party City, State, Country (place of business) (check appli | | | | |
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| 5 Check only if there is NO Interested Party. | | | | |
| 6 UNSWORN DECLARATION | | | | |
| My name is Ramon Closher, and my date of birth is 2/9/19 | gMM. | | | |
| My address is 1303 VU. 3rd St Apt #24, Westaco K, 78594, US (street) (city) (state) (zip code) (country) | | | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| Executed in COMERON County, State of TEXOS _, on the 1st day of February, (month) | J. 20 <u>23</u> . (year) | | | |
| | | | | |
| Signature of authorized agent of contracting business entity (Declarant) | | | | |

FORM 1295

| L | | | | | | 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. | rties. | | с | OFFICE US | | |
| 1 | Name of business entity filing form, and the city, state a | ind count | ry of the business entity's place | | Certificate Number: | | |
| | of business. Southern Trenchless Solutions, LLC. | | | 20 | 23-978360 | | |
| | La Feria,, TX United States | | | Da | te Filed: | | |
| 2 | Name of governmental entity or state agency that is a pa | arty to the | e contract for which the form is | | /01/2023 | | |
| | being filed. | | | | te Acknowledged: | | |
| | McAllen Public Utility | | | | /03/2023 | | |
| - | Provide the identification number used by the governme | ntol ontil | h, ar state agency to track or ide | ntify the | contract and pro | vide a | |
| 3 | description of the services, goods, or other property to I | be provid | ed under the contract. | and y the | contract, and pro | viuc a | |
| | Project #01-23-C11-01 McAllen Public Utility - Manhole Rehabilitation Phase | v | | | | | |
| 4 | | 1 | | | | finterest | |
| - | Name of Interested Party | | City, State, Country (place of b | usiness) | | oplicable) | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
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| | My name is | | , and my date | e of birth | is | | |
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| | My address is | | '' (city) | (state) | (zip code) | , (country) | |
| | | decreat | | | | | |
| | I declare under penalty of perjury that the foregoing is true an | | | | | | |
| | Executed in | _County, | State of, on | the | _day of(month) | , 20 (year) | |
| | | | | | | | |
| | - | | Signature of authorized agent of | contracti | ng business entitv | | |
| | | | (Declarant) | | | | |
| orr | ns provided by Texas Ethics Commission w | ww.ethic | cs.state.tx.us | | Version V3 | 3.5.1.3ac88bc0 | |

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. | | CF | OFFICE USE | | |
|-----|---|------------------------------------|------------|------------------------------------|----------------|--|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2022-951708 | | |
| | Silver Ribbon Community Partners | | | 2-951708 | | |
| | Mcallen, TX United States | | Date | Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to th | e contract for which the form is | 11/0 | 3/2022 | | |
| | being filed. | | | | | |
| | City of Mcallen CDBG | | | Acknowledged: | | |
| | | | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide | | ify the c | contract, and prov | vide a | |
| | B-22-MC-48-0506 | | | | | |
| | Provide financial assistance to elderly or adults with disabilitie utility deposit, durable medical equipment or medical expense | | ith rent | , rent deposit, uti | ility bills, | |
| _ | unity deposit, durable medical equipment of medical expense | | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (place of bus | iness) | (check ap | plicable) | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
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| l°. | UNSWORN DECLARATION | | | | | |
| | My name is | , and my date | of birth i | s | · | |
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| | My address is | | , | | , | |
| | (street) | (city) | (state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | :t. | | | | |
| | Executed inCount | v. State of | е | dav of | . 20 | |
| | COUNT. | , eace a,, on a | | (month) | , 20 (year) | |
| | | Signature of authorized agent of c | ontractin | na husiness entity | | |
| | une any ideal by Taylog Ethics Commission | (Declarant) | Ginacul | | | |

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 USI | 8 |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2022-951708 | | |
| | Silver Ribbon Community Partners | | | 2022 | -921108 | / |
| | Mcallen, TX United States | | | Date | Filed: | / |
| - | Name of governmental entity or state agency that is a party to the | | ka faran ia | | 3/2022 | |
| 2 | being filed. | e contract for which t | ne torni is | | | |
| | City of Mcallen CDBG | | | Date | Acknowledged | |
| | | | | | | Le part s |
| 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 finded under the contract | track or identify | the co | ontract, and pro | ivide a |
| | B-22-MC-48-0506 | | | | | |
| | Provide financial assistance to elderly or adults with disabilitie | es facing a crisis and | need help with | rent. | rent deposit, u | tility bills. |
| | utility deposit, durable medical equipment or medical expense | 25 | | | | |
| | | Ì | | 1 Denorstration of the second | Nature o | of interest |
| 4 | Name of Interested Party | City, State, Country | (place of busin | ess) | (check a | pplicable) |
| | | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | diuwwww.eduiticiaaaaaa | | | | |
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| 6 | UNSWORN DECLARATION | | | | | |
| | My name is Migdalia Ochoa | | and my date of | birth is | , 05/11/196 | <u>.</u> |
| | my auditos is | McAllen | and a second sec | * | 78501 | ² |
| | (street) | (city) | (\$ | tate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and corre | ct. | ······································ | r e sur de la compañía de la compañí E travelar de la compañía de la comp | ///////////////////////////////////// | |
| | Executed in Hidalgo Coun | ty, State of Texas | , on the | 3 | day of Novem | , 20 |
| Restance of the second s | | nDehra | | · | (month | i) (year) |
| | | Signature of author | zed agent of cor | tractin | a business entit | |
| and and a second se | | A server researce for example (1997) | (Declarant) | | | Januar I. S. |

Forms provided by Texas Ethics Commission

Version V3.5.1.d1b92728

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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 ONLY CERTIFICATION OF FILING | | | |
| Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | ce Cei | Certificate Number: | | | |
| Aqua-Metric Sales Company | | | | 202 | 23-978364 | | |
| Selma, TX United States | | | | | Date Filed: | | |
| 2 Name of governmental entity or state agen being filed. | cy that is a party to th | ne contract for | which the form i | s 02/ | 02/01/2023 | | |
| City of McAllen, Texas | | | | Dat | Date Acknowledged: | | |
| 3 Provide the identification number used by description of the services, goods, or other | the governmental ent r property to be provi | ity or state age ded under the | ency to track or i contract. | dentify the | contract, and pro | vide a | |
| Project No. 01-23-P29-01 Purchase of IPerl Reclaimed Water Mete | ers & Accessories | | | | | | |
| 4 Name of Interacted Party | | | | | 22.03.02.07.07.07.07.07.07.07.07.07.07.07.07.07. | of interest | |
| Name of Interested Party | | City, State, o | Country (place of | business) | (check ap Controlling | pplicable) Intermediary | |
| Newville, Christopher | | Selma, TX | United States | | | X | |
| Hamilton, Justin | | Selma, TX | United States | | | х | |
| Segarra, Kristy | | Selma, TX | United States | | | х | |
| VanCleave, Kelsey | | Selma, TX | United States | | | х | |
| Cartwright, Michael | | Selma, TX | United States | | | х | |
| Aqua-Metric Sales Company | | Selma, TX | United States | | х | | |
| | | | | | | | |
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| | | | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | | | |
| 6 UNSWORN DECLARATION | | | | | | | |
| My name is <u>Christopher Newville</u> | | | , and my d | ate of birth i | is July 24, 1986 | · | |
| My address is _ 16914 Alamo Parkway, Building 2 | 2 | Selma | | , TX | 78154 | USA | |
| (street) | | | (city) | _,, (state) | (zip code) | (country) | |
| I declare under penalty of perjury that the foreg | ioing is true and correct | t. | | | | | |
| Executed in Guadalupe | County | v, State of | Texas, 0 | n the 1st | day of February | , 20 <u>_23</u> | |
| | | | 2 | | (month) | (year) | |
| | | \leq | | | | | |
| | -6- | Signature of | authorized agent | of contractin |) | | |
| | | Signature or | (Declarant) | | ly 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 USE ONLY CERTIFICATION OF FILING | | | |
| 1 Name of business entity filing form, and the city, state and country of the business entity's pl | | | tificate Number: | | | |
| Aqua-Metric Sales Company | of business. Aqua-Metric Sales Company | | | 2023-978364 | | |
| Selma, TX United States | | Date | e Filed: | | | |
| 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | 01/2023 | | | |
| City of McAllen, Texas | | Date | e Acknowledged: | r i i i i i i i i i i i i i i i i i i i | | |
| | | 09/2023 | | | | |
| description of the services, goods, or other pro | overnmental entity or state agency to track or ident perty to be provided under the contract. | tify the c | contract, and pro | vide a | | |
| Project No. 01-23-P29-01 Purchase of IPerl Reclaimed Water Meters & | Accessories | | | | | |
| 4 Name of Interested Party | City, State, Country (place of bus | vinoco) | | f interest | | |
| Name of interested Party | City, State, Country (place of bus | siness) | Controlling | oplicable) Intermediary | | |
| Newville, Christopher | Selma, TX United States | | | X | | |
| Hamilton, Justin | Selma, TX United States | | | х | | |
| Segarra, Kristy | Selma, TX United States | | | х | | |
| VanCleave, Kelsey | Selma, TX United States | | | х | | |
| Cartwright, Michael | Selma, TX United States | | | х | | |
| Aqua-Metric Sales Company | Selma, TX United States | | x | | | |
| | | | | | | |
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| | | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | | |
| 6 UNSWORN DECLARATION | | | | | | |
| My name is | , and my date of | of birth is | ; | | | |
| My address is | | | | | | |
| (street) | | (state) | (zip code) | (country) | | |
| I declare under penalty of perjury that the foregoing i | is true and correct. | | | | | |
| Executed in | County, State of, on the | ec | day of | , 20 | | |
| | | | (month) | (year) | | |
| | Signature of authorized agent of co | ntracting | g business entitv | | | |
| | (Declarant) | | | | | |
| orms provided by Texas Ethics Commission | www.ethics.state.tx.us | | Version V3 | .5.1.3ac88bc0 | | |

1 of 1

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE | |
|---|---|--|----------|--------------------------------|---|
| 1 | Name of business entity filing form, and the city, state and countr of business. | y of the business entity's place | | ficate Number: -983985 | |
| | Decomm Ventures, LP DBA Decomm Aviation Consulting | | | | |
| | Eagan, MN United States | a surfus at fax which the form is | | Filed: 5/2023 | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 02,10 | 5,2020 | |
| | City of McAllen | | Date | Acknowledged: | |
| 3 | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide | y or state agency to track or identify ed under the contract. | the co | ontract, and prov | /ide a |
| | 12-22-S18-109 | | | | |
| | Aviation Business Consulting Services | | | | |
| | | | | Nature of | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | and the second |
| _ | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | | | | , , | |
| | | , and my date of | | • | 1951. |
| | My address is 1118 STATION TROIL | <u> </u> | tate) | (zip code) | (country) |
| | <u> </u> | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | iĿ | | |
| | Executed in DAKORA County | y, State of $MINNES OT A$, on the | 15 | day of <u>ドebらい</u> (month) | <u>a 7</u> 20 <u>23</u> . (vear) |
| | | 1. B DOnt | | (, | |
| | | Signature of authorized agent of cor | ntractin | g business entity | |
| | | (Declarant) | | | |

www.ethics.state.tx.us

FORM 1295

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|------------|--|---|------------|------------------------------------|----------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FI | | | | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-983985 | | | |
| | Decomm Ventures, LP DBA Decomm Aviation Consulting | | 2023 | 0-903903 | | | |
| | Eagan, MN United States | | Date | Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the form is | 02/15/2023 | | | | |
| - | being filed. | | | | | | |
| | City of McAllen | | | Acknowledged: | | | |
| | | | 02/1 | 6/2023 | | | |
| 3 | | ion number used by the governmental entity or state agency to track or identify the contract, and provide a /ices, goods, or other property to be provided under the contract. | | | | | |
| | 12-22-S18-109 | | | | | | |
| | Aviation Business Consulting Services | | | | | | |
| | | | | Notice of | interest | | |
| 4 | Name of Interacted Party | City State Country (place of busin | acc) | Nature of | | | |
| | Name of Interested Party | City, State, Country (place of busin | 655) | (check ap Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my date of | birth is | 8 | · | | |
| | Mu address is | | | | | | |
| | My address is(street) | | tate) | (zip code) | , (country) | | |
| | (50007) | (013) (5 |) | (Elb code) | (0001113) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | | |
| | Executed inCounty | /. State of on the | | dav of | . 20 . | | |
| | cod, | , outo o, o. u.o. | | (month) | , (year) | | |
| | | Signature of authorized agent of con (Declarant) | tractin | g business entity | | | |
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FORM 1295

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|---|---|--|--|-------------------------|--|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | CEI | OFFICE USE ONLY CERTIFICATION OF FILING | | | | | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | Certificate Number: 2023-984610 | | | | | | |
| | TEXAIR COMPANY INC | | 2023 | 3-984010 | | | | |
| | McAllen, TX United States | | Date | 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 | 02/10 | 02/16/2023 | | | | |
| | City of McAllen | | Date | Date Acknowledged: | | | | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi | by the governmental entity or state agency to track or identify the contract, and provide a ther property to be provided under the contract. | | | | | | |
| | Project No. 12-22-C02-363 McAllen Public Safety Building HVAC Upgrades | | | | | | | |
| 4 | Non-2 of Internated Dayly | | | | of interest | | | |
| | Name of Interested Party | City, State, Country (place of busin | ess) | (check a Controlling | pplicable) | | | |
| N | Webb, James, JR MCALLEN, TX United States | | | X | Intermediary | | | |
| w | /ebb, James, III | MCALLEN, TX United States | | x | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | _{My name is} James E Webb, Jr. | , and my date of b | oirth is _. | MAY 06, 1 | 945 | | | |
| | My address is 312 W Redbud Ave | , McALLEN TX | · · · · | 78503 | USA | | | |
| | (street) | (city) (sta | ite) | (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 2 | 20 _{da} | ay of Februa | 1 ry _{, 20} 23 (year) | | | |
| | (| | | (institut) | (jour) | | | |
| | | Signature of authorized agent of contr (Deplarant) | acting | business entity | | | | |

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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 pa | arties. | | OFFICE US | | |
| 1 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-984610 | | |
| | | | | | | |
| | McAllen, TX United States Name of governmental entity or state agency that is a p | arty to the contract for which the fo | | ate Filed: 2/16/2023 | | |
| L R | being filed. City of McAllen | | | ate Acknowledged | | |
| | | | | 2/20/2023 | | |
| C | Provide the identification number used by the governm description of the services, goods, or other property to Project No. 12-22-C02-363 | ental entity or state agency to track be provided under the contract. | or identify th | e contract, and pro | vide a | |
| r | McAllen Public Safety Building HVAC Upgrades | | | | | |
| 4 | Name of Interested Party | City State Country (nla | a of husings | | Nature of interest | |
| | Name of interested Party | City, State, Country (plac | ce of Dusiness | S) (Check a) Controlling | pplicable) Intermediary | |
| Web | ob, James, JR | MCALLEN, TX United | States | x | | |
| Web | bb, James, III | MCALLEN, TX United | States | х | | |
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| 5 C | heck only if there is NO Interested Party. | | | | | |
| 6 UI | NSWORN DECLARATION | | | | | |
| My | y name is | , and i | my date of birth | ı is | | |
| My | y address is | 1 | | | | |
| | (street) | | (state) | (zip code) | (country) | |
| ١d | leclare under penalty of perjury that the foregoing is true ar | nd correct. | | | | |
| Ex | recuted in | _County, State of | _, on the | | | |
| | | | | (month) | (year) | |
| | - | Signature of authorized ag | | ing business entity | | |
| orms | s provided by Texas Ethics Commission | (Decla www.ethics.state.tx.us | | Version V? | 3.5.1.3ac88bc0 | |
| | | | | | | |

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| | CERTIFICATE OF INTERESTED PAR | TIES | | | FOR | ам 1295 |
|----|--|---------------------------------------|--|----------------------|----------------------------------|-----------------------------|
| ⊨ | | | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | CE | OFFICE US | |
| 1 | Name of business entity filing form, and the city, state and cour of business. DLT Solutions, LLC | ntry of the busin | ess entity's place | | ificate Number: 3-984844 | |
| 2 | Herndon, VA United States | he contract for u | which the form is | | Filed: 7/2023 | |
| | 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 11-22-S16-05 IT/Software | tity or state ager ded under the c | ncy to track or identify ontract. | the co | ontract, and pro | vide a |
| 4 | Name of Interested Party | City, State, Co | ountry (place of busin | ess) | (check a | f interest oplicable) |
| | | | | | Controlling | Intermediary |
| | Tech Data Corporation | Clearwater, F | L United States | | × | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is <u>Staci Patel</u> | | , and my date of b | irth is _. | 10/21/1972 | |
| | My address is 13650 Sylvan Bluff Drive (street) | ,Leesburg (| city) (sta | ' | 20176 (zip code) | , <u>USA</u> . (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | |
| | Executed in Loudon County | v, State of <u>VA</u> | , on the | <u>21</u> da | ay of <u>February</u> (month) | , 20 <u>_23</u> (year) |
| | | Signature of a | Staci Patel | ooting | husings | |
| | | Signature of a | thom2950 3999197 04250ntr (Declarant) | acting | business entity | |
| or | ms provided by Texas Ethics Commission www.eth | ics.state.tx.us | | | Version V3 | .5.1.3ac88bc0 |

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 CERTIFICATION | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | Certificate Number: | | |
| | DLT Solutions, LLC | | 2023-984844 | |
| | Herndon, VA United States | | Date Filed: | |
| 2 | | he contract for which the form is | 02/17/2023 | |
| | being filed. | | | |
| | City of McAllen | | Date Acknowledged | : |
| | | | 02/22/2023 | |
| 3 | description of the services, goods, or other property to be provide | ity or state agency to track or identify ded under the contract. | the contract, and pro | ovide a |
| | 11-22-S16-05 | | | |
| | IT/Software | | | |
| - | | 1 | Nature o | of interest |
| 4 | Name of Interested Party | City, State, Country (place of busine | | pplicable) |
| | | | Controlling | Intermediary |
| DI | LT Solutions, LLC | Herndon, VA United States | х | |
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| 5 | Check only if there is NO Interested Party. | | | |
| 6 | UNSWORN DECLARATION | | | |
| | My name is | , and my date of b | irth is | · |
| | | | | |
| 1 | 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 | | |
| | | | (month) | (year) |
| | | Signature of authorized agent of contr | acting business entity | |
| | ns provided by Toyas Ethias Commission | (Declarant) | | F 1 0 00k - 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 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-987586 | | |
| | Rideco US Inc. | | 2020 . | 501000 | | |
| | Los Angeles, CA United States | | Date F | iled: | | |
| 2 | | e contract for which the form is | 02/24/ | 2023 | | |
| | City of McAllen, a home-rule municipality in Hidalgo County | | Date A | cknowledged: | | |
| 3 | Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide | | the cor | ntract, and prov | vide a | |
| | Project No. 01-23-S21-02 | | | | | |
| | Technology for on-demand transit services | | | | | |
| | | | | | | |
| 4 | | | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | applicable) | |
| | | | Г | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | Prem Gururajan My name is | , and my date of | birth is S | Sep 3, 1980 | _ | |
| | 912 Bridgemill Court My address is | Kitchener ON | l , | N2A 0K3 | , Canada | |
| | (street) | (city) (st | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | xt. | | | | |
| | Executed inWaterlooCounty, State | e of Ontario, on the 27 day o | f Februa | ıry, 2023. | | |
| | | Reen R.25 | | (month) | (year) | |
| | | Signature of authorized agent of cont | tracting | business entitv | | |
| | (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 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: 2023-987586 | | |
| | Rideco US Inc. | | 202 | 0.001000 | | |
| | Los Angeles, CA 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 | | 24/2023 | | |
| | being filed. | | Date | Acknowledged | | |
| | City of McAllen, a home-rule municipality in Hidalgo County | | | e Acknowledged: 28/2023 | | |
| | Duravida the identification much as used by the measurement of the | h. or ototo onemos to two - 1. * | | | rida a | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide Design the cold cold cold cold cold cold cold cold | | ientify the d | contract, and prov | vide a | |
| | Project No. 01-23-S21-02 | | | | | |
| | Technology for on-demand transit services | | | | | |
| 4 | | | | Nature of | | |
| - | Name of Interested Party | City, State, Country (place of | business) | (check ap | | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my d | late 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 correc | t. | | | | |
| | Executed inCounty | /, State of | on the | day of | , 20 . | |
| | | | | (month) | ,o (year) | |
| | | Signature of authorized agent | | ng business entity | | |
| | (Declarant) | | | | | |

FORM 1295

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| E | | | | | |
|---|---|---|-------------|------------------|------------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| 1 | Name of business entity filing form, and the city, state and cour of business. | Certificate Number: 2023-989287 | | | |
| | SILSBEE FORD | | 2020 | 5-505207 | |
| | SILSBEE, 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 | 03/0 | 1/2023 | |
| | CITY OF MCALLEN | | Date | Acknowledged: | |
| H | Provide the identification number used by the governmental ent | | | | |
| 3 | description of the services, goods, or other property to be provi | ded under the contract. | the co | ontract, and pro | vide a |
| | 210907 | | | | |
| | 12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT M | ODEL POLICE PACKAGED VEHIC | LES | | |
| H | | 1 | | Nature o | finterest |
| 4 | Name of Interested Party | City, State, Country (place of busine | ess) | (check ap | |
| L | | | | Controlling | Intermediary |
| D | ONALSON, DREW | SILSBEE, TX United States | | х | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name isSETH GAMBLIN | , and my date of b | oirth is | 12/24/1985 | |
| | My address is1211 US HIGHWAY 96 N. | | | 77656 | USA |
| | (street) | (city) (sta | ate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | |
| | Executed inCounty | /, State of TX, on the | 01 d | lay of MARCH | _, <u>20</u> _23 |
| | | | | (month) | (year) |
| | | r, State of $\underline{TX}_{}$, on the $_{}$, on the $_{}$ | Λn |) | |
| | | Signature of authorized agent of contr (Declarant) | | | |
| | | | | | |

Forms provided by Texas Ethics Commission

FORM 1295

| 2 | being filed. CITY OF MCALLEN | OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2023-989287 Date Filed: 03/01/2023 Date Acknowledged: 03/01/2023 | | | |
|---|--|---|----------|------------------------|----------------|
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 210907 12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT M | ded under the contract. | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | Nature of (check ap | plicable) |
| | ONALSON, DREW | SILSBEE, TX United States | | Controlling X | Intermediary |
| | | | | | |
| | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | |
| | UNSWORN DECLARATION My name is | , and my date of b | oirth is | | |
| | My address is (street) | ''' | ite) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | / | |
| | Executed inCounty | r, State of, on the | | (month) | , 20 (year) |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | |

| 1 | | | | | FOF | RM 1295 |
|----|---|--------------|---|---------------|--------------------------------|---------------------------------------|
| | | | <u> </u> | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested p | parties. | | C | OFFICE US | |
| 1 | Name of business entity filing form, and the city, state of business. | | ry of the business entity's place | Ce | rtificate Number: 23-988501 | |
| | GRAPEVINE DCJ, LLC GRAPEVINE, TX United States | | | Da | te Filed: | |
| 2 | Name of governmental entity or state agency that is a being filed. | party to the | contract for which the form is | | /27/2023 | |
| | CITY OF MCALLEN | | | Da | te Acknowledged | : |
| | Provide the identification number used by the governm description of the services, goods, or other property to 12-22-P19-01 PURCHASE OF 10 POLICE PACKAGE VEHICLES | o be provid | y or state agency to track or ide ed under the contract. | ntify the | contract, and pro | vide a |
| 4 | | | | | | finterest |
| | Name of Interested Party | | City, State, Country (place of b | usiness) | (check a Controlling | pplicable) Intermedia |
| BU | EHLMAN, BRANDON | | GRAPEVINE, TX United Sta | tes | X | |
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| | Check only if there is NO Interested Party. | | | | | |
| | | .« | , and my date | of birth | ie 5-10-50 | ٥ |
| | Ay address is 2601 William Tat | | C- | | | |
| N | ly address is <u>2001 (Street</u>) | ٤ | Graperine | (state) | (zip code) | , <u>US</u> / <u>k</u> . (country) |
| I | declare under penalty of perjury that the foregoing is true a | and correct. | | | | |
| E | Executed in arr and | County, | State of Texes, on | ih2 <u>-2</u> | day of Febra (month) | <u>cc</u> 20 <u>23</u> (year) |
| | | | DP- | | | |
| | | | Signature of authorized agent of | anning stin | 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. | 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. GRAPEVINE DCJ, LLC | | 2023 | 3-988501 | |
| | GRAPEVINE, 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 | The second second | 27/2023 | |
| | being filed. | | | | |
| | CITY OF MCALLEN | | 100 000000 | Acknowledged: 8/2023 | |
| 3 | Provide the identification number used by the governmental ent | titu or state agonou to track or identifi | | - Second Second | vida a |
| 3 | description of the services, goods, or other property to be provi | ded under the contract. | / the co | ontract, and prov | vide a |
| | 12-22-P19-01 | | | | |
| | PURCHASE OF 10 POLICE PACKAGE VEHICLES | | | | |
| - | | 1 | | Nature of | finterest |
| 4 | Name of Interested Party | City, State, Country (place of busin | iess) | (check ap | |
| | | | | Controlling | Intermediary |
| вι | JEHLMAN, BRANDON | GRAPEVINE, TX United States | | х | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | | | | | |
| | My name is | , and my date of I | oirth is | | · · |
| | Mv address 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 an the | بر | lav of | 20 |
| | County | , orace or, on the _ | d | (month) | _, 20 (year) |
| | | | | | |
| | | Signature of authorized agent of contr (Declarant) | racting | business entity | |
| Forr | ns provided by Texas Ethics Commission www.eth | ics.state.tx.us | | Version V3 | .5.1.3ac88bc0 |

| | CERTIFICATE OF INTERESTED PAR | TIES | | | FOR | м 1295 | |
|----------|---|----------------------------------|----------------------------------|---------------------|--|---|--|
| | | | | | FOR | 1 of 1 | |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | CE | OFFICE US | | |
| 1 | Name of business entity filing form, and the city, state and coun of business. Cellco Partnership d/b/a Verizon Wireless Basking Ridge, NJ United States | ntry of the bu | isiness entity's | 202 | tificate Number: 3-991109 e Filed: | | |
| 2 | 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | | 03/06/2023 Date Acknowledged: | | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provid DIR-TELE-CTSA-003 Project No. 02-23-S25-01 | tity or state a ided under th | gency to track (le contract. | or identify the o | contract, and pro | vide a | |
| 4 | Name of Interested Party | City, State | , Country (place | of business) | 11. 072 COLUMN 24-1. CO. | f interest oplicable) | |
| | | | , , , , , | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | 5. dra. | 09/10/100 | r | |
| | | | , and m | y date of birth is | 08/16/196 | | |
| | My address is 10170 Junction Dr | , Anna | polis Juncti | | | USA_ | |
| | (street) | | (city) | (state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct Executed in Howard | | Mondord | 6 | March | 23 | |
| | Executed in Howard County | y, State of | viaryiand | _, on the0 | day of (month) | _, 20 <u>∠0</u> . (year) | |
| | | | | Signed by: Lloyd | | 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - | |
| | | Signature o | | AEGPESHTRacting | g business entity | | |

| FORM 1 | 1295 |
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| т. | UI. | 4 |

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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 | 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: | |
| | or business. Cellco Partnership d/b/a Verizon Wireless | | 2023-9 | 991109 | |
| | Basking Ridge, NJ United States | | Date F | iled: | |
| 2 | | he contract for which the form is | 03/06/ | /2023 | |
| | being filed. City of McAllen | | Date A | cknowledged: | |
| | | | 03/07/ | | |
| 3 | Provide the identification number used by the governmental en | tity or state agency to track or identify | the cor | ntract, and prov | vide a |
| | description of the services, goods, or other property to be prov | ided under the contract. | | | |
| | DIR-TELE-CTSA-003 Project No. 02-23-S25-01 | | | | |
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| 4 | Nemo of Interested Darty | | | Nature of | |
| | Name of Interested Party | City, State, Country (place of busine | | (check ap Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
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| | My name is | , and my date of b | oirth is | | · |
| | Mu address is | | | | |
| | My address is(street) | | ' ate) | (zip code) | (country) |
| | • consisting | | | (-1) | |
| | I declare under penalty of perjury that the foregoing is true and correc | ct. | | | |
| | Executed inCount | v. State of | day | v of | 20 |
| | | | uay | (month) | _, 20 (year) |
| | | | | | · 8 |
| | | | | | |
| | | Signature of authorized agent of contr (Declarant) | acting b | usiness entity | |
| For | ms provided by Texas Ethics Commission www.eth | nics.state.tx.us | | Version V3 | .5.1.3ac88bc0 |

FORM 1295

| 1 | of | 1 |
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| F | | | | | | |
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| Γ | Complete Nos. 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: 2023-990990 | | | | |
| | Motorola Solutions Inc. | | 2023 | , | | |
| L | Chicago, IL United States | | | Filed: 6/2023 | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 03/0 | 0/2023 | | |
| | City of McAllen, Texas | | Date | Acknowledged: | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | ty or state agency to track or identify led under the contract. | the c | ontract, and pro | vide a | |
| | 02-23-P36-01 | | | | | |
| | License Plate Reader Equipment and Services and In Car Vid | leo Systems | | | | |
| 4 | | | | Nature o | f interest | |
| [| Name of Interested Party | City, State, Country (place of busine | ess) | (check ap | | |
| ⊢ | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name isSean Heieck | , and my date of b | irth is | _04/16/71 | · | |
| | My address is _PO Box 823(street) | , _ Sunset Beach, _CA_ (city) (state | , e) | 90742, (zip code) | USA (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| | Executed inOrangeCounty, | State of _California, on the _6th | _day | ofMarch, (month) | 2023 (year) | |
| | | San Iduin | - | | | |
| | | Signature of authorized agent of contra (Declarant) | | 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 count of business. | Certificate Number: 2023-990990 | | |
| | Motorola Solutions Inc. | | | |
| 2 | Chicago, IL United States Name of governmental entity or state agency that is a party to the | e contract for which the form is | Date Filed: 03/06/2023 | |
| | being filed. | | | |
| | City of McAllen, Texas | | Date Acknowledge 03/08/2023 | d: |
| 3 | Provide the identification number used by the governmental entit | ty or state agency to track or identify | | ovide a |
| | description of the services, goods, or other property to be provid | ed under the contract. | • | |
| | 02-23-P36-01 License Plate Reader Equipment and Services and In Car Vid | eo Systems | | |
| 4 | | | - 1970 (1960) - 1970 (1960) | of interest |
| | Name of Interested Party | City, State, Country (place of busine | ess) (check Controlling | applicable) Intermediary |
| | | | | Internetiary |
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| 5 | Check only if there is NO Interested Party. | | | |
| 6 | UNSWORN DECLARATION | | | |
| | My name is | , and my date of b | birth is | |
| | | | | |
| | 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 |
| | County, | | day of(month | |
| | | Signature of authorized agent of contr (Declarant) | | |
| - | ns provided by Texas Ethics Commission | and the second and a second second second | Varaian | |

| | CERTIFICATE OF INTERES | IED PAR | IIES | | | FOF | км 129 |
|---|---|--------------------|------------------------------------|---------------------------|--------------|------------------------------|-------------------------|
| | | | | | | | 1 of |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | CE | OFFICE US | |
| 1 | Name of business entity filing form, and the city, of business. The Revenue Markets, Inc. | state and coun | try of the business en | tity's place | | ificate Number: 3-992603 | |
| | Accord, NY United States | | | | Date | Filed: | |
| 2 | Name of governmental entity or state agency that being filed. City of McAllen | t is a party to th | e contract for which t | ne form is | | 9/2023 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. 02-23-P37-01 Replacement Bridge Pedestrian Turnstiles | | | | | | | |
| 1 | | | | | | | finterest |
| | Name of Interested Party | | City, State, Country | place of busin | ess) | (check a Controlling | pplicable) |
| 20 | sakranse, Lisa | | Accord, NY United | States | | X | Intermed |
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| _ | Check only if there is NO Interested Party. | <u> </u> | | | | | |
| U | INSWORN DECLARATION | _ | | | | | |
| N | ly name isLisa Rosakranse | | , а | nd my date of bi | irth is _ | 06/30/1960 | |
| M | ly address is 5120 US Highway 209 | | Accord | , NY | r . | 12404 | USA |
| | (street) | | (city) | (stat | te) | (zip code) | (country) |
| l | declare under penalty of perjury that the foregoing is t | true and correct. | | | | | |
| E | xecuted inUster | County, | State of <u>NY</u>) DG KODK | \dots , on the <u>9</u> | <u>th</u> da | y of <u>March</u> (month) | , 20 <u>23</u> (year |
| | | <u> </u> | Signature of authorized | agent of contra | acting I | ousiness entity | |
| n | s provided by Texas Ethics Commission | www.ethic | s.state.tx.us | | | Version V3 | 5 1 3208 |

FORM 1295

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| | Complete Nos. 1 - 4 and 6 if there are interested partie Complete Nos. 1, 2, 3, 5, and 6 if there are no intereste | s. ed parties. | | | OFFICE US CERTIFICATION | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place | | | | Certificate Number: | | |
| | of business. The Revenue Markets, Inc. | 2 | 2023-992603 | | | | |
| | Accord, NY United States | | Date Filed: | | | | |
| 2 | Name of governmental entity or state agency that is being filed. | s a party to th | e contract for which the form | n is C |)3/09/2023 | | |
| | City of McAllen | | | | Date Acknowledged | : | |
| | | | | | 3/09/2023 | | |
| 3 | Provide the identification number used by the gove description of the services, goods, or other property | rnmental enti v to be provid | ty or state agency to track o led under the contract. | r identify th | ne contract, and pro | ovide a | |
| | Project No. 02-23-P37-01 | , | | | | | |
| | Replacement Bridge Pedestrian Turnstiles | | | | | | |
| 4 | | | | | Nature o | of interest | |
| 4 | Name of Interested Party | | City, State, Country (place | of busines | | pplicable) | |
| | | | | | Controlling | Intermediary | |
| Ro | osakranse, Lisa | | Accord, NY United State | S | Х | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 5 | UNSWORN DECLARATION | | | | | | |
| | My name is | | and my | data of hirt | h is | | |
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| ļ | My address is | | , | | ı | | |
| | (street) | | (city) | (state |) (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is tru | le and correct. | | | | | |
| | Executed in | County, | State of | , on the | day of | _, 20 | |
| | | | | | (month) | (year) | |
| | | | Signature of authorized ager | at of contrac | ting business optity | | |
| | | | (Declara | | any pusitiess endly | | |
| orr | ns provided by Texas Ethics Commission | www.ethi | cs.state.tx.us | | Version V3 | 3.5.1.3ac88bc0 | |

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. | | Certificate Number: 2023-991625 | | |
| | Mata G. Construction Inc | | | | |
| Ļ | Penitas, TX United States | the contract for which | | Date Filed: 03/07/2023 | |
| 2 | being filed. | he contract for which | | | |
| | City of McAllen | | | Date Acknowledged | 1: |
| 3 | Provide the identification number used by the governmental end description of the services, goods, or other property to be provi | tity or state agency to ided under the contrac | track or identify t | the contract, and pr | ovide a |
| | 01-23-C10-400 Storage Metal Building with Foundation | | | | |
| 4 | Nome of Interacted Darty | | toless of husing | Cubernets Pro | of interest |
| | Name of Interested Party | City, State, Country | (place of busine | Controlling | applicable) Intermediary |
| С | ity of McAllen | McAllen , TX Unit | ed States | X | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is Oved Ivan Mata | | and my date of bi | rth is03-30-19 | <u>79 </u> |
| | My address is3613 S H St | , McAllen | TX | | USA . |
| | (street) | (city) | (state | e) (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | et. | | | |
| | Executed in Hidalgo County | y, State of <u>TX</u> | , on the | 7day ofMarc | |
| | | Over han | | (month) | (year) |
| | | | - / | | |
| | | | ed 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 ONLY CERTIFICATION OF FILING | | |
| 1 | of husiness | | | Certificate Number: | |
| | Mata G. Construction Inc | 2023-991625 | | | |
| | Penitas, 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 | 03/07/2023 | | |
| | City of McAllen | | Date Acknowledge | d: | |
| 3 | Provide the identification number used by the governmental ent | tity or state agonov to track or identify | | | |
| ľ | description of the services, goods, or other property to be provi | ided under the contract. | ine contract, and pr | ovide a | |
| | 01-23-C10-400 | | | | |
| | Storage Metal Building with Foundation | | | | |
| F | | | Nature | of interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) (check | applicable) | |
| L | | | Controlling | Intermediary | |
| С | ty of McAllen | McAllen , TX United States | х | | |
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| 5 | Check only if there is NO Interested Party. | | I | 1 | |
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| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of b | pirth is | · | |
| | | | | | |
| | My address is (street) | | | -)· | |
| | (street) | (City) (sta | ate) (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | |
| | Executed inCounty | , State of , on the | dav of | . 20 | |
| | | | (month) | | |
| | | Signature of authorized agent of contr | racting business ontit | | |
| | | (Declarant) | racting business entity | | |
| For | ns provided by Texas Ethics Commission www.eth | ics.state.tx.us | Version V | /3.5.1.3ac88bc0 | |

FORM 1295

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|---|---------------------------------------|--|------------------|---|---|------------------------------------|-----------------|--------------------------|
| | | 4 and 6 if there are interested part 2, 3, 5, and 6 if there are no interes | | | | | OFFICE US | E ONLY |
| 1 | of business. | | | | | Certificate Number: 2023-981344 | | |
| | M.J.A. Construct Mission, TX Unite | | | | | Date Fi | iled: | |
| 2 | Name of governm being filed. | ental entity or state agency that | is a party to th | e contract for which | the form is | 02/08/ | | |
| | City of McAllen | | | | | Date A | cknowledged | : |
| 3 | 01-23-C05-468 | fication number used by the gov services, goods, or other prope | rty to be provid | ty or state agency to ded under the contra | o track or identify act. | the con | itract, and pro | vide a |
| | Quince Avenue & | & 8th Street Drainage Improver | nents | | | | | |
| 4 | j | Name of Interested Party | | City, State, Countr | y (place of busine | ss) | | f interest oplicable) |
| | the second second second | | | | | | Controlling | Intermediary |
| G | onzalez, Sonya | | | MISSION, TX Ur | nited States | | х | |
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| 5 | Check only if there | is NO Interested Party. |] | | | | | |
| 6 | UNSWORN DECLA | RATION | | | | | | |
| | My name is | Sonya A. Gonzalez | | | , and my date of bi | rth is _J | luly 1, 1975 | |
| | My address is | 3100 Hackberry Ave. | | Mission | ,Tx | ·, | 78574 | USA |
| | | (street) | | (city) | (stat | e) | (zip code) | (country) |
| | I declare under pena | Ity of perjury that the foregoing is t | rue and correct. | | | | | |
| | Executed in | Hidalgo | County, | State of Texas | , on the <u>8</u> 1 | t <u>h_</u> day | of February | |
| | | | - | \mathbf{S} | 80 | | (monur) | (year) |
| | | | | Signature of authori | zed agent of contra | cting bu | isiness entity | |
| | | | | 804 | (Declarant)-) | 3.54 | | |

Forms provided by Texas Ethics Commission

FORM 1295

| - | | | | | 1011 | |
|----------|--|--|----------------------------------|------------------------------------|----------------------------|--|
| Γ | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties | S. | CE | OFFICE US | | |
| 1 | of husiness | | | Certificate Number: 2023-981344 | | |
| | M.J.A. Construction, LLC | | | 3-901344 | | |
| - | Mission, TX United States | to the contract for which the form is | | e Filed:)8/2023 | | |
| ľ | 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 | 2.0 m C2.000 m C | Date Acknowledged: 03/10/2023 | | | |
| 3 | Provide the identification number used by the governmental description of the services, goods, or other property to be p | I entity or state agency to track or identif | y the c | contract, and pro | vide a | |
| | 01-23-C05-468 | Noviace under the contract. | | | | |
| | Quince Avenue & 8th Street Drainage Improvements | | | | | |
| 4 | | | | 10011004000-040 1040 | finterest | |
| | Name of Interested Party | City, State, Country (place of busin | iess) | (check a Controlling | pplicable) Intermediary | |
| G | onzalez, Sonya | MISSION, TX United States | | X | Internetiary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my date of | birth is | i | | |
| | My address is | | | | | |
| | My address is(street) | (city) (s | tate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and co | prrect. | | | | |
| | Executed inCc | ounty, State of, on the | c | day of | , 20 | |
| | | | | (month) | (year) | |
| | | Signature of authorized agent of con | tracting | g business entity | | |
| For | ns provided by Texas Ethics Commission www | (Declarant) | | Version V | 3.5.1.3ac88bc0 | |
| | | | | | | |

FORM 1295

| | | | | | | 1011 | |
|---|--|-----------------------------|---------------------|------------------------------------|--------------------|---------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILING | | | | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-990607 | | | |
| | Freeit Data Solutions, Inc. | | | 2025 | 550001 | | |
| | Austin, TX United States | | | Date F | iled: | | |
| 2 | Name of governmental entity or state agency that is a party t | to the contract for which t | ho form is | 03/03 | | | |
| 2 | being filed. | | ine ionin'is | | | | |
| | City of McAllen | | | Date A | Date Acknowledged: | | |
| 3 | Provide the identification number used by the governmental description of the services, goods, or other property to be provided and the services of the servic | | | the co | ntract, and pro | vide a | |
| | 02-23-P34-01 | | | | | | |
| | Maintenance on Primary Storage Units | | | | | | |
| | | 1 | | | Nature o | f interest | |
| 4 | Name of Interested Party | City, State, Country | (place of busine | (224 | | pplicable) | |
| | | | (1 | ,, F | Controlling | Intermediary | |
| 0 | rchid, Wayne | Austin, TX United | States | | X | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is Dulari von Christierson | , | and my date of t | oirth is | 06/27/198 | 1 | |
| | My address is 900 East 6th Street, Suite 102 | , Austin | , <u></u> , <u></u> | , | 78702 | _, <u>USA</u> | |
| | (street) | (city) | (sta | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and co | orrect. | | | | | |
| | Executed in Travis | ounty, State of | , on the _ | 3da | | | |
| | | Á | | / | (month) | (year) | |
| | | Signature of outban | | ractine | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |

FORM 1295

| | | | | | 1011 | | |
|---|---|--------------------------------------|------------------------------------|-------------------------|-----------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 cour of business. | try of the business entity's place | Certificate Number: 2023-990607 | | | | |
| | Freeit Data Solutions, Inc. | | 2025 | 550007 | | | |
| | Austin, 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 | 03/03 | /2023 | | | |
| | being filed. | | | | | | |
| | City of McAllen | | | Acknowledged: 5/2023 | | | |
| 3 | Provide the identification number used by the governmental end description of the services, goods, or other property to be provi | | / the co | ntract, and prov | vide a | | |
| | 02-23-P34-01 | | | | | | |
| | Maintenance on Primary Storage Units | | | | | | |
| | , , | | | | | | |
| 4 | | | | Nature of | f interest | | |
| | Name of Interested Party | City, State, Country (place of busin | ness) | (check ap | | | |
| | | | | Controlling | Intermediary | | |
| 0 | chid, Wayne | Austin, TX United States | | х | | | |
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| 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) | ,, | , | (zip code) | ., (country) | | |
| | | | | | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and corre | | | | | | |
| | Executed inCoun | ty, State of, on the | d | ay of (month) | , 20 (year) | | |
| | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |
| | | | | | | | |

FORM 1295

| | | | | | | 1 of 1 | |
|---|---|----------------------------|------------------------------------|---|----------------------------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | CEF | OFFICE US | | |
| | of business. 202 M.J.A. Construction, LLC Date Mission, TX United States Date 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. 02/1 | | | Certificate Number: 2023-983511 Date Filed: 02/14/2023 Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-23-C15-383 Toronto at 16th St Drainage Improvements (CDBG) | | | | | | |
| 4 | Name of Interested Party | City, State, Countr | y (place of busine | ess) | | f interest pplicable) Intermediary | |
| G | onzalez, Sonya | MISSION, TX U | nited States | | x | | |
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| 5 | Check only if there is NO Interested Party. | | | 1 | | | |
| | UNSWORN DECLARATION | | | | | | |
| | My name is Sonya A. Gonzalez | | , and my date of bi | rth is _ | July 1, 1975 | j | |
| | My address is <u>3100 Hackberry Ave.</u> (street) | , <u>Mission</u> (city) | , <u> </u> | — ' — | 78574 (zip code) | , <u>USA</u> . (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | | |
| | Executed in HidalgoCounty | , State of Texas | , on the <u>14</u> | th_da | ay of <u>February</u> (month) | /, 20 <u>_23_</u> . (year) | |
| | | Sra | 8. O/ | | • <u>-</u> | | |
| | | Signature of authori | zed agent of contra (Declarant) | cting | business entity | | |

Forms provided by Texas Ethics Commission

| www.ethics.stat | P ty IIS |
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Version V3.5.1.3ac88bc0

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. | | CE | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and cour of business. | ntry of the business entity's place | | tificate Number: 3-983511 | | |
| | M.J.A. Construction, LLC | | 202 | 2-202011 | | |
| | Mission, TX United States | | Date | e Filed: | | |
| 2 | | he contract for which the form is | 02/1 | L4/2023 | | |
| | being filed. City of McAllen | | Date | Acknowledged: | | |
| | | | | L0/2023 | | |
| 3 | Provide the identification number used by the governmental ent | tity or state agency to track or identifi | | | vido a | |
| ľ | description of the services, goods, or other property to be provi | ided under the contract. | i ule c | ontract, and prov | nue a | |
| | 01-23-C15-383 | | | | | |
| | Toronto at 16th St Drainage Improvements (CDBG) | | | | | |
| - | | 1 | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | iess) | (check ap | | |
| | | | 12.11 | Controlling | Intermediary | |
| G | onzalez, Sonya | MISSION, TX United States | | x | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
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| 6 | UNSWORN DECLARATION | | | | | |
| | Mu nome in | | | | | |
| | My name is | , and my date of | dirth is | , | <u> </u> | |
| | My address is | | | | | |
| | My address is(street) | ''''''' (city) (st | ate) | (zip code) | (country) | |
| | | | | A STORE SUCCESSION | | |
| | I declare under penalty of perjury that the foregoing is true and correct | :t. | | | | |
| | Executed inCounty | y, State of, on the _ | d | day of | _, 20 | |
| | | | | (month) | (year) | |
| | | | | | | |
| | | | | | | |
| | | Signature of authorized agent of cont | racting | g business entity | 1 | |
| | (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. | | c | OFFICE US | |
|----------|---|------------------------------|------------------------------------|------------------------------|----------------|
| 1 | Name of business entity filing form, and the city, state and cour of business. | s place Ce | Certificate Number: 2023-971435 | | |
| | Speights Stinson Cortinas & McDonald LTD | | | | |
| 2 | Mission, TX United States Name of governmental entity or state agency that is a party to the | he contract for which the fo | | te Filed: /12/2023 | |
| | being filed. | ie contract for which the it | | | |
| | City of McAllen | | | te Acknowledged: /15/2023 | |
| 3 | Provide the identification number used by the governmental en | ity or state agency to track | | | vide a |
| | description of the services, goods, or other property to be provi | ded under the contract. | ,, | , | |
| | 01-23-S19-155 Pre-Employment Screenings & Pre-Employment Medical Phy | vsicals | | | |
| 4 | | | | | f interest |
| | Name of Interested Party | City, State, Country (plac | ce of business | | oplicable) |
| F | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and r | ny 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 | t. | | | |
| | Executed inCounty | State of | on the | day of | 20 |
| | 000113 | | , | (month) | , 20 (year) |
| | | Signature of authorized ag | | ng business entity | |
| | na provided by Toyog Ethios Commission | (Decla | irant) | | |

| FORM | 1295 |
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| | | | | | 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. | · · · · · · · · · · · · · · · · · · · | Second second second | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and country of the busi of business. | ness entity's place | Certif | icate Number: -971435 | |
| | Speights Stinson Cortinas & McDonald LTD | | | | |
| 2 | Mission, TX United States Name of governmental entity or state agency that is a party to the contract for | which the form is | Date 01/12 | Filed: 2/2023 | |
| | being filed. | Which the Willing | | | |
| | City of McAllen | | Date | Acknowledged: | |
| 3 | Provide the identification number used by the governmental entity or state age description of the services, goods, or other property to be provided under the | ency to track or identify contract. | the co | ntract, and prov | vide a |
| | 01-23-S19-155 | | | | |
| L | Pre-Employment Screenings & Pre-Employment Medical Physicals | | | | |
| 4 | Name of Interested Party City, State, | Country (place of busin | | Nature of | |
| | Name of interested Party City, State, 1 | Soundry (place of pusing | ess) | (check ap Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| | UNSWORN DECLARATION | | | | |
| | My name is Janie Hanka | , and my date of I | oirth is | 09.29.1 | .967 . |
| | My address is 5206 N Stewart Rd Palm | hurst . Ty | , | 10512 | Hidalan |
| | (street) | · | <u>~</u> , ate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | 1/ilda | TOVAS | 7 | Ton | 23 |
| | Executed in HIAA(4) County, State of | $1 \leq A(h, 2)$, on the l | da | ay of <u>Jan</u> (month) | , 20 <u> // /</u> , (vear) |
| | \sim | 11 . 10 . | | (| ····/ |
| | () BALL | HAWRA | | | |
| | Signature of | authorized agent of conti (Declarant) | racting | business entity | |
| For | ms provided by Texas Ethics Commission www.ethics/state.tx.us | | | Version V3 | .5,1,3ac88bc0 |

FORM 1295

| Γ | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE USI | | |
|----------------|---|--|------------------|--------------------------|----------------------------|--|
| 1 | of business. | | | | | |
| | Consolidated Traffic Controls, Inc. Arlington, TX United States | | | Filed | | |
| 2 | Name of governmental entity or state agency that is a party to the | | Filed: 7/2023 | | | |
| | being filed. City of McAllen, TX | Date Acknowledged: | | | | |
| | 03/17/2023 | | | | | |
| 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 c | ontract, and pro | vide a | |
| | PROJECT NO. 03-23-P09-01 | | | | | |
| | PURCHASE OF EIGHTEEN (18) TRAFFIC SIGNAL POLES | (HGAC) | | | | |
| 4 | | | | | finterest | |
| | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap Controlling | oplicable) Intermediary | |
| w | ALKER, DAVID | ARLINGTON, TX United States | | X | interineutary | |
| TR | AMMELL, LES | RENDON, TX United States | | х | | |
| JO | NES, BRYAN | JOSHUA, TX United States | | х | | |
| ΗA | LE, BOBBY | ROCKWALL, TX United States | | х | | |
| HA | NCOCK, MIKE | ROCKWALL, TX United States | | | х | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 I | JNSWORN DECLARATION | | | | | |
| 1 | My name is | , and my date of t | oirth is | | | |
| | | | | | | |
| | /ly address is (street) | '''''''''' (sta | ' _ ate) | (zip code) | (country) | |
| | declare under penalty of perjury that the foregoing is true and correc | t. | | | Some | |
| | Evecuted in | · State of | | ov of | 20 | |
| | Executed inCounty | , orace or, on the _ | u | (month) | | |
| | | Signature of authorized agent of contr | racting | business entitv | | |
| Fa :::: | | (Declarant) | | | | |
| ⊢orn | ns provided by Texas Ethics Commission www.eth | ics.state.tx.us | | Version V3 | 3.5.1.3ac88bc0 | |

| CERTIFICATE OF INTERESTED PAR | RTIES | FOF | км 1295 1 of 1 | | | |
|---|--|--|--------------------------|--|--|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties. | | OFFICE US | | | | |
| Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CERTIFICATION | | | | |
| Name of business entity filing form, and the city, state and cour of business. Consolidated Traffic Controls, Inc. | ntry of the business entity's place | Certificate Number: 2023-995472 | | | | |
| Arlington, TX United States | | Date Filed: | | | | |
| 2 Name of governmental entity or state agency that is a party to t being filed. | he contract for which the form is | 03/17/2023 | | | | |
| City of McAllen, TX | | Date Acknowledged | : | | | |
| description of the services, goods, or other property to be prov PROJECT NO. 03-23-P09-01 | description of the services, goods, or other property to be provided under the contract. | | | | | |
| 4 Name of Interested Party | City State Country (place of husing | | of interest | | | |
| Name of Interested Party | City, State, Country (place of busine | Controlling | pplicable) | | | |
| WALKER, DAVID | ARLINGTON, TX United States | X | | | | |
| TRAMMELL, LES | RENDON, TX United States | x | | | | |
| JONES, BRYAN | JOSHUA, TX United States | x | | | | |
| HALE, BOBBY | ROCKWALL, TX United States | x | | | | |
| | ROCKWALL, TX United States | | X | | | |
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| 5 Check only if there is NO Interested Party. | | | | | | |
| 6 UNSWORN DECLARATION | | 3 | 1 | | | |
| My name is CODY VAN 60 RP | , and my date of b | irth is 07/27 | 188 | | | |
| My address is 1016 ENTERPRISE PL (street) | (cily) (sta | $\frac{\chi}{100}, \frac{76001}{(zip code)}$ | (country) | | | |
| I declare under penalty of perjury that the foregoing is true and correc | :t. | | | | | |
| Executed in TARRANT County, State of, on the 17_day of MAR CH_, 20 23 (month) (year) | | | | | | |
| | \sim | // | | | | |
| | Signature of authorized agent of centra (Declarant) | acting business entity | | | | |
| Forms provided by Texas Ethics Commission www.eth | nics.state.tx.us | Version V3 | 3.5.1.3ac88bc0 | | | |

FORM 1295

| | | | | | 1011 | |
|---|---|---|------------------------------------|-------------------|--------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 countr of business. | y of the business entity's place | Certificate Number: 2023-995329 | | | |
| | Upper Valley Materials, LLC d/b/a CAPA | | 2020 | 555525 | | |
| | Palmview, 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 | 03/1 | 6/2023 | | |
| - | being filed. | | | | | |
| | City of McAllen | | Date Acknowledged: | | | |
| | | | 03/1 | 7/2023 | | |
| 3 | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide | | y the c | ontract, and prov | ride a | |
| | Project No. 01-23-P30-84 | | | | | |
| | Purchase & Delivery of Type "D" Hot Mix Asphaltic Concrete " | | | | | |
| | | | | | | |
| 4 | | | | Nature of | | |
| Ľ | Name of Interested Party | City, State, Country (place of busin | iess) | (check ap | | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my date of | birth is | 8 | · | |
| | My address is(street) | ,,,,, | , | | , <u> </u> | |
| | (street) | (city) (s | state) | (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 cor (Declarant) | ntractin | g business entity | | |
| L | me provided by Toyles Ethics Commission | · · · · · · · · · · · · · · · · · · · | | | | |

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 countr of business. | ry of the business entity's place | | ficate Number: | | | | |
| | Upper Valley Materials, LLC d/b/a CAPA | | 2023 | -995329 | | | | |
| | Palmview, TX United States | | Date | Filed: | - 1 | | | |
| 2 | Name of governmental entity or state agency that is a party to the | contract for which the form is | and the second second | 6/2023 | 1 | | | |
| | being filed. | | | | | | | |
| | City of McAllen | | Date | Acknowledged: | | | | |
| | | | | | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | y or state agency to track or identify ed under the contract. | the co | ontract, and prov | v <mark>i</mark> de a | | | |
| | Project No. 01-23-P30-84 | | | | | | | |
| | Purchase & Delivery of Type "D" Hot Mix Asphaltic Concrete " | | | | | | | |
| | A superior a serie perior series. Cost is \$100, mon drawn sourcemed interaction statemeters. | | | | | | | |
| 4 | | | | 85 945× - 12 | finterest | | | |
| | Name of Interested Party | City, State, Country (place of busin | ess) | oplicable) | | | | |
| _ | | | | Controlling | Intermediary | | | |
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| - | Charly only if there is NO Internet 17 | | | | | | | |
| 5 | Check only if there is NO Interested Party. | 5 | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | | | | 11 10 | 1.5 | | | |
| | My name is ERNESTO SAEN 2 | , and my date of | birth is | 11-18 | -65 | | | |
| | <u>^</u> | • | TV | 20000 | 110 | | | |
| | My address is 3609 W. PALMA VISTA | | <u>/ K</u> , | 18215 | <u>- Ui)</u> , | | | |
| | (street) | (city) (st | ate) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | | | |
| | | | | | | | | |
| | Executed in <u>HIDALGO</u> County | , State of TEXAS, on the | 17 0 | iay of <u>MARC</u> | H, 20 23 | | | |
| | 4 | 0 1 | | (month) | (year) | | | |
| | | - 5 | \wedge | | | | | |
| | | 202 | | \searrow | | | | |
| | | Signature of authorized agent of con | tracting | business entity | | | | |
| | (Declarant) | | | | | | | |

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FORM 1295

| | | | | | 1011 | | |
|--|---|--------------------------------------|------------------------------------|-------------------|----------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 count of business. | try of the business entity's place | Certificate Number: 2023-995523 | | | | |
| | Cutler Repaving, Inc. | | | | | | |
| | Lawrence, KS 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 | 03/1 | 7/2023 | | | |
| - | being filed. | | | | | | |
| | City of McAllen | | | Acknowledged: | | | |
| | | | 03/17/2023 | | | | |
| 3 | Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provid 01-23-C14-351 | | the c | ontract, and prov | ide a | | |
| | 2023 Single Machine Repaving Project | | | | | | |
| 4 | | | | Nature of | | | |
| [| Name of Interested Party | City, State, Country (place of busir | iess) | (check ap | | | |
| | | | | Controlling | Intermediary | | |
| Veskerna, Charles Lawrence, KS United States | | | | Х | | | |
| МІ | les, John | Lawrence, KS United States | | х | | | |
| Ra | thbun, John | Lawrence, KS United States | | х | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my date of | birth is | 3 | | | |
| | My address is(street) | ,,,,,, (city) | tate) | (zip code) | , (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | | | |
| | Evenuted in | v State of | | day of | 20 | | |
| | Executed inCounty | y, state of, on the | 0 | day of(month) | , 20 (year) | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |
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| FORM | 1295 |
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|------------------------------|--|---|--------------------|---|---------------------------|--|
| | 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 of business. | | | ficate Number: 8-995523 | | |
| | Cutler Repaving, Inc. | | | | | |
| | Lawrence, KS 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 | 03/17 | 7/2023 | | |
| | City of McAllen | | Date Acknowledged: | | | |
| 3 | description of the services, goods, or other property to be provid | ity or state agency to track or identify ded under the contract. | the co | ontract, and pro | vide a | |
| | 01-23-C14-351 2023 Single Machine Repaving Project | | | | | |
| 4 | Name of Interested Party | City State Country (place of husin | | (0.000000000000000000000000000000000000 | f interest | |
| | Name of Interested Party | City, State, Country (place of busin | ess) | Controlling | plicable) Intermediary | |
| v | eskerna, Charles | Lawrence, KS United States | | X | interineulary | |
| MIles, John Lawrence, KS Uni | | Lawrence, KS United States | | х | | |
| Rathbun, John Lawrence, K | | Lawrence, KS United States | | x | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | 6 | |
| | My name is | , and my date of | birth is | APRIL 6 | 1950 | |
| | My address is | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correc | st. | | | | |
| | Executed in Jourguas County | y, State of KANSAS, on the | 1770 | iay of <u>MARCI</u> (month) | 4, 20 <mark>23</mark> . | |
| | | Puele Dy) | 0 | | 98.0043776 8 | |
| | (| Signature of authorized agent of cont | tracting | husiness entity | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | |

FORM 1295

| | | | deres and the second | | 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. | | | ate Number: 95449 | | |
| | Araiza General Construction LLC | | 2020-00 | 30440 | | |
| | San Benito, TX United States | | Date File | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 03/17/2 | 023 | | |
| | The City of McAllen | | Date Ac | knowledged: | | |
| 3 | 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. | | | | | |
| | 01-23-C12-561 McAllen City Hall Canopy & Interior Improvements | | | | | |
| 4 | | | | Nature of | | |
| -7 | Name of Interested Party | City, State, Country (place of busin | personal | (check ap | plicable) Intermediary | |
| | | | | controlling | anermediary | |
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| | | | | nan fe fan ar fe af de stad ar de sen de se ser ser ar de se | | |
| | | | | even have a factor and a statement of the second statement of the | | |
| | | | | dala y 231. Mary Anni debab Arta As | | |
| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is Ajexis Araiza | , and my date c | of birth is 🧃 | May 13, 1 | 1997. | |
| | My address is <u>1373 Calle Rancho Grande Ea</u> (street) | st <u>San Benite</u> , <u>(city)</u> | Tx, (state) | 78586 (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and corr | rect. | | | | |
| | Executed in <u>Cameron</u> Cou | inty, State of <u>Texas</u> , on the | e <u>17</u> da | ay of Marc (month | | |
| | | (and | | | | |
| | 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. | | CEF | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and country of business. | ry of the business entity's place | Certificate Number: 2023-995449 | | |
| | Araiza General Construction LLC | | 2023 | -333443 | |
| | San Benito, 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 | | 7/2023 | |
| - | being filed. | | | | |
| | The City of McAllen | | Date | Acknowledged: | |
| | | | 03/20 | 0/2023 | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | | the co | ontract, and prov | ide a |
| | 01-23-C12-561 | | | | |
| | McAllen City Hall Canopy & Interior Improvements | | | | |
| | | | | | |
| 4 | | | | Nature of | |
| | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is | i | · |
| | My address is | | | | ·· |
| | (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 | c | day of | , 20 |
| | | | | (month) | (year) |
| | | Signature of authorized agent of con (Declarant) | tracting | g business entity | |
| | me are ided by Teyres Ethics Commission | | | | F 1 2 00 h - (|

FORM 1295

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| _ | | | | - | OFFICE USI | |
| | Complete 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 | TIFICATION | OF FILING |
| 1 | Name of business entity filing form, and the city, state and coun of business. | try of the business e | ntity's place | | icate Number: -996762 | |
| | Motorola Solution, Inc. | | | Date I | Filed: | |
| _ | Houston, TX United States Name of governmental entity or state agency that is a party to the | e contract for which | the form is | 03/21 | /2023 | |
| 2 | 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 provide | ity or state agency to ded under the contra | track or identify ct. | the co | ntract, and pro | vide a |
| | DIR-TSO-4101 | | | | | |
| | 03-23-P41-01 CINEMASSIVE VIDEO WALL UPGRADE FOR | 89-1-1 | | | | |
| - | | | | | Nature of | |
| 4 | Name of Interested Party | City, State, Country | (place of busine | ess) | (check ap | the second s |
| | | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is George M. Ebelt | | and my date of bi | irth is _ | 07/07/1964 | |
| | My address is 7904 N Sam Houston Parkway W. Ste.325 | , Houston | , <u></u> _ | | 77388 | USA |
| | (street) | (city) | (stat | le) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | |
| | Executed in Hidalgo County | State ofTexas | , on the 22 | 2nd_da | y ofMarch | , 20_23 |
| | | 1.11 | 4/1 | | (month) | (year) |
| | | Signature of authoriz | zed agent of contra (Declarant) | acting t | ousiness entity | |

Version V3.5.1.3ac88bc0

FORM 1295

| of |
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| | | | | | 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 US | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-996762 | | | |
| | Motorola Solution, Inc. | | 202 | 3-990702 | | | |
| | Houston, TX United States | | | e Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to t being filed. | he contract for which the form is | 3 03/2 | 21/2023 | | | |
| | City of McAllen | | Date | e Acknowledged: | | | |
| | | | | 03/23/2023 | | | |
| 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. | | | | | | |
| | DIR-TSO-4101 | | | | | | |
| | 03-23-P41-01 CINEMASSIVE VIDEO WALL UPGRADE FO | R 9-1-1 | | | | | |
| | | 1 | | Nature o | f interest | | |
| 4 | Name of Interested Party | City, State, Country (place of | business) | | pplicable) | | |
| | | | | Controlling | Intermediary | | |
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| | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my da | te of birth is | I | • | | |
| | N/v adhba v/M | | | | | | |
| | My address is (street) | (city) | '' (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correc | et. | | | | | |
| | Executed inCount | v. State of or | the d | tay of | 20 | | |
| | 000m | ,, , or | | (month) | , 20 (year) | | |
| | | Signature of authorized agent o | fcontracting | husiness entity | | | |
| | | (Declarant) | contracting | Jousiness entity | | | |
| or | ns provided by Texas Ethics Commission www.eth | nics.state.tx.us | | Version V3 | 3.5.1.3ac88bc0 | | |

FORM 1295

| | | | | | | 1011 | |
|---|---|------------------------------|---------------|--|-------------------|----------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. | | | | | | |
| 1 | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and court | try of the husiness antitul- | nlace | CERTIFICATION OF FILING Certificate Number: | | | |
| ľ | of business. | a y or the pushiess entity's | | | -996110 | | |
| | T.F. Harper & Associates, LP | | | 1 | | | |
| | Buda, 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 for | rm is | 03/20 |)/2023 | | |
| | City of McAllen | | | | Acknowledged: | | |
| | | | | 03/24 | 4/2023 | | |
| 3 | Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide | | or identify | the co | ontract, and prov | <i>v</i> ide a | |
| | Project No. 03-23-P39-01 | | | | | | |
| | Installation of Splash Pad at curtis park | | | | | | |
| | | <u> </u> | | <u> </u> | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (plac | e of busine | ;ss) | (check ap | | |
| | | ,, <u></u> , (pido | | -, F | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
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| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and r | my date of b | oirth is | | · | |
| | | | | | | | |
| | My address is | •••• | , | , _ | | , | |
| | (street) | (city) | (sta | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | xt. | | | | | |
| | Executed inCount | y, State of | , on the | d | ay of | , 20 | |
| | | | | | (month) | (year) | |
| | | Signature of authorized a | gent of conti | racting | business entity | | |
| | (Declarant) | | | | | | |

| | CERTIFICATE OF INTERESTED PART | ſIES | 727234 <u>6</u> 387760000 | FOR | и 1295 |
|---|---|---|---------------------------|------------------------------------|----------------------------|
| | | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEF | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and count of business. T.F. Harper & Associates, LP Buda, TX United States | ry of the business entity's place | 2023 | icate Number: -996110 Filed: | |
| 2 | | e contract for which the form is | 03/20 |)/2023 Acknowledged: | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid Project No. 03-23-P39-01 Installation of Splash Pad at curtis park | | the co | ontract, and prov | /ide a |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | Nature o (check ap | plicable) |
| ┝ | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION My name is Matthew Nance | , and my date of | hirth !- | 09/14/ | 98 |
| | HOLS N DAVID FUDIDA | | | 77059 | 115 |
| | My address is (street) | | tate) | (zip code) | _, (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | | | | |
| | Executed inCounty | y, State of STEXas, on the | 20 | day of <u>March</u> (month) | , 20 <u>23</u> . (year) |
| | | Mui | / | m | |
| | | Signature of authorized agent of con (Declarant) | tractin | 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 the business entity's place of business. | | | Certificate Number: 2023-994226 | | |
| | EMS Holding Company LLC | | 202 | 5-554220 | | |
| | Port Neches, 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 | 03/1 | 14/2023 | | |
| | being filed. | | | | | |
| | City of McAllen | | | e Acknowledged: | | |
| | | | 03/2 | 29/2023 | | |
| 3 | description of the services, goods, or other property to be provide | ity or state agency to track or ident ded under the contract. | ify the c | contract, and prov | vide a | |
| | Project No. 02-23-S26-01 | | | | | |
| | Deployable Coronavirus Disease 2019 Diagnostic Testing an | d Immigrant Processing Center N | anager | ment | | |
| - | | | | 1 Natara | <u></u> | |
| 4 | Name of Interacted Darty | City State Country (place of hus | inces | | f interest | |
| | Name of Interested Party | City, State, Country (place of bus | iness) | (check ap | | |
| ⊢ | | | | Controlling | Intermediary | |
| Ja | ickson, Kenneth | Fishers, IN United States | | х | | |
| Ca | authen, Larry | Nederland, TX United States | | х | | |
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| 5 | Check only if there is NO Interested Party. | | | 11 | | |
| 6 | | | | | | |
| Ů | UNSWORN DEGLARATION | | | | | |
| | My name is | , and my date of | of birth is | 3 | · | |
| | | | | | | |
| | My address is | ' ''' | | (zip code) | , <u> </u> | |
| | (street) | (city) | (state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | |
| | Evenuted in | State of | | dav. af | 20 | |
| | Executed inCounty | r, state of, on the | ·C | (month) | , 20 (year) | |
| | | Signature of authorized agent of co | ntracting | g business entity | | |
| | | (Declarant) | | | | |

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| | CERTIFICATE OF INTERESTED PAR | (IIES | | FOR | RM 1295 | |
|----|---|--|----------|---|--------------|--|
| L | | | | | 1 of 1 | |
| ſ | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | 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: | | |
| | Lonestar Ambulance Inc | | | 2023-994226 | | |
| | San Antonio, Texas, United States | | Date | Filed: | | |
| 2 | | he contract for which the form is | 03/1 | 4/2023 | | |
| | being filed. City of McAllen | | Date | Acknowledged | • | |
| | | | | , in the second s | t | |
| 3 | , . | | the c | ontract, and pro | vide a | |
| | description of the services, goods, or other property to be provi Project No. 02-23-526-01 | ded under the contract. | | | | |
| | | | | | | |
| | EMS Ambulance Services | ······································ | | Naturo o | finterest | |
| 4 | Name of Interested Party | City, State, Country (place of busine | ess) | | plicable) | |
| | • | | | Controlling | Intermediary | |
| Ja | ackson, Kenneth | Fishers, IN United States | | x | | |
| С | authen, Larry | Nederland, TX United States | | x | _ | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | Myname is LANY CAUSASN | , and my dale of b | inth is | 3-5-5 | -5 | |
| | My address is 3108 Price St | Nederland I | <u>.</u> | 77627 | , | |
| | (streel) | (city) (sta | le) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | L | | | | |
| | Executed in Mallon Hildays County | , State of Torn, on the | 15 d | ay of Murh | .2023. | |
| | | 11. | | (month) | (year) | |
| | | Signature of authorized agent of contr | action | husiness entire | | |
| | | | | TU-SU UI IUI V | | |

(Dodarani)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V3.5.1.3ac88bc0

FORM 1295

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|------|---|-------------------------------|---|----------------------|------------|--------------|--------------|
| | Complete Nos. 1 - 4 and 6 if there are interested partie | | | | No. 2010 | FFICE USE | |
| _ | Complete Nos. 1, 2, 3, 5, and 6 if there are no intereste | • | | | CERT | FICATION | OF FILING |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | s place | Certifica 2023-10 | te Number: | | |
| | Pyro Shows of Texas, Inc. | | | | 2023-10 | 103547 | |
| | Fort Worth, TX United States | | | | Date File | ed: | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | orm is | 04/05/2023 | | |
| | City of McAllen | | | | Date Acl | knowledged: | |
| | | | | | 04/06/20 | | |
| 3 | Provide the identification number used by the gove description of the services, goods, or other propert | ernmental entity to be provid | ity or state agency to track ded under the contract. | or identify | the conti | act, and pro | vide a |
| | Project No. 02-23-IPQ04-26 Fireworks display | | | | | | |
| 4 | ····· | | | | | Nature of | finterest |
| 4 | Name of Interested Party | | City, State, Country (pla | ce of busine | ess) | (check ap | plicable) |
| | | | | | C | ontrolling | Intermediary |
| Hill | , Lansden | | LaFollette, TN United | States | × | | |
| Wa | lden, Michael | | LaFollette, , TN United | States | × | | |
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| 5 (| Check only if there is NO Interested Party. | | | | | | |
| 5 L | INSWORN DECLARATION | | - | | | | |
| | | | | | | | |
| N | ly name is | | , and | my date of bi | irth is | | <u> </u> |
| N | ly address is | | | | | | |
| I. | (street) | | ,(city) | '(stat | | (zip code) | (country) |
| 1 | declare under penalty of perjury that the foregoing is tru | ue and correct | | | | | |
| E | xecuted in | County | State of | , on the | day o | of | . 20 . |
| | | | | | | (month) | ,(year) |
| | | | Signature of authorized ag | | acting bus | iness entity | |
| orm | s provided by Texas Ethics Commission | 1474444 | | arant) | | 1/00-1-1/0 | F 1 000 |
| JIII | s provided by Texas Ethics Commission | www.eth | cs.state.tx.us | | | version V3 | .5.1.3ac88bc |

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 cour of business. Pyro Shows of Texas, Inc. Fort Worth, TX United States | Certificate Number: 2023-1003547 | | |
| Name of governmental entity or state agency that is a party to t being filed. City of McAllen | Date Filed: 04/05/2023 Date Acknowledged: | | |
| 3 Provide the identification number used by the governmental en description of the services, goods, or other property to be prov Project No. 02-23-IPQ04-26 Fireworks display | | the contract, and prov | vide a |
| 4 Name of Interested Party | City, State, Country (place of busine | ess) (check ap Controlling | |
| Hill, Lansden | LaFollette, TN United States | X | interinculary |
| Walden, Michael | LaFollette, , TN United States | x | |
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| 5 Check only if there is NO Interested Party. | I | | |
| 6 UNSWORN DECLARATION | | Dec 18, 197 | 70 |
| My name is Chad Stanley | | irth is Dec 18, 197 | |
| My address is 10432 Trevino Lane, (street) | , Benbrook, , T) (city) (sta | • | USA (country) |
| I declare under penalty of perjury that the foregoing is true and corre- | | | |
| Executed in Tarrant Count | y, Stale of Texas , on the | (month) | _, 20 <u>23</u> . (year) |
| | Signature of authorized agent of contr (Declarant) | acting business entity | |

Forms provided by Texas Ethics Commission

Version V3.5.1.3ac88bc0

www.ethics.state.tx.us

FORM 1295

| of |
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| | | | | | 1 of 1 | | |
|---|---|--|------------------------------------|------------------------------------|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number 2023-1007244 | 1 | | |
| | AiSYS Consulting, LLC | | | 1010 1007111 | | | |
| | McAllen, 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 | the form is | 04/13/2023 | | | |
| | City of McAllen | | | Date Acknowledge | d: | | |
| 3 | description of the services, goods, or other property to be provi | ity or state agency to ded under the contra | o track or identify | the contract, and p | rovide a | | |
| | 03-23-P45-01 Audiovisual products, Unified Communicatios, monitors, proj | ectors, audio and in | tegration services | 5 | | | |
| 4 | Name of Interested Party | City, State, Countr | v (place of huging | | of interest | | |
| | Name of interested Party | City, State, Countr | y (place of busine | Controlling | applicable) Intermediary | | |
| н | ernandez, Joel | McAllen, TX Unit | ed States | X | Intermediary | | |
| L | ppez Hernandez , Elizabeth | McAllen, TX Unit | ed States | x | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is Joel Hernandez | | , and my date of bi | rth is June 29, 19 | 69 | | |
| | My address is1301 E. Hackberry Ave | McAllen | , <u></u> TX | | <u>, USA _</u> | | |
| | (street) | (city) | (stat | e) (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 _1 | 3 _{day of} April | _, ₂₀ _23 | | |
| | | (| 70#s | (month |) (year) | | |
| | | Signature of authori | zed agent of contra (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. | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
|---|---|--|----------------------------|--|
| Name of business entity filing form, and the city, state and cou of business. | Certificate Number: 2023-1007244 | | | |
| AiSYS Consulting, LLC | | | | |
| McAllen, TX United States 2 Name of governmental entity or state agency that is a party to | the contract for which the form is | Date Filed: 04/13/2023 | | |
| being filed. | the contract for which the form is | | | |
| City of McAllen | | Date Acknowledged: 04/23/2023 | : | |
| 3 Provide the identification number used by the governmental er | ntity or state agency to track or identify | | vido o | |
| description of the services, goods, or other property to be prov | vided under the contract. | the contract, and pro | viue a | |
| 03-23-P45-01 Audiovisual products, Unified Communicatios, monitors, pro | jectors, audio and integration service | !S | | |
| 4 | | 0. produktivnikova (d. | of interest | |
| Name of Interested Party | City, State, Country (place of busine | ess) (check a Controlling | pplicable) Intermediary | |
| Hernandez, Joel | McAllen, TX United States | X | Internetiary | |
| Lopez Hernandez , Elizabeth | McAllen, TX United States | х | | |
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| 5 Check only if there is NO Interested Party. | | | | |
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| 6 UNSWORN DECLARATION | | | | |
| My name is | , and my date of b | pirth is | | |
| My address is | | | ·· | |
| (street) | (city) (sta | ate) (zip code) | (country) | |
| I declare under penalty of perjury that the foregoing is true and corre | ct. | | | |
| Executed inCoun | ty, State of, on the _ | | | |
| | | (month) | (year) | |
| | Signature of authorized agent of contr (Declarant) | acting business entity | | |
| | Deciaranty | | | |

FORM 1295

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|---|--|--------------------------------------|----------|-------------------------------------|--------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEF | OFFICE USE | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-1013872 | | | |
| | Demco, Inc | | | | | | |
| | Madison, WI 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 | 04/28 | 8/2023 | | | |
| - | being filed. | | | | | | |
| | City of McAllen | | | Acknowledged: 1/2023 | | | |
| 3 | Provide the identification number used by the governmental entited description of the services, goods, or other property to be provided to the provided of the services. | | / the co | ontract, and prov | ide a | | |
| | 04-23-P50-01 | | | | | | |
| | Lark & Palmview Library Furniture | | | | | | |
| | | | | | | | |
| 4 | | | | Nature of | | | |
| [| Name of Interested Party | City, State, Country (place of busin | iess) | (check ap | plicable) | | |
| L | | | | Controlling | Intermediary | | |
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| | 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) (s | tate) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correc | | | | | | |
| | Executed inCount | y, State of, on the | c | day of | , 20 | | |
| | | | | (month) | (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.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILING | | | | | | |
| 1 | 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-1013872 | | | |
| | Demco, Inc | | ľ | 2020 1 | 010072 | | |
| | Madison, WI United States | | | Date Fil | ed: | | |
| 2 | Name of governmental entity or state agency that is a party | to the contract for which the for | mis | 04/28/2 | 2023 | | |
| | being filed. | | | | | | |
| | City of McAllen | | ľ | Date Ac | knowledged: | | |
| 3 | Provide the identification number used by the governmental description of the services, goods, or other property to be p | | or identify t | he cont | tract, and pro | vide a | |
| | 04-23-P50-01 | | | | | | |
| | Lark & Palmview Library Furniture | | | | | | |
| 4 | | | | | | f interest | |
| | Name of Interested Party | City, State, Country (place | e of busine | · – | | pplicable) | |
| | | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | · | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is Kristopher L Snow | , and r | ny date of b | irth is _0 |)5-19-197 | 5 | |
| | My address is 4810 Forest Run Rd. | Madison | , WI | | 3704 | USA | |
| | (street) | (city) | ,(sta | | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and c | correct. | | | | | |
| | Executed in Dane C | County, State of Wisconsin | _, on the <u>2</u> | 8th _{day} | , _{of} April | <u>, 20</u> _23 | |
| | | interfer L. Amon | | | (month) | (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. | | CF | OFFICE USE | - | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-1014954 | | | |
| | Climatec, LLC | | 202 | 23-1014934 | | | |
| | Houston, TX 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 | s 05/ | 02/2023 | | | |
| | being filed. | | | | | | |
| | City of McAllen | | | e Acknowledged: 02/2023 | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide | | dentify the | contract, and prov | /ide a | | |
| | PROJECT NO. 01-23-C06-01 CONVENTION CENTER HVAC (BUYBOARD) | | | | | | |
| 4 | | | | Nature o | finterest | | |
| | Name of Interested Party | City, State, Country (place of | business) | | | | |
| ⊢ | | | | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my c | late of birth | 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 inCount | v. State of | on the | day of | . 20 | | |
| | | , otato or, (| | _uay of(month) | , 20 (year) | | |
| | | Signature of authorized agent | of contracti | ng business entity | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |

1 of 1

| | | | | | 1011 | | |
|----------|---|---|--------------|-------------------------------------|------------------------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEF | OFFICE USE | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-1014954 | | | |
| | Climatec, LLC | | | | | | |
| | 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 | - 05/02 | 2/2023 | | | |
| | being filed. | | | | | | |
| | City of McAllen | | Date | Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental description of the services, goods, or other property to be p | by the governmental entity or state agency to track or identify the contract, and provide a other property to be provided under the contract. | | | | | |
| | PROJECT NO. 01-23-C06-01 | | | | | | |
| | CONVENTION CENTER HVAC (BUYBOARD) | | | | | | |
| _ | | 1 | | Nature of | interect | | |
| 4 | Name of Interested Party | City, State, Country (place of bu | (agonia | (check ap | | | |
| | Name of interested Party | City, State, Country (place of bu | sillessj | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is Dru Dunham | , and my dat | e of birth i | s <u>10/24/197</u> | 9 | | |
| 1 | | | | | | | |
| | My address is7701 W Little York #100 | , Houston, | <u> </u> | , 77040 | <u>, USA</u> . | | |
| ĺ | (street) | (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and | correct. | | | | | |
| | E contra llerrie | Town | une 2nd | May at May | 20.22 | | |
| | Executed in Harris | County, State of Texas, on | | _day of <u>May</u> (month) | , 20 <u>_23_</u> . (year) | | |
| | | | | (month) | (year) | | |
| | | | | | | | |
| | | Y | | | | | |
| | | Signature of authorized agorit or (Declarant) | f contractii | ng business entity | | | |

Forms provided by Texas Ethics Commission

| | CERTIFICATE OF INTERESTED PAR | TIES | | FORI | и 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 | |
| 1 | Name of business entity filing form, and the city, state and count of business. WEST COAST USA PROPERTIES LLC FRESNO, CA United States | try of the business entity's place | Certificate Number: 2023-1017830 Date Filed: 05/08/2023 Date Acknowledged: | | |
| 2 | Name of governmental entity or state agency that is a party to th being filed. CITY OF MCALLEN | e contract for which the form is | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 03-23-P42-01 Purchase of Float Supplies/Floral Sheeting | ity or state agency to track or identify ded under the contract. | the co | ontract, and prov | ride a |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | Nature of (check ap Controlling | - THE ADDRESS STREET |
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| 5 | Check only if there is NO Interested Party. | - | | | |
| 6 | UNSWORN DECLARATION | | | 0120 | 1019 |
| | My name is UBALDO GARTS My address is 2763 W. LAKE VANNES | , and my date of | birth is | 04.28- | 1961. |
| | My address is 2163 W. LAKE VANNESS (street) | (city) | A, tate) | (zip code) | , USA (country) |
| | I declare under penalty of perjury that the foregoing is true and correct Executed inCount | ct. y, State of, on the | <u>8</u> 7 | day of(month) | _, 20 <u>_23</u> . (year) |
| | | Signature of authorized agent of con | tracting | g business entity | |
| | | (Declarant) | | | |

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FORM 1295

| | | | | | 1011 | | | |
|---|---|--------------------------------------|-------------------------------------|-------------------|----------------|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 business. | ry of the business entity's place | Certificate Number: 2023-1017830 | | | | | |
| | WEST COAST USA PROPERTIES LLC | | 2023 | 5 101/030 | | | | |
| | FRESNO, CA 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 | | 8/2023 | | | | |
| Ē | being filed. | | 1 | | | | | |
| | CITY OF McALLEN | | | Acknowledged: | | | | |
| | | | 05/0 | 9/2023 | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | | the c | ontract, and prov | vide a | | | |
| | 03-23-P42-01 | | | | | | | |
| | Purchase of Float Supplies/Floral Sheeting | | | | | | | |
| | | | | Nature of | intorect | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | 000 | (check ap | | | | |
| | Nume of interested Faily | ony, once, obtaining (place of busin | | Controlling | Intermediary | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
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| | My name is | , and my date of | birth is | S | | | | |
| | - | , , , , , , , , , , , , , , , , , | | | | | | |
| | My address is | | | | | | | |
| | (street) | | tate) | (zip code) | , (country) | | | |
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| | 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 authorized agent of con | tractin | a business entity | | | | |
| | | (Declarant) | addin | Suches chilly | | | | |
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FORM 1295

| | | 5 | | | 1 of 1 |
|---|--|--|----------|------------------------------|----------------------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE US | |
| 1 | and the other of the other other other of the other | try of the business entity's place | - | tificate Number: | |
| | of business. Jimenez Motorsports, LLC | | | 3-1018404 | |
| | San Juan, TX United States | | Dat | e Filed: | |
| 2 | | e contract for which the form is | | 09/2023 | |
| | being filed. Mcallen Police Department | | | | |
| | | | 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 identif ded under the contract. | y the d | contract, and pro | vide a |
| | 12-22-P08-64 three (3) new 202 | | | | |
| | 3 BMW Police Motorcycles | | | | |
| 4 | | | | Nature o | finterest |
| - | Name of Interested Party | City, State, Country (place of busin | iess) | | pplicable) |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 5 | JNSWORN DECLARATION | | | | · |
| I | My name is Megan Garcia | , and my date of | birth is | D10-14-19 | 191 |
| 1 | My address is 1409 N 53rd St. | MISSION | v | 73572 | ASIA |
| , | (street) | | <u> </u> | (zip code) | , <u>WA</u> . (country) |
| | | (0.9) (0. | uto) | (zip code) | (country) |
| i | declare under penalty of perjury that the foregoing is true and correct. | | | | |
| ł | Executed in <u>ANOUSD</u> County, | State of TEXAS, on the | 9. | lay of <u>MUU</u> (month) | , 20 233 (year) |
| | | MA | | | |
| | | Signature of authorized agent of cont (Declarant) | racting | business entity | |
| | | (Declarant) | | | |

FORM 1295

| | | | | | | 1011 | |
|---|--|------------------------------|----------------|-------------------------|----------------------------------|----------------|--|
| | 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 | 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | | icate Number: -1018404 | | |
| | Jimenez Motorsports, LLC | | | | | | |
| | San Juan, TX United States | | | Date I | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the f | orm is | 05/09 | 9/2023 | | |
| | Mcallen Police Department | | | | Acknowledged:)/2023 | | |
| _ | Provide the identification number used by the governmental enti | ity or state agonov to track | | | | vido o | |
| 3 | description of the services, goods, or other property to be provide | | . or identity | | made, and prov | nuc u | |
| | 12-22-P08-64 three (3) new 202 | | | | | | |
| | 3 BMW Police Motorcycles | | | | | | |
| | | | | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (pla | ce of busine | ess) | (check ap | | |
| | | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
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| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and | I my date of b | oirth is | | | |
| | | ,, | , | - | | | |
| | My address is | | , | , _ | | | |
| | (street) | (city) | (sta | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | ct. | | | | | |
| | Executed inCount | v State of | on the | h | lav of | 20 | |
| | | y, oldic of | , on the _ | u | (month) | , 20 (year) | |
| | | | | | | | |
| | | | | | | | |
| | | Signature of authorized a | agent of cont | racting | business entity | | |
| | | | clarant) | 5 | , | | |

FORM 1295

| | | | <u> </u> | | 1011 | | | |
|----|---|--|-------------------------------------|-----------------------|--------------|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 coun of business. | | Certificate Number: 2023-1018853 | | | | | |
| | Specialty Fleet Sales | | | 20 1010000 | | | | |
| | Lindale, TX United States | | Da | ate Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the form | is 05 | 5/10/2023 | | | | |
| | being filed. City of McAllen, Tx | | D | ate Acknowledged: | | | | |
| | | | | 5/10/2023 | | | | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provide | | identify the | e contract, and pro | vide a | | | |
| | 04-23-P52-01 two (2) aerial bu | | | | | | | |
| | Two Aerial Bucket Trucks for Health & Code | | | | | | | |
| _ | | | | Nature o | f interest | | | |
| 4 | Name of Interested Party | City, State, Country (place o | of business | | oplicable) | | | |
| L | | | | Controlling | Intermediary | | | |
| Ci | ty of McAllen | McAllen , TX United State | es | X | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is | , and my | date of birt | h is | | | | |
| | My address is(street) | | ; | , | _, | | | |
| | (street) | (city) | (state) |) (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | ct. | | | | | | |
| | Executed inCount | y, State of | , on the | | | | | |
| | | | | (month) | (year) | | | |
| | | Signature of authorized ager (Declara | | cting business entity | | | | |
| | | (2001012 | , | | | | | |

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 | 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | | Certificate Number: 2023-1018853 | | | |
| | Specialty Fleet Sales | | | 2020 - | 1010033 | | | |
| | Lindale, TX United States | | | Date F | iled: | | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the | form is | 05/10/ | 2023 | | | |
| 2 | being filed. | | . 1011113 | | | | | |
| | City of McAllen, Tx | | | Date A | cknowledged: | | | |
| 3 | 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. | | | | | | | |
| | 04-23-P52-01 two (2) aerial bu | | | | | | | |
| | Two Aerial Bucket Trucks for Health & Code | | | | | | | |
| | | | | | Nature o | f interest | | |
| 4 | Name of Interested Party | City, State, Country (p | lace of busine | ess) | (check aj | (check applicable) | | |
| | | | | | Controlling | Intermediary | | |
| Ci | ty of McAllen | McAllen , TX United | l States | | Х | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is Christian Cole | , a | nd my date of I | oirth is _ | 08/02/19 | 96 | | |
| | My address is 13620 FM 2710 | , Lindale | , <u>T</u> : | <u>x,</u> | 75771 | <u>, US</u> . | | |
| | (street) | (city) | (st | ate) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | ct. | | | | | | |
| | Executed in Smith Count | y, State of Tx | , on the _ | <u>10 </u> da | y of <u>May</u> (month) | , 20 <u>_23</u> . (year) | | |
| | | Christian (| Cole | | | | | |
| | | Signature of authorize | d agent of cont Declarant) | racting | business entity | | | |

FORM 1295

| | | | | | 1011 | | | |
|---|---|---|-------------------------------------|------------------|-------------------------|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 count of business. | try of the business entity's place | Certificate Number: 2023-1018618 | | | | | |
| | Trinity Innovative Solutions LLC. | | 2023- | 1018018 | | | | |
| | Little Elm, TX United States | | Date F | -iled· | | | | |
| 2 | | e contract for which the form is | 05/10 | | | | | |
| 2 | being filed. | e contract for which the form is | | | | | | |
| | City of McAllen TX | | Date A | Acknowledged: | | | | |
| 3 | Provide the identification number used by the governmental enti description of the services, goods, or other property to be provid | | the co | ntract, and prov | vide a | | | |
| | PROJECT NO. 04-23-P49-01 | | | | | | | |
| | PURCHASE OF EIGHT TECHNOLOGY MAST TRAILER SYS | STEMS- RGV TAG | | | | | | |
| | | | | Nature o | f interest | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | oplicable) | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is Jeff Merriman | , and my date of | birth is | 25 April 19 | | | | |
| | My address is 2385 Oak Grove Parkway | ,Little Elm,Te | exas, | 75068 | , Denton | | | |
| | (street) | (city) (st | ate) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correc | xt. | | | | | | |
| | Executed inCounty | y, State of, on the _ | 10th _{da} | • | , <u>20_23</u> . | | | |
| | Λ | M. | | (month) | (year) | | | |
| | A.M | 1 juin | | | | | | |
| | | Signature of authorized agent of con (Declarant) | tracting | business entity | | | | |

FORM 1295

| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 count of business. | Certificate Number: 2023-1018618 | | | | | | |
| | Trinity Innovative Solutions LLC. | | 2020 | 5 1010010 | | | | |
| | Little Elm, 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 | 05/1 | .0/2023 | | | | |
| | being filed. | | | | | | | |
| | City of McAllen TX | | | Acknowledged: | | | | |
| | | | 05/1 | .0/2023 | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide | | fy the c | contract, and prov | /ide a | | | |
| | PROJECT NO. 04-23-P49-01 | | | | | | | |
| | PURCHASE OF EIGHT TECHNOLOGY MAST TRAILER SYS | STEMS- RGV TAG | | | | | | |
| | | | | Noturo of | interest | | | |
| 4 | Name of Interested Party | City, State, Country (place of bus | inocc) | Nature of (check ap | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
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| ø | UNSWORN DECLARATION | | | | | | | |
| | My name is | , and my date of | 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 | t. | | | | | | |
| | Executed inCounty | /, State of, on th | e | day of | , 20 | | | |
| | | , | | (month) | (year) | | | |
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| | | | | | | | | |
| | | Signature of authorized agent of a | ntractio | a hucinoce ontity | | | | |
| | | Signature of authorized agent of co (Declarant) | nuactin | ig business entity | | | | |
| | | (200141414) | | | | | | |

FORM 1295

| | | | | | 1011 | |
|------|---|---|------------|-------------------------------------|---------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEF | OFFICE US | | |
| 1 | 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2023-1019864 | | |
| | B&H Foto & Electronics Corp. | | | | | |
| 2 | New York, NY United States Name of governmental entity or state agency that is a party to t | he contract for which the form is | | Filed: 1/2023 | | |
| | being filed. | the contract for which the form is | | | | |
| | City of McAllen | | | Acknowledged: 2/2023 | | |
| 3 | Provide the identification number used by the governmental en | tity or state agency to track or identify | the co | ontract, and pro | vide a | |
| | description of the services, goods, or other property to be prov 04-23-P51-01 | ided under the contract. | | | | |
| | Purchase of twenty-five (25) thermal monocular imaging sys | tems | | | | |
| - | | 1 | | Natura o | f interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | | oplicable) | |
| L | | | [| Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
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| 6 | JNSWORN DECLARATION | | | | | |
| | My name is | , and my date of b | oirth is _ | | , | |
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| | /ly address is (street) | '''''' (sta | , ate) | (zip code) | (country) | |
| | () | () (36 | , | | (country) | |
| | declare under penalty of perjury that the foregoing is true and correct | xt. | | | | |
| | Executed inCount | y, State of, on the _ | da | ay of | , 20 . | |
| | | | | (month) | (year) | |
| | | Simplus of otherized | | | | |
| | | Signature of authorized agent of contr (Declarant) | acting | business entity | | |
| Forr | ns provided by Texas Ethics Commission www.eth | nics.state.tx.us | | Version V3 | .5.1.7bd706d4 | |

FORM 1295

| E | | | | | |
|---|---|--|-------------------------------------|--|----------------|
| Γ | Complete 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 cou of business. | | Certificate Number: 2023-1019864 | | |
| | B&H Foto & Electronics Corp. | | | | |
| | New York, NY United States | | | e Filed: L1/2023 | |
| 2 | Name of governmental entity or state agency that is a party to t being filed. | ne contract for which the form is | 0.5/1 | .1/2025 | |
| | City of McAllen | | Date | e Acknowledged: | ł |
| 3 | Provide the identification number used by the governmental en description of the services, goods, or other property to be prov | tity or state agency to track or ident ided under the contract. | ify the c | ontract, and pro | vide a |
| | 04-23-P51-01 | | | | |
| | Purchase of twenty-five (25) thermal monocular imaging sys | tems | | | |
| 4 | | | | CONTRACTOR AND | of interest |
| | Name of Interested Party | City, State, Country (place of bus | iness) | | pplicable) |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name isShmuel Lewis | , and my date o | f birth is | I | |
| | My address is 420 9th Ave | ,New York | NY | 10001 | USA . |
| | (street) | (city) (| NY, state) | 10001 (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | st. | | | |
| | Executed in New York Count | y, State of <u>New York</u> , on the | 11th | | , 20 23 |
| | | | | (month) | (year) |
| | | Shmuel Lervis | | | |
| | | Signature of authorized agent of co | ntracting |) business entity | |
| | | (Declarant) | | | |

FORM 1295

| 1 of | | | | | | | |
|---|---|---|--|--|--|--|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | | | | |
| 2023 | Certificate Number: 2023-1019870 Date Filed: | | | | | | |
| being filed. City of McAllen | | | | | | | |
| 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-22-S16-445 North Drainage Master Study | | | | | | | |
| ntry (place of business) | (check a | f interest oplicable) Intermediary | | | | | |
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| | ss entity's place Cert 202: Date 05/1 Date 05/ | 2023-1019870ich the form isDate Filed: 05/11/2023Date Acknowledged: 05/18/2023y to track or identify the contract, and pro- fitract.ntry (place of business)Nature o (check age)FL United StatesXited StatesXited StatesXNutured StatesXX United States | | | | | |

FORM 1295

| L | | | | | | 2 of 2 | |
|---|--|---|------------------------------------|-----------------|----------------------|----------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | CEF | OFFICE USI | | |
| 1 | 1 Name of business entity filing form, and the city, state and country of the business entity's place | | | | Certificate Number: | | |
| | of business. Halff Associates, Inc. | | | 2023 | 3-1019870 | | |
| | Richardson, 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 | 05/11 | 1/2023 | | |
| | being filed. City of McAllen | | | Date | Acknowledged: | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | ty or state agency to led under the contra | track or identify | the co | ontract, and pro | vide a | |
| | 01-22-S16-445 | | | | | | |
| | North Drainage Master Study | | | | | | |
| | | | | | Nature o | f interest | |
| 4 | Name of Interested Party | City, State, Countr | y (place of busine | ess) | (check ar | oplicable) | |
| | | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is Robert Saenz | | , and my date of b | irth is | 05/02/1964 | 1 | |
| | My address is 5000 West Military Hwy.Suite 100 | McAllen | Tx | | 78503 | 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 _1 | 1 _{da} | _{av of} May | 20 23 | |
| | | // | 17/ | Ĺ | (month) | , (year) | |
| | | Signature of author | zed agent of contra (Declarant) | acting | business entity | | |

FORM 1295

| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 count of business. | | Certificate Number: 2023-1018223 | | | | |
| | Affordable Homes of South Texas, Inc. | | 202 | 5-1010225 | | | |
| | 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 | | 9/2023 | | | |
| 2 | being filed. | contract for which the form is | 00/0 | 0,2020 | | | |
| | City of McAllen | | Date | Date Acknowledged: | | | |
| | | | | 2/2023 | | | |
| | | | | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | | ify the c | contract, and prov | /ide a | | |
| | B-21-MC-48-0506 | | | | | | |
| | 2021 - Funds will be used to rehabilitate an owner-occupied h | ousing unit | | | | | |
| | | | | T | | | |
| 4 | | | | Nature of | | | |
| | Name of Interested Party | City, State, Country (place of bus | siness) | (check ap | | | |
| | | | | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| e | | | | | | | |
| ° | UNOWURN DECLARATION | | | | | | |
| | My name is | and my date | of hirth i | 9 | | | |
| | | , and my date | or on the | ~ | · | | |
| | | | | | | | |
| | My address is | | , | | , | | |
| | (street) | (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | • | | | | | |
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| | Executed inCounty | , State of, on the | e | day of | , 20 | | |
| | | | | (month) | (year) | | |
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| | | Signature of authorized agent of o | ontractir | ig business entity | | | |
| | (Declarant) | | | | | | |

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| | | | | 1 of 1 |
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| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | SE ONLY ON OF FILING |
| 1 | Name of business entity filing form, and the city, state and coun | try of the business entity's place | Certificate Numbe | r: |
| | of business. Affordable Homes of South Texas, Inc. | | 2023-1018222 | |
| | McAllen, TX United States | | Date Filed: | |
| 2 | Name of governmental entity or state agency that is a party to th | e contract for which the form is | 05/09/2023 | |
| | being filed. | | | |
| | City of McAllen | | Date Acknowledge | ed: |
| H | Provide the identification number used by the reversemental ent | ity or state even sy to track an identify | | and the second |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide | | the contract, and p | novide a |
| | B-20-MC-48-0506 | | | |
| | 2020 – Funds will be used to rehabilitate an owner-occupied | housing unit | | |
| - | | | Natur | e of interest |
| 4 | Name of Interested Party | City, State, Country (place of busine | | applicable) |
| | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | |
| 6 | UNSWORN DECLARATION | | | |
| | My name is Robert Calvillo | , and my date of b | birth is <u>03/28/63</u> | |
| | My address is 1420 Erie Ave. | , McAllen , <u>Te</u> x | xas, 78501 | USA . |
| | (street) | | ate) (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 | <u>9th_</u> day of <u>May</u> | , 2023 . |
| | | Alla CI | (mont | h) (year) |
| | | SAUT UNI | | |
| | | Signature of authorized agent of contr (Declarant) | racting business enti | ty |
| For | ns provided by Texas Ethics Commission www.eth | ics.state.tx.us | Version | V3.5.1.7bd706d4 |

FORM 1295

| | | | | | 1 01 1 |
|---|---|---|-------------|-------------------|--------------|
| Γ | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and cour of business. | Certificate Number: | | | |
| | Reeder Distributors, Inc. | | 202. | 3-1023629 | |
| | Fort Worth, TX United States | | Date | e Filed: | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | ne contract for which the form is | | 19/2023 | |
| | City of McAllen | | Date | Acknowledged: | |
| | | | | 22/2023 | |
| 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 c | ontract, and prov | vide a |
| | Project No. 05-23-P56-01 | | | | |
| | Stertil-Koni Heavy Duty Mobile Lifts | | | | |
| 4 | | | | Nature of | interest |
| Γ | Name of Interested Party | City, State, Country (place of busin | iess) | (check ap | plicable) |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is | l | <u> </u> |
| | My addross 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 | 2 | lav of | . 20 |
| | | | | (month) | (year) |
| | | Signature of authorized agent of cont (Declarant) | racting | J 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. | | CEI | OFFICE US | |
| 1 | Name of business entity filing form, and the city, state and cou of business. | | Certificate Number: | | |
| L | Reeder Distributors, Inc. | | 2023 | 3-1023629 | |
| | Fort Worth, TX United States | | Date | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to t being filed. | the contract for which the form is | 05/19 | 9/2023 | |
| | City of McAllen | | Date | Acknowledged: | |
| 3 | Provide the identification number used by the governmental en description of the services, goods, or other property to be prov | ntity or state agency to track or identify vided under the contract. | the co | ontract, and pro | vide a |
| | Project No. 05-23-P56-01 | | | | |
| | Stertil-Koni Heavy Duty Mobile Lifts | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | | f interest pplicable) |
| | | | ····, | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is <u>Chris Bussey</u> | , and my date of t | oirth is ₋ | 06-17-197 | 2 |
| | My address is | , Mansfield , TX | | 76063 | USA |
| | My address is (street) | (city) (sta | ate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | ct. | | | |
| | Executed in Count | y, State of, on the | <u>19</u> _da | | _, 20_23 |
| | ſ | | フ | (month) | (year) |
| | | No 1- | \mathfrak{L} | | <u>ر</u> |
| | | Signature of authorized agent of contr (Declarant) | racting | business entity | , |

FORM 1295

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|---|---|-------------------------|-------------------------------------|--------------------|------------------|--------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 coun of business. | ity's place | Certificate Number: 2023-1025406 | | | | |
| | Terra Firma Materials, LLC | | | | | | |
| | Edinburg, TX United States | | | Date F | -iled: | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which th | ne form is | 05/24 | /2023 | | |
| | City of McAllen | | | Date Acknowledged: | | | |
| | | | | 05/25 | | | |
| _ | | | | | | | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provide | | | the co | ntract, and prov | lide a | |
| | 04-23-P54-87 | | | | | | |
| | Purchase & Delivery of Type "D" Hot Mix Asphaltic Concrete- | La Paloma Subdivisio | on | | | | |
| 4 | | | | | Nature of | interest | |
| 1 | Name of Interested Party | City, State, Country | (place of busine | ess) | (check ap | plicable) | |
| | | | | | Controlling | Intermediary | |
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| 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 code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | ct. | | | | | |
| | Executed inCount | v. State of | , on the | da | ay of | . 20 . | |
| | | ,, | , | | (month) | (year) | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |

| | CERTIFICATE OF INTERESTED PAR | TIES | | 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. | | | E USE ONLY TION OF FILING |
| 1 | Name of business entity filing form, and the city, state and coun of business. | try of the business entity's place | Certificate Nur 2023-1025406 | × |
| | Terra Firma Materials, LLC 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 the form is | 05/24/2023 Date Acknowle | adaad: |
| | City of McAllen | | Date Acknowle | sugeu. |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 04-23-P54-87 | ity or state agency to track or identify ded under the contract. | the contract, a | nd provide a |
| | Purchase & Delivery of Type "D" Hot Mix Asphaltic Concrete | -La Paloma Subdivision | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | | ature of interest neck applicable) |
| | name of increase a range | | Control | |
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| 5 | Check only if there is NO Interested Party. | | | |
| 6 | UNSWORN DECLARATION | | | |
| | My name is Nancy Cuellar Davenport | , and my date of | birth is9/6/ | /1979 |
| | My address is <u>9312 E. Curve Rd.</u> (street) | · | <u>TX</u> , <u>78542</u> ate) (zip co | |
| | I declare under penalty of perjury that the foregoing is true and correct | ct. | | |
| | Executed in Hidalgo Count | ty, State of Texas, on the | | May_, 20_23 |
| | | | X | month) (year) |
| | | Signature of authorized agent of cont (Declarant) | tracting business | entity |
| Fo | rms provided by Texas Ethics Commission www.et | hics.state.tx.us | Vers | sion V3.5.1.a18ea2ca |

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: 2023-1026387 | | | |
| | Cutler Repaving, Inc. | | | | | | |
| | Lawrence, KS 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 | 05/2 | 5/2023 | | | |
| | being filed. City of McAllen | | Date | Date Acknowledged: | | | |
| | | | | 6/2023 | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided | | y the c | contract, and prov | vide a | | |
| | 04-23-C30-367 2023 Single Machine Repaving - La Paloma Sudivision (CDB | G) | | | | | |
| 4 | | | | Nature of | | | |
| Ľ | Name of Interested Party | City, State, Country (place of busi | ness) | (check ap | | | |
| | | | | Controlling | Intermediary | | |
| Ve | eskerna, Charles | Lawrence, KS United States | | × | | | |
| М | les, John | Lawrence, KS United States | | x | | | |
| Ra | uthbun, John | Lawrence, KS United States | | х | | | |
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| 5 | 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(street) | | , state) | (zip code) | , (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | | | |
| | | | | | 00 | | |
| | Executed inCounty | y, State of, on the | | day 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 | | |
| | | | cate Number: 1026387 | | |
| Cutler Repaving, Inc. | | | | | |
| Lawrence, KS United States | | Date F 05/25/ | | | |
| 2 Name of governmental entity or state agency that is a party to th being filed. | e contract for which the form is | 03/23/ | 2023 | | |
| 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. | | | | | |
| 04-23-C30-367 2023 Single Machine Repaving - La Paloma Sudivision (CDB | G) | | | | |
| | | | Nature of | | |
| 4 Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | | |
| | | | Controlling | Intermediary | |
| Veskerna, Charles | Lawrence, KS United States | | × | | |
| Mlles, John | Lawrence, KS United States | | x | | |
| Rathbun, John | Lawrence, KS United States | | х | | |
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| 5 Check only if there is NO Interested Party. | | | | | |
| 6 UNSWORN DECLARATION | · | | 100 1 | 10% | |
| My name is | KNA, and my date of | birth is | HYRIL 6, | 1950 | |
| My address is | | | | | |
| I declare under penalty of perjury that the foregoing is true and correct | ct. | | | la harra | |
| Executed inCount | y, State of KANSAS, on the | 154 | ay of <u>MAY</u> | , 20 <mark>23</mark> (year) | |
| | Cually RUDAD | OIA | 13 | ()-0.7 | |
| | Signature of authorized agent of cor (Declarant) | ntracting | business entity | | |
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FORM 1295

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | CE | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
|----|---|-------------------------------------|--|--------------------|----------------|--|
| 1 | Name of business entity filing form, and the city, state and count of business. | Certificate Number: 2023-1025564 | | | | |
| | CLORE EQUIPMENT LLC | | 202 | 1020001 | | |
| | Harlingen, 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 | 05/2 | 4/2023 | | |
| | being filed. | | | | | |
| | City of McAllen | | | Acknowledged: | | |
| | | | 05/2 | 6/2023 | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide | | the c | contract, and prov | vide a | |
| | 03-23-C23-749 | | | | | |
| | McAllen South Industrial Park - Public Improvements/Industria | al Development | | | | |
| | | | | Network of | | |
| 4 | Nome of Interacted Dorts | City State Country /slass of hus | nooc) | Nature of | | |
| | Name of Interested Party | City, State, Country (place of busi | ness) | (check ap | | |
| | | | | Controlling | Intermediary | |
| CI | ore, Jessica | Harlingen, TX United States | | Х | | |
| CI | ore, Geoffrey | Harlingen, TX United States | | х | | |
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| | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my date c | f birth is | S | · | |
| | My address is | , . | | | , | |
| | (street) | | state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | | |
| | Executed inCount | v. State of on the | <u>,</u> | day of | . 20 | |
| | | , eace of, of the | | (month) | , 20 (year) | |
| | | Signature of authorized agent of cc | ntractin | g business entity | | |
| | (Declarant) | | | | | |

| CERTIFICATE OF INTERESTED PAP | RTIES | FOI | RM 1295 | |
|---|---|---|--|--|
| | | | 1 of 1 | |
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE US CERTIFICATIO | | |
| Name of business entity filing form, and the city, state and cou of business. CLORE EQUIPMENT LLC Harlingen, TX United States | ntry of the business entity's place | Certificate Number: 2023-1025564 | | |
| Name of governmental entity or state agency that is a party to being filed. City of McAllen | the contract for which the form is | Date Filed: 05/24/2023 Date Acknowledge | 1: | |
| Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 03-23-C23-749 MeAllen South Industrial Park – Public Improvements/Industrial | vided under the contract. | / the contract, and pr | ovide a | |
| McAllen South Industrial Park - Public Improvements/Indust | | | | |
| 4 Name of Interested Party | City, State, Country (place of busin | 0.000.000.000 | of interest applicable) Intermediary | |
| Clore, Jessica | Harlingen, TX United States | X | | |
| Clore, Geoffrey | Harlingen, TX United States | X | | |
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| 5 Check only if there is NO Interested Party. | | | | |
| 6 UNSWORN DECLARATION | | | | |
| My name is <u>Geoffrey Clore</u> | , and my date of | f birth is 09 17 | 1978 | |
| My address is 21220 FM 1420 (street) | | 18550 state) (zip code) | , USA (country) | |
| I declare under penalty of perjury that the foregoing is true and cor | ect. | | | |
| Executed in Comeron Cou | nty, State of Texas on the | 24th day of May (mont | h) (year) | |
| | Signature of authorized agent of con (Declarant) | ntracting business enti | ty | |

FORM 1295

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|---|---|--|--------------------------------|------------------------------|----------------|
| [| 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 coun of business. | try of the business entity's place | | ificate Number: 3-1024430 | |
| | Sechrist-Hall Company | | 202 | 0 1024400 | |
| | Harlingen, 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 | | 2/2023 | |
| [| being filed. | | | | |
| | City of McAllen | | Date Acknowledged: | | |
| | | | 05/2 | 26/2023 | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide | | y the c | contract, and prov | ride a |
| | 02-23-C21-441 Hidalgo Bridge A | | | | |
| | Roofing | | | | |
| | | I | | Nature of | intoract |
| 4 | Name of Interested Party | City, State, Country (place of busi | necc) | (check ap | |
| Í | Name of interested Fully | eny, state, soundy (place of busi | | Controlling | Intermediary |
| ⊢ | | | | | intermediai y |
| М | cBride, Bill | Harlingen, TX United States | | X | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
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| | My name is | , and my date o | f birth i | s | |
| | | | | | · |
| | My address is | | | | |
| | (street) | | , state) | (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) |
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| | | Cionoturo of outborized exect of a | atroctio | a hucinoso antit | |
| | | Signature of authorized agent of co (Declarant) | ntractin | ig business entity | |
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| | | | | <u> </u> | 1011 | | |
|---|---|---|--------------------|--|-------------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| 1 | ame of business entity filing form, and the city, state and country of the business entity's place f business. | | | i cate Number: -1024430 | | | |
| | Sechrist-Hall Company | | 2023 | -⊥∩⋜ 4 49∩ | | | |
| | Harlingen, TX United States | | Date I | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | contract for which the form is | 05/22/2023 | | | | |
| | being filed. City of McAllen | | | Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide | the governmental entity or state agency to track or identify the contract, and provide a r property to be provided under the contract. | | | | | |
| | 02-23-C21-441 Hidalgo Bridge A | | | | | | |
| | Roofing | | | | | | |
| 4 | | | Nature of interest | | | | |
| 4 | Name of Interested Party City, State, Country (place of busin | | ess) | (check ap | | | |
| ┡ | | | | Controlling | Intermediary | | |
| М | IcBride, Bill | Harlingen, TX United States | | Х | | | |
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| | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is <u>J. Carlos Coronado</u> , and my date of birth is <u>10/09/1971</u> . | | | | | | |
| | My address is PO Box 2347 | Harlingen | <u>, TX</u> | 78551 | USA | | |
| | (street) | | tate) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed in Cameron County | y, State of, on the | <u>22nd</u> @ | day of <u>May</u> | , 20 <u>_23</u> . | | |
| | | | . = | (month) | | | |
| | $\bigcap_{i=1}^{n}$ | or los l'oronac | b | | | | |
| | A | Signature of authorized agent of con (Declarant) | itracting | g business entity | | | |

FORM 1295

| | | | | | 1011 | | |
|----|---|---|----------------------------|--|---------------------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. | | | | | | |
| 1 | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Jame of business entity filing form, and the city, state and country of the business entity's place | | | CERTIFICATION OF FILING Certificate Number: | | | |
| Ē | of business. | | | | 2023-996226 | | |
| | RG Enterprises, LLC | Chatag | | | | | |
| 2 | | rg, TX United States f governmental entity or state agency that is a party to the contract for which the form is | | | Date Filed: 03/20/2023 | | |
| 2 | being filed. | | | | | | |
| | | | | Acknowledged: | | | |
| _ | Provide the identification number used by the governmental ent | 05/31/2023 | | | | | |
| 3 | 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. | | | | | | |
| | 02-23-C18-799 | | | | | | |
| | MORRIS PARK IMPROVEMENTS | | | | | | |
| 4 | | | Nature of interest | | | | |
| 7 | Name of Interested Party City, State, Country (place of busine | | | | | | |
| | | | | Controlling X | Intermediary | | |
| Ga | arza, Rene | Edinburg, TX United States | Edinburg, TX United States | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| - | | | | | | | |
| | y name is, and my date of birth is | | | | | | |
| | My address is | | | | | | |
| | My address is | | tate) | (zip code) | , (country) | | |
| | | | - | . , | - / | | |
| | I declare under penalty of perjury that the foregoing is true and correc | st. | | | | | |
| | Executed inCount | y, State of, on the | (| day of | , 20 | | |
| | | | | (month) | (year) | | |
| | | | | | | | |
| | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |
| | | . , | | | | | |

FORM 1295

| | | | | | 1 of 1 | | |
|---|---|--|-----------|--|--------------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| | | ate and country of the business entity's place | | Certificate Number: | | | |
| | f business. | | | 2023-996226 | | | |
| • | RG Enterprises, LLC | | Date | Date Filed: | | | |
| Edinburg, TX United States 2 Name of governmental entity or state agency that is a | | party to the contract for which the form is | | 03/20/2023 | | | |
| being filed. | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | | | | |
| City of McA | City of McAllen | | | Date Acknowledged: | | | |
| 3 Provide the description 02-23-C18 | of the services, goods, or other propert | rnmental entity or state agency to track or identi y to be provided under the contract. | fy the c | ontract, and pro | vide a | | |
| | PARK IMPROVEMENTS | | | | | | |
| 4 | | | | Nature of interest | | | |
| | Name of Interested Party City, State, Country (place of busi | | | | | | |
| | | | | | Intermediary | | |
| Garza, Rene | | Edinburg, TX United States | | Х | | | |
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| | | | | | | | |
| 5 Check only | / if there is NO Interested Party. |] | | | | | |
| 6 UNSWORN | DECLARATION | | | | | | |
| My name is | Rene Garza | , and my date of birth is 06/05/1978 | | | | | |
| My address | _{is} _711 E. Wisconsin Rd. | Edinburg, | Tx_, | 78539 | USA | | |
| | (street) | (city) | (state) | (zip code) | (country) | | |
| I declare un | nder penalty of perjury that the foregoing is t | rue and correct. | | | | | |
| Executed in | , Hidalgo | County, State of Texas, on the | | day of Marc | h ₂₀ 23 | | |
| | | | | (month) | , 20 (year) | | |
| | | | - | 6 | | | |
| | | Signature of authorized agent of co | ontractin | g business entity | | | |
| Forms provide | ed by Texas Ethics Commission | (Declarant) www.ethics.state.tx.us | | Version | /3.5.1.3ac88bc | | |
| sins provide | s sy read Lanes Commission | www.eunes.state.tA.us | | VCISION V | 0.0.1.00000C | | |