					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				Certificate Number:		
	of business.			2023-968711		
	Doggett Freightliner of South Texas, LLC Converse, TX United States			Data Silada		
2	Name of governmental entity or state agency that is a party to th	a contract for which t		Date Filed: 01/04/2023		
_	being filed.	e contract for which t	ine form is	01/04/2020		
	City of McAllen			Date Acknowledged	l:	
				01/04/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to ded under the contrac	track or identify t t.	the contract, and pro	ovide a	
	12-22-P01 Purchase of Two Tandem Trucks					
	Fulchase of two fandern flucks					
4				Nature o	of interest	
	Name of Interested Party	City, State, Country	(place of busine	ss) (check a	applicable)	
		11. E.		Controlling	Intermediary	
Do	oggett, William	Houston, TX Unite	ed States	Х		
Do	oggett Industries Investments, LLC	Dallas, TX United	States		Х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of bi	rth is	·	
	My address is					
	(street)	(city)	(stat	e) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	, State of	, on the	day of	, 20 .	
				(month)		
			ed agent of contra (Declarant)	acting business entity		

	CERTIFICATE OF INTERESTED PAR	RTIES	FC	DRM <b>1295</b>	
=	Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE U		
	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.  Doggett Freightliner of South Texas, LLC	Certificate Numbe 2023-968711	r:		
2	Converse, TX United States		Date Filed: 01/04/2023		
_	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	he contract for which the form is	Date Acknowledge	ed:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 12-22-P01 Purchase of Two Tandem Trucks	tity or state agency to track or identify ided under the contract.	the contract, and p	rovide a	
4				e of interest	
	Name of Interested Party	City, State, Country (place of busine	ess) (check	applicable) Intermediary	
Do	oggett, William	Houston, TX United States	X	Intermediary	
Do	oggett Industries Investments, LLC	Dallas, TX United States		х	
es No					
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION				
	My name is Michael Crockett	1 /	birth is <u>66-17</u>	-1975.	
	My address is 380 Bear Rioleze DR. (street)	La Vernia .Tx	78/2/ ate) (zip code)	, <u>USA</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct Executed in Bexov County	ct. ty, State of Texas, on the	day of Janu	nw 1/20 2023	
		Signature of authorized agent of contr	(montl	h) ' (year)	
	ms provided by Texas Ethics Commission www.eth	(Declarant)		V3 5 1 3ac88bc0	

FORM 1295

H						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.			B	FFICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business er	ntity's place	Certifica	te Number:	
	Doggett Heavy Machinery			2023-970055		
	SAN JUAN, TX United States			Date File	ed:	
2		he contract for which	the form is	01/09/20	)23	
	being filed. CITY OF MCALLEN			Data Ask	rnauladaad.	
	CITY OF MCALLEN			Date Ack	(nowledged:	
3	Provide the identification number used by the covernmental enti description of the services, goods, or other property to be provide	ity or state agency to ded under the contrac	track or identify ct.	the contr	act, and pro	vide a
	12-22-P20-01					
	purchase of one front end loader					
4					Nature of	
	Name of Interested Party	City, State, Country	(place of busine		(check ap	
				-   -	ontrolling	Intermediary
			<u> </u>			
		*				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of b	irth is	2/08/1987	
	My address is 901 E I-2	San Juan	Tex	as 78	3589	USA
	(street)	(city)	(sta	ite)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed in Hidalgo County	y, State ofTexas	, on the _	9TH day c	of January	, 20_23
		UM )	Cr	/	(month)	(year)
		Signature of authoriz	zed agent of contr (Declarant)	acting bus	siness entity	

FORM **1295** 

⊨	A STATE OF THE STA					
	Complete 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 cou of business.		ificate Number: 3-970055			
	Doggett Heavy Machinery SAN JUAN, TX United States					
2	Name of governmental entity or state agency that is a party to t	he contract for which the form is		Filed: 9/2023		
	being filed. CITY OF MCALLEN		Date	Acknowledged:		
				0/2023		
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 c	ontract, and prov	vide a	
	12-22-P20-01					
	purchase of one front end loader					
4	Name of Interested Party	City, State, Country (place of busin	200)	Nature of		
	Name of interested Party	City, State, Country (place of busin	essj	(check ap	Intermediary	
					,	
				350		
5	Check only if there is NO Interested Party.	I.				
6	UNSWORN DECLARATION					
	My name is	, and 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	y, State of, on the _	d		_, 20	
				(month)	(year)	
		Signature of authorized agent of contr (Declarant)	acting	business entity		

FORM **1295** 

Ь							1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	parties.			CEI	OFFICE US	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.					ficate Number: 3-970048	
	Doggett Heavy Machinery				2023	-970046	
2	SAN JUAN, TX United States				The second	Filed: 9/2023	
_	being filed.	party to th	e contract for which	the form is	8		
	CITY OF MCALLEN			¥	Date	Acknowledged:	:
3	Provide the identification number used by the government description of the services, goods, or other property to	mental enti o be provid	ty or state agency to ded under the contra	track or identify ct.	the co	ontract, and pro	vide a
	12-22-P01-01						
	purchase of one front end loader						
4	Name of Interested Davis		6:- 6:-				finterest
	Name of Interested Party		City, State, Country	y (place of busin	3SS)	(check ap	pplicable) Intermediary
				***************************************		Controlling	intermediary
_							
					_		
-							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is			and my date of b	irth is <sub>-</sub>	12/08/1987	
	My address is		San Juan		as_, _	78589	,
	(street)		(city)	(sta	te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true	and correct.					
	Executed inHidalgo	County,	State of Texas	, on the _	9th_da	ay of January	, 2023
		() us	4/5		7_	(month)	(year)
		<u> </u>	Signature of authoriz	zed agent of contri (Declarant)	acting	business entity	
				(Deciarant)			

FORM **1295** 

П						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ficate Number: 3-970048		
	Doggett Heavy Machinery		The state of the s			
2	SAN JUAN, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date Filed: 01/09/2023			
_	being filed.	e contract for which the form is				
	CITY OF MCALLEN			Acknowledged: 0/2023		
3	Provide the identification number used by the governmental entit	ty or state agency to track or identify			vido a	
3	description of the services, goods, or other property to be provide	led under the contract.	ine co	ontract, and pro-	viue a	
	12-22-P01-01					
	purchase of one front end loader					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
			$\dashv$			
	,					
					*	
i	Check only if there is NO Interested Party.					
;	UNSWORN DECLARATION					
į	My name is	, and my date of bi	irth is _		·	
1	My address is					
,	(street)	(city) (stat	' te)	(zip code)	(country)	
	declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	State of, on the	da	ay of	_, 20	
				(month)	(year)	
		Signature of authorized exect of	notin = 1	husings sett		
		Signature of authorized agent of contra (Declarant)	acung	business entity		

FORM **1295** 

=					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USI		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		ificate Number: 3-972266		
	SOUTH TEXAS COMMUNICATIONS INC McAllen, TX United States				
2			Date Filed: 01/16/2023		
	being filed. MCALLEN CITY OF	Date	Acknowledged:		
	MCALLEN CITT OF	Date	Acknowledged.		
3	Provide the identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract.	tify the c	ontract, and pro	vide a	
	01-23-P21-01				
	Portable Radios & Accessories				
4	Name of Interested Party City, State, Country (place of by	cinace)		f interest oplicable)	
	Only State, Soundly (place of be	3111033)	Controlling	Intermediary	
		- 0			
 5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is, and my date	of birth is	May 4, 1952	2	
1	My address is PO BOX 3712 / 709 E PECAN BLVD McAllen (street) (city)	TX	78501 (zip code)	USA_	
	(street) (city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County, State of Texas , on the	16 <sub>d</sub>	lay of January (month)	, 20_23 (year)	
	James L could				
	Signature of authorized agent of o (Declarant)	ontracting	business entity		
_					

FORM **1295** 

⊨						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	of business. SOUTH TEXAS COMMUNICATIONS INC	ntry of the business entity's place	Certificate Number: 2023-972266			
	McAllen, 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	01/1	6/2023		
	MCALLEN CITY OF			Acknowledged: 6/2023		
3	Provide the identification number used by the governmental ent	tity or state agency to track or identify	the c	ontract, and prov	vide a	
7	description of the services, goods, or other property to be provi	ded under the contract.		p		
	01-23-P21-01 Portable Radios & Accessories					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
_		,				
	Check only if there is NO Interested Party.					
5	UNSWORN DECLARATION					
	My name is	, and my date of b	irth is		·	
	My address is					
	(street)	(city) (star	te)	(zip code)	(country)	
	declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of, on the	da	ay of	_, 20	
				(month)	(year)	
		Signature of authorized agent of contra (Declarant)	acting	business entity		

L							1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				CE	OFFICE US	E ONLY N OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			entity's place	Certificate Number: 2022-963213		
	Motorola Solution, Inc.				2022	2-963213	
	Houston, TX United States				Date	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contra	ct for which	the form is	12/1	0/2022	
	City of McAllen				Date	Acknowledged	:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.	ity or stat	te agency to	track or identify	the co	ontract, and pro	vide a
	Project No. 12-22-P10-44	200 01100	i inc contra				
	License Plate Recognition System						
4						Nature o	of interest
	Name of Interested Party	City, St	ate, Country	y (place of busine	ss)		pplicable)
			• • • • • • • • • • • • • • • • • • • •		-	Controlling	Intermediary
							4.
					$\exists$		
					$\exists$		
					$\dashv$		
					-+		
					$\dashv$		
_							
;	Check only if there is NO Interested Party.						
	JNSWORN DECLARATION						
ſ	My name is George M. Ebelt			and my date of bir	rth is _	07/07/196	4
١	My address is _7904 N. Sam Houston Parkway W. Ste. 325		Houston	т)	Κ.	77064	USA
	(street)		(city)	(state	<b>a</b> )	(zip code)	(country)
I	declare under penalty of perjury that the foregoing is true and correct.	ł					
E	executed in Harris County,	State of	Texas	, on the 10	)th_da	y of _Decembe	er, 20 <u>22</u> .
				m 6	//	(month)	(year)
		Signatur	e of authoriz	ed agent of contra	cting I	nusiness entity	
		ga.u		(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	and and an area constitution and	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2022-963213				
	Motorola Solution, Inc.					
2	Houston, TX United States		14-1/05/06/06	Filed: .0/2022		
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	12/1	.0/2022		
	City of McAllen			Acknowledged:		
				.7/2023		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	y or state agency to track or identif ed under the contract.	y the c	ontract, and pro	vide a	
	Project No. 12-22-P10-44					
	License Plate Recognition System					
4				Nature o	f interest	
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap		
_				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is			
	My address is		,			
	(street)	(city) (s	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	State of on the		lav of	,20 .	
		, on the		(month)	, 20 (year)	
		Signature of authorized agent of con (Declarant)	tracting	business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		Certificate Number: 2022-950381			
	Food Bank of the Rio Grande Valley, Inc.		202.	2-930361			
	Pharr, TX United States	Date	Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	10/3	31/2022			
	being filed.		Date	Acknowledged:			
	City of McAllen			17/2023			
_	Provide the identification number used by the governmental entit	ty or state agency to track or iden	tify the c	contract and prov	rido a		
3	description of the services, goods, or other property to be provide		my me c	contract, and prov	nue a		
	B-22-MC-48-0506 \$8,000 towards the salary of a coordinator who will coordinate	and distribute up to 56 579 pour	nds free	e food assistance	e to McAllen		
	Housing Authority residents at a rate of \$.19 per pound.	, and distribute up to 50,575 pou	nas nec	2 1000 03313101100	o to Ivio/ tileii		
4				Nature of			
ľ	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap			
				Controlling	Intermediary		
		1					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth i	s			
	My address is		,	· <del></del>	,·		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	it.					
	Executed inCounty	v. State ofon ti	ne	day of	20		
	County	,, 5.5.0 01, 011 ti		(month)	, 20 (year)		
		Signature of authorized agent of c	contractin	ng business entity			
		(Declarant)		•			

FORM **1295** 

-						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
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	-900301		
	Pharr, TX United States		1	Filed:		
2		contract for which the form is	10/31	1/2022		
	being filed. City of McAllen		Date	Acknowledged:		
	City of Michieff					
3	Provide the identification number used by the governmental entity	ty or state agency to track or identify	the co	ontract, and pro	√ide a	
Ĭ	description of the services, goods, or other property to be provide	ed 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 pounds	s free	food assistance	e to McAllen	
┌	Troubing Admoney residents at a rate of \$120 per pound.			Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)	
				Controlling	Intermediary	
			1			
					-	
					i	
		MATERIAL STATE OF THE STATE OF			<del></del>	
		MADO PRAGRAMANIA				
			L	<u>l</u>		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		***************************************	_ / /		
	My name is Libby Saenz	, and my date of b	birth is	8/21/6	<u>,9                                    </u>	
	My address is 2012 Summer land Cane	Apt-U	17	78541	Hillas	
	My address is 30/3 Summer land lane (street)		, _ ate)	(zip code)	(country)	
	I de les under namelte of position that the foregoing in true and correct					
	I declare under penalty of perjury that the foregoing is true and correct.	_	ור	2 (		
	Executed in Hida 42 County,	, State of $\frac{\text{TCX25}}{\text{, on the}}$	<i>;                                    </i>	lay of Oct	_, 20_27.	
	J	M.		(month)	(year)	
	·	1 July 2				
		Signature of authorized agent of contr (Declarant)	racting	j business entity		

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
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 USI CERTIFICATION	
1	Name of business entity filing form, and the city, state and coun of business. LiftFund Inc.	ntry of the business entity's		Certificate Number: 2022-959004	
١	San Antonio, TX United States		Date Filed: .1/28/2022		
_	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the fo	,,,,,,		
	City of McAllen		ľ	Date 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 Interest buy down and marketing/outreach	ity or state agency to track ded under the contract.	or identify th	ne contract, and pro	vide a
4	Name of Interested Darty	Site State Samuel (1)		1998 0 8 88	finterest
	Name of Interested Party	City, State, Country (pla	ce of busines	(check ap	Intermediary
				Controlling	intermediary
					<del>-,</del>
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is <u>Nelly Rojas-Moreno</u>	, and	my date of bir	th is <u>February 22, 1</u>	977
	My address is 2017 S. Hackberry	, San Antonio	, <u>Texas</u>		, <u>USA</u> .
	(street)	(city)	(state	) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Executed inCounty	y, State of <u>Texas</u>	, on the <u>_6t</u>	n_day of <u>December</u> (month)	r_, 20 <u>22_</u> . (year)
		DocuSigned by:		,	· · · · /
	1	WolfMirao			
	· · · · · · · · · · · · · · · · · · ·	25F 5875D204A0 authorized a		cting business entity	
- 2 - 2	ms provided by Toyas Ethics Commission	(Deci	arant)		) F 1 ab07af42

FORM 1295

F						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			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:					
	LiftFund Inc.		2022-	-959004		
	San Antonio, TX United States		Date F	Filed:		
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	11/28	3/2022		
	City of McAllen		Date /	Acknowledged:		
			12/08	3/2022		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to track or identify ded under the contract.	the co	ntract, and prov	/ide a	
	DC - LIFT - 23					
	Interest buy down and marketing/outreach					
4	Name of Interested Party	City State County (place of hyping		Nature of	Construction representation	
	Name of interested Party	City, State, Country (place of busine	2SS)	(check ap	Intermediary	
			$\neg$	Controlling	intermediary	
			$\dashv$			
_						
			$\top$			
			$\dashv$			
			$\dashv$			
		,				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of bi	irth is _			
	My address is					
	(street)	(city) (stat	, te)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	State of, on the	da	y of	, 20	
				(month)	(year)	
		Signature of authorized agent of contra (Declarant)	acting b	ousiness entity		

⊨				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: 2023-973399		
	Box Gang Manufacturing LLC Houston, TX United States				
2	Name of governmental entity or state agency that is a party to the contract for which the form is		e Filed: 18/2023		
	being filed. City of McAllen	Date	e Acknowledged:		
	ony of Worker		c Acidiowicagea.		
3	Provide the identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract.	entify the	contract, and pro	vide a	
	1-23-P25-01 Purchase of Refuse Dumpsters				
	ruichase of Refuse Duffipsters				
4	Name of Interested Party City, State, Country (place of b	(ssanisus	Control of the Contro	f interest oplicable)	
	Sky) State, Soundly (place of a	uomeooj	Controlling	Intermediary	
_		30 30 14 10 10 10 10 10 10 10 10 10 10 10 10 10			
				×	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
1	My name is Rafael Marrero, and my date My address is 16736 E. Hardy Rd., Houston.	e of birth is	8/19/	65	
	110731 & 1101d. Pd 1/2016.		027-80	N	
1	My address is 16736 E. Havde, Ild., Houston (city)	(state)	(zip code)	(country)	
1	I declare under penalty of perjury that the foregoing is true and correct,				
ı	Executed inCounty, State of, on	the (	day of	20	
			(month)	, 20 (year)	
	Signature of authorized agent of	contraction	husiness entity		
	ns provided by Tayas Ethics Commission was at the state of the commission of the commission was at the state of the commission of the commissi	-onu acuit	a adamess 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 USI CERTIFICATION		
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place	Certificate Number: 2023-973399		
	Box Gang Manufacturing LLC		2023-813388		
2	Houston, TX United States  Name of governmental entity or state agency that is a party to the or	contract for which the form is	Date Filed: 01/18/2023		
	being filed.	contract for which the form is			
	City of McAllen		Date Acknowledged: 01/19/2023		
3	Provide the identification number used by the governmental entity	or state agency to track or identify	the contract, and pro	vide a	
	description of the services, goods, or other property to be provided	d under the contract.			
	1-23-P25-01 Purchase of Refuse Dumpsters				
	1			£ !	
4	Name of Interested Party	City, State, Country (place of busine		f interest oplicable)	
			Controlling	Intermediary	
_		-			
		-			
5	Check only if there is NO Interested Party.				
5	UNSWORN DECLARATION				
	My name is	, and my date of bi	irth is		
	My address is				
	(street)	(city) (stat	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty, S	State of, on the	day of	, 20	
			(month)	(year)	
		Signature of authorized agent of contra (Declarant)	acting business entity		

						1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.				ICE USE		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			l		OF FILING	
1	Name of business entity filing form, and the city, state and count of business.	try of the business er	ntity's place	Certificate			
	Women Together Foundation Inc			2023-9733	305		
	McAllen, TX United States	Date Filed:					
2		e of governmental entity or state agency that is a party to the contract for which the form is $^{01}$					
	being filed.			Date Ackno	wledged:		
	City of McAllen			01/23/202			
3	Provide the identification number used by the governmental enti	ity or state agency to	track or identify	the contrac	t, and prov	ide a	
	description of the services, goods, or other property to be provided				•		
	23 GF WT						
	Shelter, Transitional Housing and Support Services for victims	s of domestic violen	ce and sexual a	ıssault			
4					Nature of	interest	
4	Name of Interested Party	City, State, Country	y (place of busin	· · ·	(check ap	plicable)	
				Cor	ntrolling	Intermediary	
Ci	ity of McAllen	McAllen, TX Unit	ed States	X			
_							
		<u> </u>					
		<u> </u>					
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		, and my date of	birth is		·	
	My address is						
	(street)	,(city)		ate) (z	ip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty State of	on the	day of		20	
	County	y, State of	, On the _	day 01	(month)	, 20 (year)	
		Signature of author	ized agent of con (Declarant)	tracting busir	ness entity		

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.	····		OFFICE USE	
4	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	ans of the hardings and that a visco		RTIFICATION ficate Number:	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ncate Number: 8-973305	
	Women Together Foundation Inc McAllen, TX United States		Data	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		8/2023	
	being filed. City of McAllen		Date	Acknowledged:	
	City of McAlleri			rionitornougoui	
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided to the provided the identification of the services.		the co	ontract, and pro	vide a
	23 GF WT Shelter, Transitional Housing and Support Services for victima	s of domestic violence and sexual a	ıssaul	t	
4		<u> </u>			f interest
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	pplicable) Intermediary
Ci	y of McAllen	McAllen, TX United States		×	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Estella De Anda	, and my date of	birth is		·
	My address is 5/1 N. Cynthia (street)	. McAllen . To (sity)	X,	78501 (zip code)	.USA . (country)
	I declare under penalty of perjury that the foregoing is true and correct Executed in	ct. y, State of <u>Texas</u> , on the	<u> 18</u>	day of Janua (month)	r <u>V</u> , 20 <u>23</u> (year)
		Signature of authorized agent of con	tracting	g business entity	
		(Declarant)			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	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: 2023-970512					
	Affordable Homes of South Texas, Inc.		2023	5-970512		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/1	.0/2023		
	being filed. City of McAllen		Date	Acknowledged:		
	City of MicAllett			24/2023		
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	
	DC23AHSTI					
	Funds will used for the reconstruction and/or rehabilitation of s	single-family affordable housing u	nits.			
4				Nature of		
	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	·	
				Controlling	Intermediary	
		_				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth is	s		
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	/, State of, on the	e		, 20	
				(month)	(year)	
		Signature of authorized agent of co	ntractin	ng business entity	_	

FORM **1295** 

						1 01 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business er	ntity's place		icate Number:	
	Affordable Homes of South Texas, Inc.			2023-	-970512	
	McAllen, TX United States			Date F	Filed:	
2		contract for which	the form is		)/2023	
	being filed.			D-4-	<b>A</b> = [ =] = .  = .	
	City of McAllen			Date F	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 ed under the contrac	track or identify	the co	ntract, and prov	vide a
	DC23AHSTI					
	Funds will used for the reconstruction and/or rehabilitation of si	ingle-family afforda	ble housing uni	ts.		
4	Name of Interested Party	City, State, Country	(nlace of busine		Nature of	
	Hame of interested fairly	City, State, Country	(place of busiling	<sup>533)</sup>	(check ap	Intermediary
		CONTROL CONTRO				
				<del></del>		
			***************************************			Na San Harris III da
			- 10-7-74-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-	_		Mariana da M
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Robert Calvillo		and my date of I	oirth is	03/28/1963	·
	My address is 1420 Erie Ave.	, Mcallen	, <u>T</u> >	ζ,	78501	, <u>USA</u> .
	(street)	(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Hidalgo County,	, State of <u>Texas</u>	, on the <u>1</u>	0th_d	ay of <u>January</u>	, 20_23
		Tollit			(month)	(year)
		Signature of a st	BUULLU .	rocti-	huainese esti	
		Signature of authori	zed agent of cont (Declarant)	racting	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 FILI						
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-	373310	
	La Grange, TX United States		*	Date F	Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which t	he form is	01/25	/2023	
	being filed.					
	City of McAllen			Date A	Acknowledged	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to	track or identify ct.	the co	ntract, and pro	vide a
	Project No. 12-22-P13-64					
	Purchase of One Trommel Screen					
4				1	Nature o	f interest
	Name of Interested Party	City, State, Country	(place of busine	ess)	(check a	pplicable)
		***********			Controlling	Intermediary
		<u>,                                    </u>				
					***************************************	
				_		
		*				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		***************************************			
	My name is	·	and my date of b	oirth is	08-29-196	54
	My address is16120 Ozarks Path	Bee Cave			78945	USA
	(street)	(city)	(sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.					
		State of Texas	, on the $\frac{2}{}$	5th <sub>d</sub>	ay of Januar	cy, 20_23
		Same		0.16	(month)	(year)
				MYE	4	
	Samuel McNabb;	President	zed agent of contr (Declarant)	wers	business entity screen Te	xas, Inc.

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		Certificate Number: 2023-975910			
	Powerscreen Texas, Inc.		202	.5-975910			
	La Grange, 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	25/2023			
	being filed.		Date	e Acknowledged:			
	City of McAllen			25/2023			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		ntify the	contract, and prov	vide a		
	Project No. 12-22-P13-64						
	Purchase of One Trommel Screen						
4				Nature of	finterest		
-	Name of Interested Party	City, State, Country (place of bu	usiness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	e of birth	is			
	My address is(street)	,, (city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	it.					
	Executed inCounty	y, State of on	the	_day of	, 20 .		
		, , , , , , , , , , , , , , , , , , , ,		(month)	(year)		
		Signature of authorized agent of (Declarant)	contracti	ng business entity			

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US CERTIFICATIO	
1	Name of business entity filing form, and the city, state and count of business.	-	Certificate Number: 2023-975619		
	Chastang Autocar			, 3.0010	
	Houston, 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	01/24/2023	
	being filed.		Data Acknowledge	d.	
	City of McAllen			Date Acknowledge	u.
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ck or identify	the contract, and p	ovide a
	PROJECT NO. 01-23-P24-01				
	New Autocar Trucks				
		1		Nature	of interest
4	Name of Interested Party	City, State, Country (p	lace of busine		applicable)
				Controlling	Intermediary
No	orberg, Carl	Houston, TX United	States		X
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, ar	nd 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	:t.			
	Executed inCounty	y, State of	, on the _		
				(montl	n) (year)
		Signature of authorized	d agent of conti Declarant)	racting business entit	dy

						1 0† 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				FICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and count of business.	tity's place	Certificate Number: 2023-975619			
	Chastang Autocar			2025-37	3013	
	Houston, TX United States			Date File	d:	
2	Name of governmental entity or state agency that is a party to the	e contract for which t	he form is	01/24/20	)23	
	being filed.		Dato Act	nowlodgod-		
	City of McAllen			01/25/20	nowledged: 023	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided					ride a
	PROJECT NO. 01-23-P24-01	aca anaci ine contrac				
	New Autocar Trucks					
					Nature of	interest
4	Name of Interested Party	City, State, Country	(place of busin	ess)	(check ap	plicable)
				С	ontrolling	Intermediary
Nc	orberg, Carl	Houston, TX Unite	ed States			Х
 5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	,	and my date of	birth is		
	My address is			,		,
	(street)	(city)		ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	χ.				
	Executed inCounty	y, State of	, on the _	day	of	, 20
					(month)	(year)
		Signature of authori	zed agent of cont (Declarant)	racting bu	siness entity	

### CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-975844 Freeit Data Solutions, Inc. Austin, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 01/25/2023 being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-23-P27-01 network equipment for library patron pc usage Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Orchid, Wayne Austin, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is Dulari von Christierson \_\_\_\_\_, and my date of birth is 06/27/1981 My address is 900 East 6th Street, Suite 102 Austin USA (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Travis \_\_county, State of Texas \_\_\_, on the 25 day of January , 20 23

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V3.5.1.3ac88bc0

#### CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-975844 Freeit Data Solutions, Inc. Austin, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 01/25/2023 being filed. City of McAllen Date Acknowledged: 01/31/2023 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 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Orchid, Wayne Austin, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_ \_\_\_\_\_, and my date of birth is My address is (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_ \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_\_\_

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V3.5.1.3ac88bc0

(month)

Signature of authorized agent of contracting business entity

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Southern Trenchless Solutions, LLC. La Feria,, TX United States			Certificate Number: 2023-978360 Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  McAllen Public Utility  Date						
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  Project #01-23-C11-01  McAllen Public Utility - Manhole Rehabilitation Phase V						
4	Name of Interested Party City, State, Country (pl	lace of busine	ess)		f interest pplicable) Intermediary		
				3			
5	Check only if there is NO Interested Party.						
	My name is Ramon Closher, an	d my date of b	irth is	2/9/	1974		
ļ	My address is 1303 VU . 3rd St Apt #24. Westaco TK, 178594, US (street) (city) (state) (zip code) (country)						
	I declare under penalty of perjury that the foregoing is true and correct.  Executed in						
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

L		A CONTRACTOR OF THE CONTRACTOR						
	Complete Nos. 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.	ntry of the business entity's place	Certificate Number: 2023-978360					
	Southern Trenchless Solutions, LLC.		2023-976360					
	La Feria,, TX United States		Date Filed:					
_			02/01/2023					
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	02/01/2020					
	McAllen Public Utility	Date Acknowledged 02/03/2023	:					
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.							
	Project #01-23-C11-01 McAllen Public Utility - Manhole Rehabilitation Phase V							
4				of interest				
4	Name of Interested Party	City, State, Country (place of busine	ess) (check a	pplicable)				
			Controlling	Intermediary				
	-							
				,				
_			7/					
5	Check only if there is NO Interested Party.							
;	UNSWORN DECLARATION			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	My name is	, and my date of b	irth is	•				
	My address is			,·				
	(street)	(city) (sta	te) (zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	, State of, on the	day of(month)					
			(month)	(year)				
		Signature of authorized 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			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's	-	Certificate Number: 2022-951708			
	Silver Ribbon Community Partners			2022-931700			
	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 fo	rm is	11/03	/2022		
	City of Mcallen CDBG			Date Acknowledged:			
	·			02/07	/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		or identify	the co	ntract, and prov	ride a	
	B-22-MC-48-0506						
	Provide financial assistance to elderly or adults with disabilities utility deposit, durable medical equipment or medical expense		d help with	rent, r	rent deposit, uti	lity bills,	
4					Nature of	interest	
*	Name of Interested Party	City, State, Country (plac	ce of busine	ess)	(check ap	•	
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and	my date of b	oirth is			
	My addraga is						
	My address is(street)	,(city)	, (sta	, _ ate)	(zip code)	(country)	
	(5.55)	(5.9)	,o.c	-,	(I)	( <b>)</b>	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	/, State of	, on the _	d	ay of	, 20	
					(month)	(year)	
	Signature of authorized agent of contracting business entity						

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.  Silver Ribbon Community Partners	of the business entity's place	E	Certificate Number: 2022-951708			
	Mcallen, TX United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.  City of Mcallen CDBG			11/03/2022 Date Acknowledged:			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or ide d under the contract.	ntify the c	ontract, and pro	vide a		
	B-22-MC-48-0506  Provide financial assistance to elderly or adults with disabilities utility deposit, durable medical equipment or medical expenses	facing a crisis and need help	with rent,	rent deposit, u	tility bills,		
4			I .	f interest			
4	Name of Interested Party	City, State, Country (place of b	usiness)		pplicable)		
-		Manual Ma	····	Controlling	Intermediary		
				Marie Control of the			
	4.000	- Management of the Company of the C					
	***************************************						
			***************************************				
		ndindrid 63397035000399350974	\$99000				
		POP TO STATE OF THE STATE OF TH					
			Danner Strategic Control of the Cont				
5	Check only if there is NO Interested Party.						
Ļ			-Sammer St. St. Comment of the Comme				
6	unsworn declaration  My name is Migdalia Ochoa	and my da	ite of hirth i	05/11/196	i5		
MODEL STORY							
	My address is 1201 W Esperanza Avenue	, McAllen	,	78501			
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
5000	Executed in Hidalgo County,	State of Texas of	the 3	day of Novem	, 20		
ACOUNT TO SERVICE THE PARTY OF		nacha					
	Signature of authorized agent of contracting business entity (Declarant)						

				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US	
Name of business entity filing form, and the city, state and cour of business.  Aqua-Metric Sales Company	ntry of the business e		Certificate Number: 2023-978364	101-11-1-1
Selma, TX United States		Į,	Date Filed:	
2 Name of governmental entity or state agency that is a party to the	he contract for which		02/01/2023	
being filed. City of McAllen, Texas		ı	Date Acknowledged:	:
Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi Project No. 01-23-P29-01 Purchase of IPerl Reclaimed Water Meters & Accessories	lity or state agency to ided under the contra	track or identify to	he contract, and pro	vide a
4	ī		Nature o	f interest
Name of Interested Party	City, State, Country	y (place of busines	U Describer de la constante de	pplicable)
		- 200	Controlling	Intermediary
Newville, Christopher	Selma, TX United			×
Hamilton, Justin	Selma, TX United	d States		Х
Segarra, Kristy	Selma, TX United	d States		Х
VanCleave, Kelsey	Selma, TX United	States		Х
Cartwright, Michael	Selma, TX United	d States		Х
Aqua-Metric Sales Company	Selma, TX United	d States	х	
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name isChristopher Newville	,	and my date of bir	th is <u>July 24, 1986</u>	
My address is16914 Alamo Parkway, Building 2	, Selma	,TX		, <u>USA</u> .
(street)	(city)	(state	e) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correc	t.			
Executed in Guadalupe County	y, State ofTexas	, on the 1st	day of February	, 20_23
	<i></i>		(month)	(year)
	//			
-	Signature of authori	zed agent of contract	cting business entity	
	Orginataro o. aaa	(Declarant)	curing buomicos omac,	

		K4 - 4(12)	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	5.	OFFICE US CERTIFICATION			
Name of business entity filing form, and the city, state and of business.  Aqua-Metric Sales Company	Certificate Number: 2023-978364				
Selma, TX United States		Date Filed:			
2 Name of governmental entity or state agency that is a party being filed.	to the contract for which the form is	02/01/2023			
City of McAllen, Texas		Date Acknowledged 02/09/2023	Date Acknowledged: 02/09/2023		
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 identification	fy the contract, and pro	vide a		
Project No. 01-23-P29-01	To the second and second actions are second actions and second actions are second actions as a second action actions are second actions actions are second actions actions are second actions actions are second actions actions actions actions are second actions act				
Purchase of IPerl Reclaimed Water Meters & Accessories	S				
4 Name of Interested Burton			of interest		
Name of Interested Party	City, State, Country (place of busi	Controlling	pplicable) Intermediary		
Newville, Christopher	Selma, TX United States	Controlling	X		
Hamilton, Justin	Selma, TX United States		×		
Segarra, Kristy	Selma, TX United States		Х		
VanCleave, Kelsey	Selma, TX United States		×		
Cartwright, Michael	Selma, TX United States		X		
Aqua-Metric Sales Company	Selma, TX United States	Х			
5 Check only if there is NO Interested Party.					
5 UNSWORN DECLARATION					
My name is	, and my date of	birth is			
My address is					
(street)		state) (zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and co	prrect.				
Executed inCo	ounty, State of, on the		N 80		
		(month)	(year)		
	Signature of authorized agent of con (Declarant)	tracting business entity			
	(				

	· · · · · · · · · · · · · · · · · · ·				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE TIFICATION		
1	realing of business office, and the cry, can be and the control of			Certificate Number: 2023-983985		
	Eagan, MN United States		Date F	iled:		
2	Name of governmental entity or state agency that is a party to the contract for who being filed.	nich the form is	02/15/2023			
	City of McAllen		Date A	Acknowledged:		
3	Provide the identification number used by the governmental entity or state agend description of the services, goods, or other property to be provided under the constant of the services.	ey to track or identify intract.	the co	ntract, and prov	ide a	
	Aviation Business Consulting Services			N1-4		
4	Name of Interested Party City, State, Co	untry (place of busin	ess)	Nature of (check ap	1	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			, 1		
	My name is John DeCoster			•	1951.	
		(city), <u>W</u>	<u>( (/)</u> , _	SS 12-3 (zip code)	$\frac{USA}{\text{(country)}}$	
	I declare under penalty of perjury that the foregoing is true and correct.		-			
	Executed inCounty, State ofCounty, State of	NSOTA, on the	15 d	lay of Februa (month)	1 20 <u>23</u> .	
	1.0	QQ+	ментика т	()		
	Signature of a	authorized agent of con	tracting	business entity		
	(Declarant)					

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		Certificate Number: 2023-983985			
	Decomm Ventures, LP DBA Decomm Aviation Consulting		202	2023-983985			
	Eagan, MN United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/2	02/15/2023			
	being filed. City of McAllen		Date	e Acknowledged:			
	City of McAilett			02/16/2023			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		entify the	contract, and prov	vide a		
	12-22-S18-109						
	Aviation Business Consulting Services						
4				Nature of	f interest		
4	Name of Interested Party	City, State, Country (place of b	ousiness)	<del></del>			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.			•			
6	UNSWORN DECLARATION						
	My name is	, and my da	ate of birth	is			
	My address is						
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, or	n the	_day of	, 20		
				(month)	(year)		
		of contracti	ng business entity				

L						1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business e	entity's place	Certificate Number:				
	TEXAIR COMPANY INC				2023-984610			
	McAllen, 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	02/16/2023				
	City of McAllen	Date Acknowledged:						
Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						vide a		
	Project No. 12-22-C02-363 McAllen Public Safety Building HVAC Upgrades							
4						f interest		
	Name of Interested Party City, State, Country (place of business)				· _ `			
W	Vebb, James, JR MCALLEN, TX United States			X	itrolling	Intermediary		
W	Vebb, James, III MCALLEN, TX United States		х					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is James E Webb, Jr.	,	and my date of b	irth is MA	Y 06, 1	945		
	My address is 312 W Redbud Ave	, McALLEN	, <u>TX</u>			USA		
	(street)	(city)	(stat	le) (zi	ip code)	(country)		
	declare under penalty of perjury that the foregoing is true and correc	t.						
	Executed in Hidalgo County	y, State of Texas	, on the 2	0_day of	Februa	ry <sub>, 20</sub> 23 (year)		
		Signature of autilion	zear agent of contra	acting busin				
	(Deplarant)			-	100			

						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.	parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
Name of business entity filing form, and the city, state of business.  TEXALD COMPANY NO.	e and coun	try of the business (	entity's place	Certificate Number: 2023-984610				
TEXAIR COMPANY INC McAllen, TX United States				Date Filed:				
2 Name of governmental entity or state agency that is a being filed. City of McAllen	peing filed.					02/16/2023  Date Acknowledged: 02/20/2023		
3 Provide the identification number used by the government description of the services, goods, or other property to	mental enti o be provid	ty or state agency to	o track or identify act.			vide a		
Project No. 12-22-C02-363 McAllen Public Safety Building HVAC Upgrades								
4 Name of Interested Party		City, State, Countr	y (place of busine	-	Nature of (check ap Controlling	f interest oplicable) Intermediary		
ebb, James, JR MCALLEN, TX United States		$\neg$	Х	intermediary				
Webb, James, III MCALLEN, TX United States		Jnited States		Х				
6 Check only if there is NO Interested Party.								
UNSWORN DECLARATION								
My name is			, and my date of b	irth is				
My address is(street)		,(city)		, e)	(zip code)	(country)		
I declare under penalty of perjury that the foregoing is true a	and correct.							
Executed in	County,	State of	, on the	day	of(month)	, 20 (year)		
		Signature of authori	zed agent of contra (Declarant)	acting b	usiness entity			

CERTIFICATE OF INTERESTED PAR	TIES	FOR	тм 1295
			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USI	
Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number: 2023-984844	
DLT Solutions, LLC Herndon, VA United States		Date Filed:	
Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	02/17/2023	
City of McAllen		Date Acknowledged:	
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	ity or state agency to track or identify ded under the contract.	the contract, and pro	vide a
4		Nature o	f interest
4 Name of Interested Party	City, State, Country (place of busine	ess) (check ap	oplicable)
		Controlling	Intermediary
Tech Data Corporation	Clearwater, FL United States	Х	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is Staci Patel	, and my date of b	oirth is10/21/1972	·
My address is 13650 Sylvan Bluff Drive	. Leesburg VA	, 20176	USA .
(street)	, <u>Leesburg</u> , <u>VA</u> (city) (sta	ite) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correct	t.		
Executed in Loudon County	, State of VA, on the _	21 day of February (month)	, 20 <u>23</u> (year)
	DocuSigned by:	()	(3-001)
	Ctari Datal		
	Signature of authorized cagener of 25 ontr	acting business entity	
	(Declarant)		

FORM 1295

ь					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 cour of business.	a	Certificate Number: 2023-984844			
	DLT Solutions, LLC			2023-904044		
ı	Herndon, VA United States		l l	Date Filed:		
2	Name of governmental entity or state agency that is a party to the	he contract for which th	e form is	02/17/2023		
	being filed.					
	City of McAllen			Date Acknowledged	:	
			C	02/22/2023		
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided to a contract of the services.	tity or state agency to tr ided under the contract.	ack or identify t	he contract, and pro	vide a	
	11-22-S16-05 IT/Software					
4				Nature o	f interest	
	Name of Interested Party	City, State, Country (	place of busines	ss) (check a	pplicable)	
				Controlling	Intermediary	
DI	T Solutions, LLC	Herndon, VA Unite	d States	Х		
			¥			
5	Check only if there is NO Interested Party.					
6	JNSWORN DECLARATION					
	My name is	, a	nd my date of bir	th is		
1	My address is(street)	,(city)		,	(country)	
	declare under penalty of perjury that the foregoing is true and correct		(210			
	assume and of perions of perjury that the foregoing is true and correct					
	Executed inCounty	, State of	, on the	day of	. 20	
				(month)	 (year)	
		Signature of authorized	d agent of contract	cting business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and co	ountry of the business entity's place	Certi	ificate Number:	OI I ILIIVO	
	of business. Rideco US Inc.		2023	2023-987586		
	Los Angeles, CA United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party t	o the contract for which the form is		4/2023		
_	being filed.					
	City of McAllen, a home-rule municipality in Hidalgo Count	ty	Date	Acknowledged:		
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr		ify the c	ontract, 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 bus	iness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s Sep 3, 1980	_	
	912 Bridgemill Court My address is	Kitchener (	ON	N2A 0K3	Canada	
	(street)	,,,,,	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and co	orrect.				
	Executed inWaterlooCounty,		of Enha	uary, 2023.		
	Executed III wateriooCounty,	State of Official O	OFFEDI	(month)	(year)	
		Twenty and the state of the sta				
		Signature of authorized agent of c (Declarant)	ontractin	g business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	ONLY		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CI	CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	ame of business entity filing form, and the city, state and country of the business entity's place business.					
	Rideco US Inc.			te Filed:			
	Los Angeles, CA United States	_					
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form i	s   02/	/24/2023			
	City of McAllen, a home-rule municipality in Hidalgo County			te Acknowledged: /28/2023			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		dentify the	contract, and prov	vide a		
	Project No. 01-23-S21-02						
	Technology for on-demand transit services						
4	1			Nature of	finterest		
•	Name of Interested Party	City, State, Country (place of	f business)	` <del>                                    </del>	ck applicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my o	date of birth	ı is			
	My address is(street)	(city)	, (state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	rt.					
	Executed inCount		on the	day of	20		
	County	,, Siato of,	on alo	day of(month)			
		Signature of authorized agent		ing business entity			

being filed. CITY OF MCALLEN  Date Acknowledged:  Date Acknowledge	L						1 of 1
1. Name of business entity filing form, and the city, state and country of the business entity's place of business. SILSBEE FORD SILSBEE, TX United States  2. Name of governmental entity or state agency that is a party to the contract for which the form is place of business. SILSBEE, TX United 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.  210907  12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT MODEL POLICE PACKAGED VEHICLES  4. Name of interested Party  City, State, Country (place of business)  Controlling Intermedia  DONALSON, DREW  SILSBEE, TX United States  X  Nature of interest (check supplicable)  Controlling Intermedia  DONALSON of the reis in No Interested Party.  5. Check only if there is NO Interested Party.  5. UNSWORN DECLARATION  My name is SETH GAMBLIN  (gleet)  (gluy)  (gluy)  (state)  (gluy)  (state)  (glu)  (state)  (plu day of MARCH 1, 20, 23 and 10 a							
of business. \$ILSBEE, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. 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. 210907 12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT MODEL POLICE PACKAGED VEHICLES  4 Name of interested Party  City, State, Country (place of business)  [Check applicable] Controlling Intermedia DONALSON, DREW  \$ILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  [Check applicable] Controlling Intermedia DONALSON, DREW  [Check applicable] Controlling Inte	1	· · · · · · · · · · · · · · · · · · ·	Am of the business	uditula ula aa			OF FILING
SILSBEE, TX United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. 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. 2 10907 12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT MODEL POLICE PACKAGED VEHICLES  4 Name of interested Party  City, State, Country (place of business)  Nature of interest (check applicable) Controlling Intermedia DONALSON, DREW  SILSBEE, TX United States  X  Check only if there is NO Interested Party.  5 Check only if there is NO Interested Party.  My name is SETH GAMBLIN  My name is SETH GAMBLIN  My address is 1211 US HIGHWAY 96 N.  (street)  (street)  (check of TX, on the 01 day of MARCH, 20, 23, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24		of business.	itry of the business e	ntity's place			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. 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. 210907 12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT MODEL POLICE PACKAGED VEHICLES  4 Name of Interested Party  City, State, Country (place of business)  DONALSON, DREW  5 ILSBEE, TX United States  X  Nature of interest (check applicable) Controlling Intermedia  DONALSON, DREW  5 Check only if there is NO Interested Party.  5 UNSWORN DECLARATION  My name is SETH GAMBLIN  My address is 1211 US HIIGHWAY 96 N.  (siteet)  (situal of TX, on the 01 day of MARCH 20 23 23 23 24 24 24 25 24 24 25 24 24 24 24 24 24 24 24 24 24 24 24 24							
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. 210907 12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT MODEL POLICE PACKAGED VEHICLES  4 Name of Interested Party  City, State, Country (place of business)  Nature of Interest (check applicable) Controlling Intermedia  DONALSON, DREW  SILSBEE, TX United States  X  5 Check only if there is NO Interested Party.  5 UNSWORN DECLARATION  My name is SETH GAMBLIN	2	and a second control of the second of the se	ne contract for which	the form is			
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.  210907 12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT MODEL POLICE PACKAGED VEHICLES  4 Name of Interested Party  City, State, Country (place of business)  Controlling Intermedia  DONALSON, DREW  SILSBEE, TX United States  X  5 Check only if there is NO Interested Party.  5 UNSWORN DECLARATION  My name is SETH GAMBLIN and my date of birth is 12/24/1885  My address is 1211 US HIGHWAY 96 N. (steet) (city) (state) (city) (state) (city) (state) (city) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN Country, State of TX on the 01 day of MARCH 20 23		being filed.			D-4-	A -1	
description of the services, goods, or other property to be provided under the contract. 210907 12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT MODEL POLICE PACKAGED VEHICLES  A Name of Interested Party		CITY OF MCALLEN			Date	Acknowleagea	
12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT MODEL POLICE PACKAGED VEHICLES  4 Name of Interested Party  City, State, Country (place of business)  Controlling Intermedia  X  DONALSON, DREW  SILSBEE, TX United States  X  5 Check only if there is NO Interested Party.  5 UNSWORN DECLARATION  My name is SETH GAMBLIN and my date of birth is 12/24/1985  My address is 1211 US HIGHWAY 96 N. SILSBEE TX 77658 USA (sireet) (city) (citate) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX on the 01 day of MARCH , 20 23	3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided	ity or state agency to ded under the contra	track or identify	the co	ontract, and pro	vide a
A Name of Interested Party  City, State, Country (place of business)  City, State, Country (place of business)  City, State, Country (place of business)  City (check applicable)  Controlling  Intermedia  X  Intermedia  DONALSON, DREW  SILSBEE, TX United States  X  City (check of business)  X  Controlling  Intermedia  DONALSON, DREW  SILSBEE, TX United States  X  Controlling  Intermedia  X  Controlling  Intermedia  DONALSON, DREW  SILSBEE, TX United States  X  Controlling  Intermedia  X  Controlling  I		210907					
Name of Interested Party		12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT M	ODEL POLICE PAC	KAGED VEHICI	LES		
DONALSON, DREW  SILSBEE, TX United States  X  SILSBEE, TX United States  X  Intermedia  DONALSON, DREW  SILSBEE, TX United States  Intermedia  DONALSON, DREW  SILSBEE, TX United States  X  Intermedia  DONALSON, DREW  SILSBEE, TX United States  Inte	4	Name of Interested Porty	City State County	v /mlass of busine	\		
DONALSON, DREW  SILSBEE, TX United States  X  SILSBEE  SILSB		Name of interested Party	City, State, Countr	y (piace of busine	ess)		Intermediary
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. SILSBEE , TX , 77656 , USA (street) (city) (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .	DO	DNALSON, DREW	SILSBEE, TX Ur	ited States		20 Margarett 10 March 10	
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .					$\neg$		
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .					$\dashv$		
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .					$\dashv$		
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .							
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .							
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .							
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .			-		$\neg$	1.00	
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .					$\dashv$		
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .					$\dashv$		
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. , SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .				<b>X</b> .			
My name is SETH GAMBLIN , and my date of birth is 12/24/1985.  My address is 1211 US HIGHWAY 96 N. SILSBEE , TX , 77656 , USA (street) (city) (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .	5	Check only if there is NO Interested Party.					
My address is 1211 US HIGHWAY 96 N. SILSBEE , TX , 77656 , USA (state) (city) (state) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .	6	UNSWORN DECLARATION					
My address is 1211 US HIGHWAY 96 N. SILSBEE , TX , 77656 , USA (street) (city) (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .	]	My name is		and my date of b	irth is	12/24/1985	
(street) (city) (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .	ı				Ţ.		USA
Executed in HARDIN County, State of TX , on the 01 day of MARCH , 20 23 .		(street)	(city)	(sta	te)	(zip code)	(country)
		I declare under penalty of perjury that the foregoing is true and correct	t.				
SCTHGAMBLAN (year)	]	Executed in HARDIN County	, State of TX	, on the	)1 <sub>d</sub> ;	ay of MARCH	_, 20 <u>23</u> .
			SCTHG	IAMBL	1n	(month)	(year)
Signature of authorized agent of contracting business entity (Declarant)			The same of the sa	zed agent of contra			

						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 coun of business.  SILSBEE FORD SILSBEE TY United States	try of the business e	ntity's place	Certificate Number: 2023-989287		
2	SILSBEE, TX United States  Name of governmental entity or state agency that is a party to the	o contract for which	the form is	Date Fil 03/01/2		
•	being filed.  CITY OF MCALLEN	ie contract for which	the form is		knowledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 210907  12-22-P19-02 PURCHASE OF TEN (10) NEW CURRENT Metallic Control of the services, goods, or other property to be provided as a control of the services.	ded under the contrac	ct.		ract, and prov	vide a
4	Name of Interested Party	City, State, Country	/ (place of busine	_	Nature of (check ap Controlling	
D	DNALSON, DREW	SILSBEE, TX Un	ited States	>		,
5	Check only if there is NO Interested Party.					
5	UNSWORN DECLARATION					
	My name is	,	and my date of bi	rth is		
	My address is(street)	(city)	,,(stat	, :e)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			/	
	Executed inCounty	, State of	, on the	day	of	_, 20
					(month)	(year)
		Signature of authoriz	zed agent of contra (Declarant)	acting bu	siness entity	

**₩ CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-988501 GRAPEVINE DCJ. LLC GRAPEVINE, TX United States Date Filed: 02/27/2023 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN Date Acknowledged: 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. PURCHASE OF 10 POLICE PACKAGE VEHICLES Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary BUEHLMAN, BRANDON GRAPEVINE, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is My address is I declare under penalty of perjury that the foregoing is true and correct. Executed in \_County, State of Signature of authorized agent of contracting business entity (Declarant)

L					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEE	OFFICE USE		
1		ntry of the business entity's place	Certif 2023	CERTIFICATION OF FILING Certificate Number: 2023-988501 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  CITY OF MCALLEN	ne contract for which the form is	Date	02/27/2023  Date Acknowledged: 02/28/2023		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 12-22-P19-01 PURCHASE OF 10 POLICE PACKAGE VEHICLES	ity or state agency to track or identify ded under the contract.	y the co	ontract, and prov	ride a	
4	Name of Interested Party	City, State, Country (place of busin	iess)	Nature of (check ap Controlling	1111-111-1	
ВІ	JEHLMAN, BRANDON	GRAPEVINE, TX United States		х	•	
					, , , , , , , , , , , , , , , , , , , ,	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of I	birth is <sub>-</sub>			
	My address is(street)	(city) (sta	' _ ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of, on the _	da	ay of(month)	_, 20 (year)	
	-	Signature of authorized agent of cont (Declarant)	racting	business entity		

	CERTIFICATE OF INTERESTED PAR	TIES			FOR	м 1295
L						1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					ONLY OF FILING
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business	entity's place	Certificate I		
	Cellco Partnership d/b/a Verizon Wireless Basking Ridge, NJ United States			Date Filed:	33	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for whic	h the form is	03/06/2023		
	City of McAllen			Date Ackno	wledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided by DIR-TELE-CTSA-003  Project No. 02-23-S25-01	ity or state agency t ded under the contr	o track or identify act.	the contract	, and prov	vide a
H		1			Nature of	finterect
4	Name of Interested Party	City, State, Count	ry (place of busine	ess)		plicable)
	-		THE RESERVE A THE RESERVE CONTRACTOR		rolling	Intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			iel ee		
	My name is Amy Lloyd		_, and my date of b		16/196	5 
	My address is 10170 Junction Dr		Junction, ME			USA
	(street)	(city)	(sta	te) (zip	code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t. <sub>/</sub> , State of <u>Maryl</u>	and 6		March	23
	Executed in Howard County	/, State of IVIAI YI	arru, on the _	day of	(month)	, 20 <u></u> . (year)
		7	DocuSigned by:			
			Amy Lloyd			
		Signature of autho	nizedव्यक्रिक्षण्डिवासः (Declarant)	acting busine	ss entity	_

FORM **1295** 

ь					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CI	OFFICE USE	
1	Name of business entity filing form, and the city, state and cou of business.	ce Cei	Certificate Number: 2023-991109		
	Cellco Partnership d/b/a Verizon Wireless		1204	13-331103	
2	Basking Ridge, NJ United States		1000 0000	te Filed: 06/2023	
ľ	Name of governmental entity or state agency that is a party to t being filed.	he contract for which the form	is 03/	00/2023	
	City of McAllen			e Acknowledged: 07/2023	
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 i	dentify the	contract, and pro	vide a
	DIR-TELE-CTSA-003				
	Project No. 02-23-S25-01				
4	·			Nature o	f interest
	Name of Interested Party	City, State, Country (place of	business)	1,000,000,000,000	
				Controlling	Intermediary
					¥
5	Check only if there is NO Interested Party.			1	
6	UNSWORN DECLARATION				
	My name is	, and my d	ate 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	ct.			
	Executed inCount	y, State of, o	n the	day of	, 20
				(month)	(year)
		Signature of authorized agent (Declarant)		g business entity	

FORM 1295

┡					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	ONLY OF FILING	
1	Name of business entity filing form, and the city, state and coun of business.		ate Number:			
	Motorola Solutions Inc.		2023-9	90990		
	Chicago, IL United States		Date Fil	led:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	03/06/2			
	being filed.					
	City of McAllen, Texas		Date Ac	cknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the con	tract, and prov	vide a	
	02-23-P36-01					
	License Plate Reader Equipment and Services and In Car Vic	deo Systems				
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine		<del>`</del>	pplicable)	
_			- 1	Controlling	Intermediary	
			_			
5	Check only if there is NO Interested Party.		<b>'</b>	1		
6	UNSWORN DECLARATION					
1	My name isSean Heieck	, and my date of b	irth is 0	4/16/71		
1	My address is _PO Box 823(street)	_, _ Sunset Beach, _CA_ (city) (state		90742, _ (zip code)	USA (country)	
	I declare under penalty of perjury that the foregoing is true and correct	i.				
	Executed inOrangeCounty,		day of	Morob	2022	
- 3	County,	State of _Camornia, on the _6th_	uay 01	(month)	2023 (year)	
		San Idia				
		Signature of authorized agent of contro (Declarant)	acting bu	isiness entity		

L						1 of 1
Г	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				FICE USE	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIF	ICATION	OF FILING
1	Name of business entity filing form, and the city, state and coun of business.	itry of the business e	ntity's place	Certificate 2023-990		
	Motorola Solutions Inc.					
	Chicago, IL 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	03/06/202	.3	
	City of McAllen, Texas			Date Ackn 03/08/202		
L						
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided to the services of the ser	ity or state agency to ded under the contra	track or identify ct.	the contrac	t, and prov	vide a
	02-23-P36-01					
	License Plate Reader Equipment and Services and In Car Vic	deo Systems				
4					Nature of	f interest
4	Name of Interested Party	City, State, Country	y (place of busine	ess)	(check ap	oplicable)
				Cor	ntrolling	Intermediary
			· · · · · · · · · · · · · · · · · · ·			
				_		
					1000	
5	Check only if there is NO Interested Party.					
6	JNSWORN DECLARATION			- P.O.		
	My name is		and my date of b	irth is		
	My address is(street)	(city)	,(sta	te) (zi	p code)	(country)
	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 authoriz	zed agent of contra (Declarant)	acting busin	ess entity	

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-992603 The Revenue Markets, Inc. Accord, NY United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 03/09/2023 being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 02-23-P37-01 Replacement Bridge Pedestrian Turnstiles Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Rosakranse, Lisa Accord, NY United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is Lisa Rosakranse \_, and my date of birth is 06/30/1960 My address is 5120 US Highway 209 Accord NY 12404 USA (street) (city) (state) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Ulster \_County, State of \_\_NY \_\_\_\_, on the \_9th \_day of \_\_ March (year) Signature of authorized agent of contracting business entity (Declarant)

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-992603 The Revenue Markets, Inc. Accord, NY United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 03/09/2023 being filed. City of McAllen Date Acknowledged: 03/09/2023 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 Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Rosakranse, Lisa Accord, NY United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_\_\_ \_\_\_\_\_, and my date of birth is \_\_\_\_ My address is \_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_, on the \_\_\_\_day of \_

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V3.5.1.3ac88bc0

(year)

L						1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.			1500 Williamson Bridge Service	FICE USE	
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OF FILING
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business	entity's place	2023-991	Number: .625	
	Mata G. Construction Inc			D		
2	Penitas, TX United States  Name of governmental entity or state agency that is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency that it is a party to the state agency the state agency that it is a party to the state agency that it is a party to the state agency the state agency that it is a party to the state agency the	he contract for which	the form is	Date Filed 03/07/202		
	being filed.			Data Aaloo		
	City of McAllen			Date ACKII	owledged:	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided.	tity or state agency t ded under the contr	o track or identify act.	the contra	ct, and pro	vide a
	01-23-C10-400					
	Storage Metal Building with Foundation					
4						f interest
	Name of Interested Party	City, State, Count	ry (place of busine	· —	(check ap	pplicable) Intermediary
Ci	ty of McAllen	McAllen , TX Un	ited States	X	itt olling	intermediary
				_		
				_		
				_		
<b>5</b>	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isOved Ivan Mata		, and my date of b	irth is $03$	3-30-197	9
	My address is3613 S H St	McAllen	. T2	X , 78	503	USA
	(street)	(city)	(sta	te) (z	ip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed in Hidalgo Count	, State ofTX	, on the	7 day of	March	1 , 20 23 .
		The American Section S			(month)	(year)
		Over fram	Olans			
		Signature of author	ized agent of contra (Declarant)	acting busin	ness entity	

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place **Certificate Number:** of business. 2023-991625 Mata G. Construction Inc Penitas, TX United States Date Filed: 03/07/2023 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: 03/10/2023 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-C10-400 Storage Metal Building with Foundation Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen McAllen, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_ \_\_\_\_, and my date of birth is \_\_\_ My address is \_\_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_, on the \_\_\_\_day of \_ (year) Signature of authorized agent of contracting business entity

(Declarant)

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-981344 M.J.A. Construction, LLC Mission, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 02/08/2023 being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-23-C05-468 Quince Avenue & 8th Street Drainage Improvements Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Gonzalez, Sonya MISSION, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_\_ Sonya A. Gonzalez \_\_\_\_, and my date of birth is July 1, 1975 3100 Hackberry Ave. Mission My address is 78574 USA (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Hidalgo Texas Executed in \_\_\_\_ County, State of on the 8th day of February 20 23 (month) (year) Signature of authorized agent of contracting business entity (Declarant)

FORM **1295** 

_						1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and cour of business.	entity's place	Certificate Number: 2023-981344					
	M.J.A. Construction, LLC			2023	-901344			
ı	Mission, 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	02/08	3/2023			
	City of McAllen			Date	Acknowledged:			
					03/10/2023			
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provi	tity or state agency to	track or identify	the co	ontract, and prov	vide a		
	01-23-C05-468							
	Quince Avenue & 8th Street Drainage Improvements							
4					Nature of	interest		
	Name of Interested Party	City, State, Country	y (place of busine	ess)	(check ap			
				$\dashv$	Controlling	Intermediary		
G	onzalez, Sonya	MISSION, TX Ur	nited States		Х			
				寸				
				$\dashv$				
				$\dashv$				
				_				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is		, and my date of b	irth is _				
	My address is							
	(street)	(city)		ite)	(zip code)	(country)		
	declare under penalty of perjury that the foregoing is true and correc	et.						
	Executed inCount	y, State of	, on the	da	ay of	, 20		
					(month)	(year)		
		Signature of authori	zed agent of contr	acting	business entity			
			,200,214111)					

				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.	rties.	CE	OFFICE USE		
Name of business entity filing form, and the city, state a of business.		Certificate Number: 2023-990607			
Freeit Data Solutions, Inc.					
being filed.	arty to the contract for which the form i				
City of McAllen		Date	Acknowledged:		
		dentify the	contract, and prov	vide a	
02-23-P34-01					
Maintenance on Primary Storage Units					
			Nature of	interest	
Name of Interested Party	City, State, Country (place of	business)	(check ap		
			Controlling	Intermediary	
rchid, Wayne	Austin, TX United States		X		
			+		
			+ +		
			+		
			1		
Check only if there is NO Interested Party.					
UNSWORN DECLARATION					
			06/27/400 <i>4</i>	1	
My name is Dulait Voit Christierson	, and my o	date of birth	s 00/2//1961	<u> </u>	
My address is 900 East 6th Street, Suite 102	Austin	TX	78702	USA	
(street)	(city)	, (state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true a	and correct.				
Executed in Travis	County, State of Texas	on the 3	<sub>day of</sub> March	, <sub>20</sub> _23	
			(month)	(year)	
_	EN.	//_			
			ng business entity		
	Name of business entity filing form, and the city, state a of business. Freeit Data Solutions, Inc. Austin, TX United States  Name of governmental entity or state agency that is a peing filed. City of McAllen  Provide the identification number used by the governmedscription of the services, goods, or other property to 02-23-P34-01  Maintenance on Primary Storage Units  Name of Interested Party  Chid, Wayne  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is Dulari von Christierson  My address is 900 East 6th Street, Suite 102  (street)  I declare under penalty of perjury that the foregoing is true as Travis	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Freeti Data Solutions, Inc.  Austin, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track or indescription of the services, goods, or other property to be provided under the contract.  02-23-P34-01  Maintenance on Primary Storage Units  Name of Interested Party  City, State, Country (place of Chid, Wayne)  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is Dulari von Christierson	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Freeti Data Solutions, Inc.  Austin, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track or identify the description of the services, goods, or other property to be provided under the contract.  O2-23-P34-01  Maintenance on Primary Storage Units  Name of Interested Party  City, State, Country (place of business)  chid, Wayne  Austin, TX United States  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is Dulari von Christierson  My address is 900 East 6th Street, Suite 102  (street)  (street)  Austin  TX  (state)  Gleys State of Texas  On the 3  Signature of authorized agent of contracting the state of the	CERTIFICATION Name of business entity filing form, and the city, state and country of the business entity's place of business.  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provided under the contract.  Rame of interested Party  City, State, Country (place of business)  Name of Interested Party  City, State, Country (place of business)  Check only if there is NO Interested Party.  Check only if there is NO Interested Party.  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is Dulari von Christierson  My address is 900 East 6th Street, Suite 102  (street)  (city, State of Texas  on the 3 day of March  Executed in Travis  Country, State of Texas  on the 3 day of March  March	

					1 0f 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US CERTIFICATION			
	Name of business entity filing form, and the city, state and count of business.	of business entity filing form, and the city, state and country of the business entity's place ness.					
	Freeit Data Solutions, Inc.						
	Austin, TX United States			Date Filed:			
	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the f	orm is	03/03/2023			
	City of McAllen			Date Acknowledged: 03/06/2023			
	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		k or identify t	the contract, and pr	ovide a		
	02-23-P34-01 Maintenance on Primary Storage Units						
				Nature	of interest		
4	Name of Interested Party	City, State, Country (pla	ace of busine	ss) (check a	applicable)		
				Controlling	Intermediary		
Orc	hid, Wayne	Austin, TX United Sta	ates	Х			
5 (	Check only if there is NO Interested Party.			I			
6 L	JNSWORN DECLARATION						
N	My name is	, and	d my date of b	irth is	·		
N	My address is						
	(street)	(city)	(sta	te) (zip code)	(country)		
I	declare under penalty of perjury that the foregoing is true and correct	t.					
E	Executed inCounty	/, State of	, on the	day of	, 20		
				(month	) (year)		
		Signature of authorized (De	agent of contr	acting business entity	<i>y</i>		

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-983511 M.J.A. Construction, LLC Mission, TX United States Date Filed: 02/14/2023 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: 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. Toronto at 16th St Drainage Improvements (CDBG) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Gonzalez, Sonya MISSION, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_\_\_ Sonya A. Gonzalez \_\_\_\_, and my date of birth is July 1, 1975 My address is 3100 Hackberry Ave. Tx Mission 78574 USA (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Texas \_\_\_\_, on the 14th\_day of February , 20 23 Hidalgo Executed in \_\_\_\_\_ \_\_\_\_County, State of (month) (vear) Signature of authorized agent of (Declarant) contracting business entity

# **CERTIFICATE OF INTERESTED PARTIES FORM 1295** 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-983511 M.J.A. Construction, LLC Mission, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 02/14/2023 being filed. City of McAllen Date Acknowledged: 03/10/2023 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) Nature of interest Name of Interested Party (check applicable) City, State, Country (place of business) Controlling Intermediary Gonzalez, Sonya MISSION, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_ \_\_\_\_\_, and my date of birth is \_\_\_\_\_

Forms provided by Texas Ethics Commission

(street)

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

My address is

Executed in \_\_\_\_

www.ethics.state.tx.us

(city)

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

(state)

Signature of authorized agent of contracting business entity (Declarant)

(zip code)

(month)

Version V3.5.1.3ac88bc0

(country)

FORM **1295** 

=					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 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	e contract for which the form is	Direction and Control of	Filed: 2/2023	
	being filed. City of McAllen	C S C COOK COOK COOK COOK COOK COOK COOK	Data	Acknowledged:	
	orty of McAileri			5/2023	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	ty or state agency to track or identify	the co	ontract, and pro	vide a
	01-23-S19-155	ed under the contract.			
	Pre-Employment Screenings & Pre-Employment Medical Phys	sicals			
4				Nature o	f interest
	Name of Interested Party	City, State, Country (place of busine	:ss)	(check ap	
_			$\dashv$	Controlling	Intermediary
_			$\perp$		
_					
			-		
_					
			$\neg$		
			$\dashv$		
	Check only if there is NO Interested Party.				
	UNSWOON PEGLAPATION		_		
	UNSWORN DECLARATION				
	My name is	, and my date of bi	rth is _		
	My address is				
	(street)	(city) (stat	e)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty,	State of, on the	da	ay of	_, 20
				(month)	(year)
		Signature of authorized agent of contra	acting	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.		CEI	OFFICE USE	- Committee of the comm
1	Name of business entity filing form, and the city, state and country of the lof business.	ousiness entity's place		ficate Number:	
	Speights Stinson Cortinas & McDonald LTD		2023	3-971435	
	Mission, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the contract being filed.	for which the form is	01/1	2/2023	
	City of McAllen		Date Acknowledged:		
3	Provide the identification number used by the governmental entity or state description of the services, goods, or other property to be provided under	agency to track or identify the contract.	the co	ontract, and prov	/ide a
	01-23-S19-155 Pre-Employment Screenings & Pre-Employment Medical Physicals				
4				Nature of	Interest
7	Name of Interested Party City, Sta	te, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
_					
_					
	1				
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION		<del></del>		
	My name is Janie Hanka	, and my date of l	birth is	09.29.1	967
	My address is 5206 N Stewart Rd Pal (street)	mhu/st .T.	<u>(,</u> ate)	78513 (zip code)	Hidalgu.
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hida(a) County, State of	Texas, on the	7	Ton	23
	County, State of	on the l	d	ay of <u>JX(I)</u> (month)	, 20, (year)
		i Hawkee		uning	
	Signatur	e of authorized agent of cont (Declarant)	racting	business entity	7,000
		. 105			

			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 the business entity's place of business.  Consolidated Traffic Controls, Inc.  Arlington, TX United States				
Name of governmental entity or state agency that is a party to the being filed.     City of McAllen, TX	ne contract for which the form is	O3/17/2023  Date Acknowledged: 03/17/2023		
Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi- PROJECT NO. 03-23-P09-01 PURCHASE OF EIGHTEEN (18) TRAFFIC SIGNAL POLES	ded under the contract.	the contract, and pro-	vide a	
4 Name of Interested Party	City, State, Country (place of busine		f interest oplicable) Intermediary	
WALKER, DAVID	ARLINGTON, TX United States	X	intormodaly	
TRAMMELL, LES	RENDON, TX United States	Х		
JONES, BRYAN	JOSHUA, TX United States	Х		
HALE, BOBBY	ROCKWALL, TX United States	Х		
HANCOCK, MIKE	ROCKWALL, TX United States		Х	
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is	, and my date of b	irth is	·	
My address is(street)	(city) (sta	te) (zip code)	, (country)	
I declare under penalty of perjury that the foregoing is true and correct	t.			
Executed inCounty	, State of, on the _	day of(month)	, 20 (year)	
	Signature of authorized agent of contr	acting business entity		

			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE	
<ol> <li>Name of business entity filing form, and the city, state and cour</li> </ol>	ntry of the husiness entity's place	CERTIFICATION  Certificate Number:	OF FILING
of business.	my of the business entity's place	2023-995472	
Consolidated Traffic Controls, Inc. Arlington, TX United States		Date Filed:	
2 Name of governmental entity or state agency that is a party to the	ne contract for which the form is	03/17/2023	
being filed. City of McAllen, TX		Date Acknowledged:	
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or identify ded under the contract.	the contract, and pro	vide a
PROJECT NO. 03-23-P09-01 PURCHASE OF EIGHTEEN (18) TRAFFIC SIGNAL POLES	(UC AC)		
	(HGAC)		
4 Name of Interested Party	City, State, Country (place of busine		f interest
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Controlling	Intermediary
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	
HANCOCK, MIKE	ROCKWALL, TX United States		Х
5 Check only if there is NO Interested Party.			
5 UNSWORN DECLARATION			
GROW VANGORD		00 120	100
	, and my date of b	irth is <u>07/27</u>	<u> 188</u> .
My address is 1016 ENTERPRISE PL	ARLINGTON T	X. 76001	US
(street)	(city) (sta	te) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correc	t.		
A . A	, State of TEXAS, on the	7	1 27
Executed inCounty	, State of 10 A/15, on the 1	(month)	(year)
			5.00, 5.0
	Signature of authorized agent of contro (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.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-995329					
	Upper Valley Materials, LLC d/b/a CAPA		2020	5-990029			
	Palmview, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/1	.6/2023			
	being filed.		Date	Acknowledged:			
	City of McAllen			.7/2023			
3	Provide the identification number used by the governmental entit 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 "	п					
4				Nature of	interest		
-	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap			
				Controlling	Intermediary		
				+ +			
				-			
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date c	of birth is	S			
	My address is(street)		,	( '	,·		
	(street)	(city)	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	at.					
	Executed inCounty	y, State of, on the	e				
				(month)	(year)		
İ							
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of business.  Upper Valley Materials, LLC d/b/a CAPA Palmview, TX United States	Certificate Number: 2023-995329 Date Filed:			
2	Name of governmental entity or state agency that is a party to the cobeing filed.	ontract for which the form is	03/16	/2023	
	City of McAllen		Date A	Acknowledged:	
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided Project No. 01-23-P30-84	or state agency to track or identify under the contract.	the co	ntract, and prov	vide a
	Purchase & Delivery of Type "D" Hot Mix Asphaltic Concrete "				
4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Nature of	0.0
	Name of Interested Party C	city, State, Country (place of busine	ess)	(check ap	
			-	Controlling	Intermediary
_					
		····	_		
-					
					21
		790			
5	Check only if there is NO Interested Party.	7-	1		
6	UNSWORN DECLARATION				
	My name is ERNESTO SAGN 2	, and my date of b	oirth is	11-18	-63.
	My address is 3 609 W. PALMA VISTA (street)	DR. PALM VIEW J	<u>///</u> ,_ ate)	78572 (zip code)	Country)
	I declare under penalty of perjury that the foregoing is true and correct.				
		State of TEXAS, on the	17_d	ay of MANC (month)	H, 20 <u>23</u> (year)
			/ (		
		Signature of authorized agent of conti (Declarant)	racting	business entity	
	ms provided by Toyon Ethion Commission	manus Annual Nanco Accommunica			/

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		filing form, and the city, state and country of the business entity's place			OF FILING
	of business.				
	Cutler Repaying, Inc.		D-4	a Filad.	
2	Lawrence, KS United States	a contract for which the form is		e Filed: 17/2023	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	00/	11/2020	
	City of McAllen				
				17/2023	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ntify the	contract, and prov	ride a
	01-23-C14-351				
	2023 Single Machine Repaving Project				
4				Nature of	
-	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	
				Controlling	Intermediary
Ve	eskerna, Charles	Lawrence, KS United States		X	
М	lles, John	Lawrence, KS United States		Х	
R	athbun, John	Lawrence, KS United States		X	
				+	
				-	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My nama ia		to of blade	i.a	
	My name is	, and my da	te 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	·†			
	r decide under pendity or perjury that the foregoing is true and correct	ı.			
	Executed inCounty	y, State of, on	the		
				(month)	(year)
		Signature of authorized agent o (Declarant)	f contracti	ng business entity	

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	-	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: 2023-995523		
	Cutler Repaving, Inc.	,		5 502		
	Lawrence, KS United States		75	Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/1	7/2023		
	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 provided		the co	ontract, and prov	vide a	
	01-23-C14-351 2023 Single Machine Repaving Project					
4				Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
Ve	eskerna, Charles	Lawrence, KS United States		х		
МІ	lles, John	Lawrence, KS United States		х		
Ra	athbun, John	Lawrence, KS United States		х		
		,				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				6	
	My name is	, and my date of t	birth is	APRIL 6	1950	
	My address is		<u>/</u> , _	66211 (zip code)	, <u>US</u> .	
	I declare under penalty of perjury that the foregoing is true and correct	erio cardo escala.	4.0,	No.	(55	
		ry, State of <u>KANSAS</u> , on the <i>J</i>	1704	day of MARCI	4.2023.	
				(month)	(year)	
	(	warles of Yes	lee	ene		
		Signature of authorized agent of contr (Declarant)	racting	j business entity		

FORM 1295

-cestrule				CONTRACTOR AND	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		200000000000000000000000000000000000000	OFFICE USE	
1	The state of the s			icate Number: -995449	
	Araiza General Construction LLC				
	San Benito, 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 form is	03/1/	7/2023	
	The City of McAllen		Date	Acknowledged:	
	•				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	ide a
	01-23-C12-561				
	McAllen City Hall Canopy & Interior Improvements				
		THE PROPERTY OF THE PROPERTY O	-	Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	With the same of the last of the same of t
			***	Controlling	Intermediary
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-			O SANTONINA ASTRONOMINA		
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_			минтикафияріоличні		
_		pod menterioris de la formación por combrar la contra de la formación de contra de colonidade de la formación	Williams administrative		
_			KENNESE ALE VISIONATION	ALLEGE STREET, CONTROL OF A ST	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Alexis Araiza	, and my date of	f birth i	is May 13,	1997
	My address is 1373 Calle Rancho Grande Eas (street)	st, San Benito	Tx state)	. 78536 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre				
	Executed inCoun	nty, State of <u>Texas</u> , on the	17	day of Marc (month	h , 20 <u>23</u> . (year)
		Amon	•		
	Auto-description-franchism	Signature of authorized agent of co	ntracti	na husiness entity	J
		Signature of authorized agent of co	macti	ng pasmess 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: 2023-995449			
	Araiza General Construction LLC		202	.5-995449			
	San Benito, TX United States		Date	e Filed:	ſ		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/:	17/2023	ſ		
	being filed. The City of McAllen			Date Acknowledged: 03/20/2023			
3		de the identification number used by the governmental entity or state agency to track or identify the contract, a iption 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	finterest		
•	Name of Interested Party	City, State, Country (place of b	usiness)	<del></del>			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is, and my date of birth is						
	Mu address is						
	My address is(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	it.					
	Executed inCounty	y, State of, on	the	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of (Declarant)	t contracti	ng business entity			

FORM 1295

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US	E ONLY N 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. Motorola Solution, Inc.			2023-996762			
	Houston, TX United States	andre at the which		Date Filed: 03/21/2023			
2	Name of governmental entity or state agency that is a party to the being filed.	lame of governmental entity or state agency that is a party to the contract for which the form is					
	City of McAllen				•		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to	track or identify t	he contract, and pro	ovide a		
	DIR-TSO-4101						
	03-23-P41-01 CINEMASSIVE VIDEO WALL UPGRADE FOR	₹ 9-1-1					
4		City State Country	/ Inlace of husine		of interest pplicable)		
-	Name of Interested Party	City, State, Country (place of busin		Controlling	Intermediary		
_				.,			
_							
			3 4				
				- 1			
_							
_							
			a de la companione de l				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is George M. Ebelt		and my date of bi	th is07/07/1964			
	My address is7904 N Sam Houston Parkway W. Ste.325	Houston Houston	, <u>TX</u>		USA		
	(street)	(city)	(state	e) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed in Hidalgo County	, State ofTexas	, on the 22	nd_day ofMarch	, 2023		
		1.m	flet	(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						
	(Declarati)						

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: 2023-996762		
	Motorola Solution, Inc. Houston, TX United States		Date Filed:			
2		e contract for which the form is	03/21	L/2023		
	being filed. City of McAllen			Date Acknowledged: 03/23/2023		
3	Provide the identification number used by the governmental enti	ty or state agency to track or identify			iido o	
3	description of the services, goods, or other property to be provide	led under the contract.	the co	miraci, and prov	nue a	
	DIR-TSO-4101 03-23-P41-01 CINEMASSIVE VIDEO WALL UPGRADE FOR	9-1-1				
4	Name of Interested Party	City State Country /place of hyeine	/222	Nature of		
	Name of Interested Party	City, State, Country (place of busine	255)	(check applicable)  Controlling Intermediary		
					,	
			$\top$			
			$\top$			
			$\top$			
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) (stat	te)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	State of, on the	da		_, 20	
				(month)	(year)	
		Signature of authorized agent of contra (Declarant)	acting t	business entity		
		, ,				

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	lame of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
	of business. T.F. Harper & Associates, LP		2023	3-996110			
	Buda, 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		0/2023			
	being filed.  City of McAllen						
				Acknowledged: 4/2023			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y the c	ontract, and prov	vide a		
	Project No. 03-23-P39-01						
	Installation of Splash Pad at curtis park						
4		l		Nature of			
	Name of Interested Party	City, State, Country (place of business)		(check ap			
				Controlling	Intermediary		
				<u> </u>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is, and my date of birth is						
	My address is						
	(street)	(city)	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	y, State of, on the		day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity  (Declarant)						

FORM **1295** 

				William Company of the Company of th			
	complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2023-996110			
	T.F. Harper & Associates, LP		2020.	220110			
_	Buda, 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	03/20/2023				
	peing filed. City of McAllen			Date Acknowledged:			
3	description of the services, goods, or other property to be provide		the co	ontract, and prov	/ide a		
	Project No. 03-23-P39-01						
	Installation of Splash Pad at curtis park						
4			T	Nature of			
	Name of Interested Party	City, State, Country (place of business)		(check applicable)			
			_	Controlling	Intermediary		
					— Thereselves United States United		
	,						
5	Check only if there is NO Interested Party.						
F	UNSWORN DECLARATION		VALVA INCOME.				
J	My name is Matter Nunce	, and my date of t	birth is	09/14/	98		
	My address is 4018 N Down cypress c+	Houston T		77059	115		
	(street)		ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty,	, State of <u>\$ Texas</u> , on the _	20	day of(month)	, 20 <u>23</u> . (year)		
	-	1111.	_	(1101111)	(year)		
		Signature of authorized agent of cont	tracting	g 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 U	
1	Name of business entity filing form, and the city, state and coun of business.  EMS Holding Company LLC  Port Neches, TX United States	try of the business entity's place	Certificate Number 2023-994226 Date Filed:	0 0 20 000 0 00
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	03/14/2023 Date Acknowledge 03/29/2023	d:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided Project No. 02-23-S26-01 Deployable Coronavirus Disease 2019 Diagnostic Testing and	ded under the contract.		rovide a
4	Name of Interested Party	City, State, Country (place of busine		of interest applicable) Intermediary
Ja	ackson, Kenneth	Fishers, IN United States	X	
Ca	authen, Larry	Nederland, TX United States	х	
5	Check only if there is NO Interested Party.			
5	UNSWORN DECLARATION			
	My name is	, and 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			
	Executed inCounty	, State of, on the _	day of (month	
		Signature of authorized agent of contr	racting business entit	y

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
L					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Lonestar Ambulance Inc		Certificate Number: 2023-994226		
L	San Antonio, Texas, United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	he contract for which the form is		4/2023 Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided to the project No. 02-23-526-01		the c	ontract, and pro	vide a
	EMS Ambulance Services				
4				Nature o	finterest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)
H				Controlling	Intermediary
L	ackson, Kenneth	Fishers, IN United States		Х	
Cauthen, Larry		Nederland, TX United States		X	
L					
	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION				
	My name is LANNY CAULLEN	, and my date of b	irth is	3-5-8	<u>-</u>
	My address is 3108 Price St		- - (a)	77627	(country)
	(3333)	(only) (see	,	(DP COOL)	(00010))
	I declare under penalty of perjury that the foregoing is true and correct Executed in		∕∕ da	ay of <b>Awa</b> (month)	_, 20 <u>23</u> . (yoar)
		16		<u>-</u>	
		Signature of authorized agent of contra (Declarant)	acting	Dusiness entity	

### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

	Complete Nos. 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: 2023-1003547
	Pyro Shows of Texas, Inc.	
		Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	04/05/2023
	City of McAllen	Date Acknowledged:

1 of 1

04/06/2023

City of McAllen

Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Project No. 02-23-IPQ04-26

Fireworks display

4		Nature of	
Name of Interested Party	City, State, Country (place of business)	(check ap	
		Controlling	Intermediary
Hill, Lansden	LaFollette, TN United States	х	
Walden, Michael	LaFollette, , TN United States	×	
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			and the same of th
(street)		(zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correct	t.		
Executed inCounty	, State of, on theo	day of(month)	, 20 (year)
		(monun)	(your)
· · · · · · · · · · · · · · · · · · ·	Signature of authorized agent of contracting (Declarant)	business entity	

CERTIFICATE OF INTERESTED PAR	TIES	FOR	км 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	
The second representation of the second repre		Certificate Number: 2023-1003547	
Fort Worth, TX United States  Name of governmental entity or state agency that is a party to the	Date Filed: 04/05/2023		
being filed. City of McAllen  Date			
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi Project No. 02-23-IPQ04-26 Fireworks display	ity or state agency to track or identify ded under the contract.	the contract, and pro	vide a
4 Name of Interested Party	City, State, Country (place of busin	34.333-4-104-136-136	f interest pplicable)
Name of melested Party	Traine of interested Farty		Intermediary
Hill, Lansden	LaFollette, TN United States	Х	
Walden, Michael	LaFollette, , TN United States	Х	
			1.7
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION  My name is Chad Stanley		birth is Dec 18, 19	79
My name is	, and my date of	birth is	· ·
My address is 10432 Trevino Lane, (street)	'	X 76126 (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correc	x.		
Executed in Tarrant County	y, Stale of Texas, on the	5th day of April	20 23
		(month)	(year)
	Signature of authorized agent of cont (Declarant)	tracting business entity	

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-1007244 AiSYS Consulting, LLC 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 04/13/2023 City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 03-23-P45-01 Audiovisual products, Unified Communicatios, monitors, projectors, audio and integration services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Hernandez, Joel McAllen, TX United States X Lopez Hernandez, Elizabeth McAllen, TX United States Χ 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_ Joel Hernandez \_, and my date of birth is June 29, 1969 My address is \_\_\_\_1301 E. Hackberry Ave McAllen USA (street) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_ Hidalgo \_County, State of Texas

Signature of authorized agent of contracting business entity (Declarant)

					1 of 1	
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US		
Of	ame of business entity filing form, and the city, state and cou	untry of the business o	entity's place	Certificate Number: 2023-1007244		
	iSYS Consulting, LLC IcAllen, TX United States			Date Filed:		
	ame of governmental entity or state agency that is a party to eing filed.	the contract for which	the form is	04/13/2023		
	ity of McAllen			Date Acknowledged: 04/23/2023		
de	rovide the identification number used by the governmental elescription 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 contract, and pro	ovide a	
	3-23-P45-01 udiovisual products, Unified Communicatios, monitors, pro	pjectors, audio and in	tegration services	5		
4	Name of Interested Party	City, State, Countr	v (nlace of husing	V. 50020000000000000000000000000000000000	of interest pplicable)	
		only chare, country	) (place of basilie	Controlling	Intermediary	
Herna	andez, Joel	McAllen, TX Uni	ted States	х		
Lope	z Hernandez , Elizabeth	McAllen, TX Uni	ted States	Х		
5 Ch	eck only if there is NO Interested Party.					
S UN	SWORN DECLARATION	-				
Му	name is		, and my date of bi	rth is	·	
Му	address is(street)	'(city)	,,,	e) (zip code)	., (country)	
l da	,,		(stat	e) (zip code)	(country)	
	eclare under penalty of perjury that the foregoing is true and corre	ect.				
Exe	ecuted inCoun	ty, State of	, on the	day of(month)	, 20 (year)	
				(monar)	(yedi)	
		Signature of authori	ized agent of contra (Declarant)	acting business entity		

				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	Certificate Number:	
	Andale Construction, Inc.		2023-1011824	
	Wichita, KS United States			
2			Date Filed:	
۷	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	04/25/2023	
	City of McAllen, TX		Date Acknowledged	<u>.</u>
	Constitution of the Consti		Date Acknowledged	•
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.	ify or state agency to track or identify	the contract, and pro	vide a
	04-23-C27-01	ued under the contract.		
	High Density Mineral Bond Pavement Preservation Project			
1			Nature o	of interest
	Name of Interested Party	City, State, Country (place of busine		pplicable)
		W 198	Controlling	Intermediary
	1			
				34.
-				
20				
10.0				
	1			
		Advantage of the second		
С	heck only if there is NO Interested Party.			
U	NSWORN DECLARATION			
M	v name is Jackie Bearden	, and my date of birti	h is07/10/19	65
My	address is 3104 S Hiram Ave.	_, <u>Wichita</u> KS	67217	USA
-	(street)	(city) (state)		•
1 2		(chaile)	(zip code)	(country)
d	eclare under penalty of perjury that the foregoing is true and correct.			
Ex	ecuted in Sedgwick			
	County, S	State of Kansas on the 25	thay of April	20 23
			(month)	(year)
				necos Co
ī		( Lacky King de		ı
	1	Signature of authorized agent of contract	ing husiness entity	
ns	provided by Texas Ethics Commission	(Declarant)	Journess entity	
_	TO THE STATE OF TH	C SENTERAL MACHINES BY SEA CONCERNS		CONTRACT CON

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2023-1011824			
	Andale Construction, Inc.		2020	0 1011024		
	Wichita, KS 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	04/2	25/2023		
	City of McAllen, TX			Acknowledged: 26/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.				vide a	
	04-23-C27-01					
	High Density Mineral Bond Pavement Preservation Project					
4	!			Nature of		
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.			,		
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	s		
	My address is	,,	,		,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	:t.				
	Executed inCounty	y, State of, on the	;		, 20	
				(month)	(year)	
		Signature of authorized agent of cor	ntractin	ng business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ificate Number: 3-1013872	
	Demco, Inc			3 10100.2	
	Madison, WI 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	04/2	28/2023	
	being filed.		Date	Acknowledged:	
	City of McAllen			)1/2023	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		fy the c	ontract, and prov	ride a
	04-23-P50-01				
	Lark & Palmview Library Furniture				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	
$\vdash$		<del> </del>		Controlling	Intermediary
L					
				1	
				1	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date o	of birth is	s	
	My address is		,		,·
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	ot.			
	Executed inCounty	y, State of, on the	e		
				(month)	(year)
İ					
		Signature of authorized agent of co	ntractin	ng business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested part	ties.	CI	OFFICE USE	
1	Name of business entity filing form, and the city, state ar of business.	nd country of the business entity		rtificate Number: 23-1013872	
	Demco, Inc			1010072	
	Madison, WI United States		Dat	te Filed:	
2	Name of governmental entity or state agency that is a pa	rty to the contract for which the f	orm is 04/	/28/2023	
	being filed. City of McAllen		Dat	te Acknowledged:	
3	Provide the identification number used by the governme description of the services, goods, or other property to be		k or identify the	contract, and pro	vide a
	04-23-P50-01				
	Lark & Palmview Library Furniture				
4				Nature o	f interest
_	Name of Interested Party	City, State, Country (pla	ace of business)		oplicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.	•			
6	UNSWORN DECLARATION				
	My name is Kristopher L Snow	, an	d my date of birth	is <u>05-19-197</u>	5
	My address is 4810 Forest Run Rd.	Madison	, WI	, 53704 (zip code)	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true ar	nd correct.			
	Executed in Dane	County, State of Wisconsin	, on the 28t	h <sub>day of</sub> April	, 20_23
		1411		(month)	(year)
	<del>-</del>	Signature of authorized	agent of contract	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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ificate Number: 3-1014954	
	Climatec, LLC		2020	3-1014334	
	Houston, 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	05/0	02/2023	
	being filed.		Date	Acknowledged:	
	City of McAllen			)2/2023	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		y the c	ontract, and prov	vide a
	PROJECT NO. 01-23-C06-01 CONVENTION CENTER HVAC (BUYBOARD)				
4				Nature of	
_	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date o	f birth is	s	·
	My address is(street)		state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	y, State of, on the	·		
				(month)	(year)
		Signature of authorized agent of co	ntractin	ng business entity	
ĺ		(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	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number: 3-1014954	
	Climatec, LLC				
	Houston, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party being filed.	to the contract for which the form is	05/0	2/2023	
	City of McAllen Date				
3	description of the services, goods, or other property to be p		ify the c	ontract, and prov	vide a
	PROJECT NO. 01-23-C06-01 CONVENTION CENTER HVAC (BUYBOARD)				
4	Slave of Index-dad Darks	City State County falses of him	imaca)		f interest
	Name of Interested Party	City, State, Country (place of bus	iness)		pplicable)
_				Controlling	Intermediary
_				-	
					-
				100	
-					
H					
L					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is <u>Dru Dunham</u>	, and my date	of birth i	is <u>10/24/197</u>	9
	My address is7701 W Little York #100	, Houston	TX	77040	, <u>USA</u> .
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and	correct.			
	Executed in Harris	County, State of Texas, on t	he 2nd	_day ofMay	, 20 <u>23</u> .
			No. o game	(month)	(year)
		Signature of authorized agent of	contracti	ng 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.			OFFICE USE		
1				Certificate Number: 2023-1017830		
	WEST COAST USA PROPERTIES LLC					
2	FRESNO, CA United States  Name of governmental entity or state agency that is a party to the			Filed: 3/2023		
-	being filed.		Dete	A alm and - 4 1		
	CITY OF McALLEN		Date	Acknowledged:	. 1	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the co	ontract, and prov	∕ide a	
	03-23-P42-01	a and the contract				
	Purchase of Float Supplies/Floral Sheeting				-	
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable) Intermediary	
				Controlling	antermedial y	
_		3				
_					)	
					<b>N</b>	
		2		-		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is UBALDO GARZO	, and my date of b	birth is	0428-	1969	
	My address is 2763 W. LAKE VANNESS (street)	Coity) (sta	A, ate)	937// (zip code)	, <u>USA</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.		_			
	Executed in	State of, on the	371	day of May	, 20_13.	
		18		(month)	(year)	
		Signature of authorized agent of cont (Declarant)	tracting	g business entity		
		(===::::/				

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			ERTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's plac		rtificate Number: 23-1017830	
	WEST COAST USA PROPERTIES LLC		20/	23 1017030	
	FRESNO, CA United States			te Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form i	s 05/	/08/2023	
	CITY OF McALLEN		Dat	te Acknowledged:	
			05/	/09/2023	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		dentify the	contract, and prov	vide a
	03-23-P42-01				
	Purchase of Float Supplies/Floral Sheeting				
4				Nature of	finterest
•	Name of Interested Party	City, State, Country (place of	f business)	` <del>                                    </del>	
				Controlling	Intermediary
				-	
5	Check only if there is NO Interested Party. $\begin{tabular}{c} X \end{tabular}$				
6	UNSWORN DECLARATION				
	My name is	, and my o	date of birth	ı is	
		•			
	My address is	1	,	_,	,·
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCount	y, State of,	on the	day of	, 20
				(month)	
		Signature of authorized agent	of contract	ring husiness entity	
		(Declaran		ing business chilly	

F		S			1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	rties.	C	OFFICE US	
1	Name of business entity filing form, and the city, state at		_	ERTIFICATION	
	of business.	na country of the business entity's place		tificate Number: 23-1018404	
	Jimenez Motorsports, LLC San Juan, TX United States				
2	Name of governmental entity or state agency that is a pa	arty to the contract for which the		e Filed: 09/2023	
	being filea.	arty to the contract for which the form is	03/	09/2023	
	Mcallen Police Department		Date	e Acknowledged	:
3	Provide the identification number used by the government				
ľ	Provide the identification number used by the governme description of the services, goods, or other property to be	ental entity or state agency to track or iden be provided under the contract.	tify the o	contract, and pro	ovide a
	12-22-P08-64 three (3) new 202				
l	3 BMW Police Motorcycles				
4				Nature (	of interest
	Name of Interested Party	City, State, Country (place of bu	siness)	1	pplicable)
H				Controlling	Intermediary
Г				-	<del> </del>
_	,				
H					<b>_</b>
┝					
-	Cheek only #4h is NO by				
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	MARKIN GAMIN			014 111 17	201
1	My name is Megan (FAVCIU	, and my date	of birth is	; 010-14-10	1011
	My address is 1409 N 5319 St.	M1221M	TY	78573	121
	(street)	, , , , , , , , , , , , , , , , , , , ,	, (state)	(zip code)	, VOFT . (country)
					(,
H	declare under penalty of perjury that the foregoing is true and	d correct.			
	Executed in 4100000	County, State of TEXAS , on the	9	day of MU	202
	0	, 011 11		(month)	, 20 <b>223</b> (year)
		. 1 ^ _			
	_	Signature of authorized agent of co	ntracting	business entity	
orr	ns provided by Texas Ethics Commission w	(Declarant) ww.ethics.state.tx.us		Varsis 1/2	F 4 75 1700 1
	, , , , , , , , , , , , , , , , , , , ,			version v3	3.5.1.7bd706d4

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number:			
	Jimenez Motorsports, LLC		2023	3-1018404		
	San Juan, 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		9/2023		
_	being filed.					
	Mcallen Police Department			Acknowledged: 0/2023		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the control of the services.		y the c	ontract, and prov	vide a	
	12-22-P08-64 three (3) new 202					
	3 BMW Police Motorcycles					
4	ı			Nature of		
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	3	·	
	My address is					
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of, on the		day of	, 20	
				(month)	(year)	
		Signature of authorized agent of cor (Declarant)	ntractin	g business entity		

FORM **1295** 

						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				FFICE USE	
1	Name of business entity filing form, and the city, state and count	try of the business ent	ity's place		ate Number:	
	of business. Specialty Fleet Sales			2023-1	018853	
	Lindale, TX United States			Date Fi	led:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the	ne form is	05/10/2		
_	being filed.					
	City of McAllen, Tx			Date Ac 05/10/2	cknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			the con	tract, and prov	/ide a
	04-23-P52-01 two (2) aerial bu					
	Two Aerial Bucket Trucks for Health & Code					
4					Nature of	interest
•	Name of Interested Party	City, State, Country	(place of busine	· -	(check ap	
				_	Controlling	Intermediary
Ci	ty of McAllen	McAllen , TX Unite	ed States		×	
				-		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of l	oirth is _		·
	My address is(street)	,(city)	,,,,	, ate)	(zip code)	(country)
	(611661)	(oity)	(0.11	a.c)	(21) 0000)	(oodinity)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of	, on the _	day	y of	, 20
			· · · · ·		(month)	(year)
		Signature of authoriz	zed agent of cont	racting b	ousiness entity	
		•	(Declarant)	0 -	,	

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and coun of business.  Specialty Fleet Sales Lindale, TX United States	202	Certificate Number: 2023-1018853 Date Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen, Tx	ne contract for which the for		05/10/2023  Date Acknowledged:			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 04-23-P52-01 two (2) aerial bu Two Aerial Bucket Trucks for Health & Code		or identify the c	ontract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place	e of business)		f interest pplicable) Intermediary		
С	ty of McAllen	McAllen , TX United Sta	ates	X			
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Christian Cole	, and r	ny date of birth i	s <u>08/02/19</u>			
	My address is	, <u>Lindale</u> (city)	, <b>Tx</b> , (state)	, 75771 (zip code)	, US (country)		
	I declare under penalty of perjury that the foregoing is true and correct	,	,,	. , ,	. ,,		
		ty, State ofTx	_, on the <u>10</u>	day of May (month)	, 20 <u></u> 3. (year)		
		Christian Co	le				
		Signature of authorized ag		ng business entity			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CI	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the b	ousiness entity's p	lace Cei	rtificate Number:	0
	Trinity Innovative Solutions LLC.			202	23-1018618	
	Little Elm, TX United States				te Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract	for which the forn	1 is 05/	10/2023	
	City of McAllen TX			Dat	te Acknowledged:	
	•					
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided in the control of the services.			r identify the	contract, and pro	vide a
	PROJECT NO. 04-23-P49-01 PURCHASE OF EIGHT TECHNOLOGY MAST TRAILER SY	/STEMS- I	RGV TAG			
4						f interest
	Name of Interested Party	City, Sta	te, Country (place	of business)	(check ap	pplicable) Intermediary
					Controlling	intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is <b>Jeff Merriman</b>		, and m	y date of birth	is 25 April 19	
	My address is 2385 Oak Grove Parkway	,	Little Elm	,_Texas	75068	Denton_
	(street)		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in Denton Count	ty, State of	Texas	, on the <b>10th</b>	n_day ofMay	, 20_ <b>23</b>
		$\mathcal{N}$	<b>1</b>		(month)	(year)
		H"	huin	-		
		Signatu	re of authorized age	unt of contract	ing husiness entity	
		Signalu	ie oi authonzeu age (Declar		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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1018618			
	Trinity Innovative Solutions LLC.		2020	3-1010010	
	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		Date	Acknowledged:	
	City of MicAllett 17			.0/2023	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		fy the c	ontract, and prov	<i>r</i> ide a
	PROJECT NO. 04-23-P49-01				
	PURCHASE OF EIGHT TECHNOLOGY MAST TRAILER SYS	STEMS- RGV TAG			
_		<u> </u>		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	of birth is	s	·
	My address is		,		,
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	it.			
	Executed inCounty	y, State of, on the	e	day of	, 20
				(month)	(year)
		Signature of authorized agent of co	ontractin	ig business entity	

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USI	
1	Name of business entity filing form, and the city, state and coun of business.	Certificate Number: 2023-1019864			
ı	B&H Foto & Electronics Corp.		2025	5-1019004	
	New York, NY 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		1/2023	
	City of McAllen			Acknowledged: 2/2023	
3	Provide the identification number used by the governmental enti	ity or state agency to track or identify			vide a
1000	description of the services, goods, or other property to be provided 04-23-P51-01	ded under the contract.		And the second s	
	Purchase of twenty-five (25) thermal monocular imaging syste	ems			
4					f interest
	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)
_				Controlling	Intermediary
			$\dashv$		
5	Check only if there is NO Interested Party.			9	
6	UNSWORN DECLARATION				
	My name is	, and my date of l	oirth 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 _	da	ay of	, 20
				(month)	(year)
		Signature of authorized agent of contr	racting	hueiness estite	
		(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.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1019864			
	B&H Foto & Electronics Corp.  New York, NY United States				
2	Control of the Control of Control	e contract for which the form is		Filed: 1/2023	
	being filed.		D-4-	A -1	
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ontract, and pro	vide a
	04-23-P51-01				
	Purchase of twenty-five (25) thermal monocular imaging syste	ems			
4			П	the months and the section of	f interest
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
_				Controlling	Intermediary
			$\dashv$		
			$\dashv$		
_			$\dashv$		
			$\dashv$		
	<u> </u>				
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Shmuel Lewis	, and my date of b	irth is _		
	My address is 420 9th Ave	. New York . N	Υ.	10001	. USA .
	(street)	(city) (state		(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in New York County,	State ofNew York, on the	11thda	100	_, 20 <u><b>2</b>3</u>
				(month)	(year)
		Thmuel Lewis			
		Signature of authorized agent of contra (Declarant)	acting	business entity	

FORM **1295** 

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Halff Associates, Inc.	Certificate Number: 2023-1019870
2	Richardson, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	Date Filed: 05/11/2023
	City of McAllen	Date Acknowledged: 05/18/2023

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.

01-22-S16-445

North Drainage Master Study

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

### **CERTIFICATE OF INTERESTED PARTIES FORM 1295** 2 of 2 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-1019870 Halff Associates. Inc. Richardson, TX United States Date Filed: 05/11/2023 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: 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 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is Robert Saenz \_\_\_\_\_, and my date of birth is 05/02/1964 My address is 5000 West Military Hwy.Suite 100 78503 USA McAllen (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo \_County, State of Texas

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.		CF	OFFICE USE	_				
1	Name of business entity filing form, and the city, state and count	e of business entity filing form, and the city, state and country of the business entity's place							
	of business.		2023	3-1018223					
	Affordable Homes of South Texas, Inc. McAllen, TX United States		Date	Filed:					
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		9/2023					
-	being filed.	e contract for which the form is							
	City of McAllen			Acknowledged: 2/2023					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y the c	ontract, and prov	ride a				
	B-21-MC-48-0506								
	2021 - Funds will be used to rehabilitate an owner-occupied h	housing unit							
4	ŗ			Nature of					
	Name of Interested Party	City, State, Country (place of busin	ness)	<del> </del>	pplicable)				
				Controlling	Intermediary				
_									
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	, and my date of	birth is	S					
	My address is(street)	(city) (s	state)	(zip code)	, (country)				
	I declare under nanelty of parium that the foregoing is true and correct	<b>*</b>							
	I declare under penalty of perjury that the foregoing is true and correc								
	Executed inCounty	y, State of, on the		day of(month)	, 20 (year)				
				(111011111)	(year)				
		Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				FICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and count of business.	70. (4)		e Number:		
	Affordable Homes of South Texas, Inc.			2025-10	10222	
	McAllen, 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	05/09/20	23	
	City of McAllen			Date Ack	nowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to led under the contrac	track or identify ct.	the contra	act, and prov	ride a
	B-20-MC-48-0506					
	2020 – Funds will be used to rehabilitate an owner-occupied h	nousing unit				
4					Nature of	interest
-	Name of Interested Party	City, State, Country	(place of busine	ss)	(check ap	plicable)
				C	ontrolling	Intermediary
			-			
		***************************************				
	,		:			
5	Check only if there is NO Interested Party.					
5	UNSWORN DECLARATION					
	My name is Robert Calvillo		and my date of bi	rth is <u>03</u>	/28/63	
	My address is 1420 Erie Ave.	, McAllen	, <u>Tex</u>	as, <u>785</u>	501,	USA
	(street)	(city)	(stat	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 _9	oth_day o	f_May	_,2023
		/In	10/3/	1	(month)	(year)
		Miller				
		Signature of authoriz	ed agent of contra	acting bus	iness entity	
			(Declarant)			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of business.  Reeder Distributors, Inc.	Certificate Number: 2023-1023629						
	Fort Worth, TX United States		Date Filed:					
2	Name of governmental entity or state agency that is a party to the o		05/19/2023					
	being filed. City of McAllen		Date Acknowledged:					
			05/22/2023					
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify t d under the contract.	the contract, and pro	vide a				
	Project No. 05-23-P56-01 Stertil-Koni Heavy Duty Mobile Lifts							
4	Name of Interested Party			finterest				
	Name of Interested Party	City, State, Country (place of busine	css) (check ap	Intermediary				
			Controlling	intermediary				
_								
i	Check only if there is NO Interested Party.							
;	UNSWORN DECLARATION							
	My name is	, and my date of bi	rth is	·•				
	My address is(street)	_,, (city) (state	e) (zip code)	(country)				
	. ,	(out.	(	(				
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed inCounty, S	State of, on the						
			(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.  OFFICE USE ONI CERTIFICATION OF F						
1	Name of business entity filing form, and the city, state and cour of business.	Certificate Number: 2023-1023629				
	Reeder Distributors, Inc. Fort Worth, TX United States			Filed:		
2	E TOTAL CALLEGRAN DE LE SOCIEDAMENTO DE TENTESTE	he contract for which the form is		9/2023		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental en	tity or state agency to track or identify	the c	ontract, and pro	vide a	
	description of the services, goods, or other property to be prov Project No. 05-23-P56-01	ided under the contract.				
	Stertil-Koni Heavy Duty Mobile Lifts					
4	Name of Interested Party	City, State, Country (place of busine	000)	Nature o	f interest	
	Name of interested Farty	City, State, Country (place of busine	:55)	Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION	-				
	My name isChris Bussey	, and my date of b	irth is	06-17-1972	2	
	My address is	. Mansfield TX		76063	USA	
	(street)	(city) (sta	te)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	y, State of <u>Texas</u> , on the <u>1</u>	<u>9</u> d		_, 20_23	
		71 /	7	(month)	(year)	
		Mo J		->	_ ر	
		Signature of authorized agent or 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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		Certificate Number: 2023-1025406			
	Terra Firma Materials, LLC		202	3-1025400			
	Edinburg, TX United States		Date	e Filed:			
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is		24/2023			
_	being filed.	le collinact for which the form is					
	City of McAllen			e Acknowledged: 25/2023			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ify the c	contract, and prov	ride a		
	04-23-P54-87						
	Purchase & Delivery of Type "D" Hot Mix Asphaltic Concrete-	-La Paloma Subdivision					
4	· · · · · · · · · · · · · · · · · · ·			Nature of			
•	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth is	S	·		
	My address is(street)	,,,	, (state)	,(zip code)	, (country)		
	• •		( ,	,	(		
	I declare under penalty of perjury that the foregoing is true and correct			d <b></b>	20		
	Executed inCount	.y, State or, on a	ie	_day of (month)	, 20 (year)		
				(month)	(year)		
		Signature of authorized agent of c	ontractin	ng business entity			

#### CERTIFICATE OF INTERESTED PARTIES **FORM 1295** OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-1025406 Terra Firma Materials, LLC Edinburg, TX United States Date Filed: 05/24/2023 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Purchase & Delivery of Type "D" Hot Mix Asphaltic Concrete-La Paloma Subdivision Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х 6 UNSWORN DECLARATION My name is Nancy Cuellar Davenport \_\_\_\_\_, and my date of birth is \_\_\_ My address is 9312 E. Curve Rd. USA Edinburg 78542 (city) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. , 20 23 Executed in \_\_\_\_ Hidalgo on the 24th day of \_ Texas May \_\_\_County, State of \_ (year) Signature of authorized agent of contracting business entity

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1		Name of business entity filing form, and the city, state and country of the business entity's place			OF FILING
	of business.		202	3-1026387	
	Cutler Repaving, Inc. Lawrence, KS United States		Doto	. Filod.	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		e Filed: 25/2023	
_	being filed.	e contract for which the form is			
	City of McAllen	f McAllen			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	fy the c	contract, and prov	ide a	
	04-23-C30-367				
	2023 Single Machine Repaving - La Paloma Sudivision (CDB	G)			
4				Nature of	
•	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	
					Intermediary
V	eskerna, Charles	Lawrence, KS United States		X	
M	lles, John	Lawrence, KS United States		X	
Rathbun, John		Lawrence, KS United States		X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date o	of birth i	s	
	My addrace 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	e	day of	, 20
		<del></del> -		(month)	(year)
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	tunic of business citaty timing formit and the only of the business of the business citaty timing formit and the only of the business citaty timing formit and the only of the business citaty timing formit and the only of the business citaty timing formit and the only of the business citaty timing formit and the only of the business citaty timing formit and the only of the business citaty timing formit and the only of the business citaty timing formit and the only of the business citaty timing formit and the business citaty timing formit and the business citaty timing formit and the business citaty timing formit and the business citaty timing formit and the business citaty times citaty citaty times citaty times citaty times citaty citaty citaty citaty citaty citaty citaty citaty citaty citaty citaty citaty citaty			Certificate Number: 2023-1026387		
	Cutler Repaying, Inc.					
_	Lawrence, KS United States	a contract for which the form is		<b>Filed:</b> 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	ı			
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
	04-23-C30-367 2023 Single Machine Repaving - La Paloma Sudivision (CDB					
4					f interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)	
_				Controlling	Intermediary	
Ve —	eskerna, Charles	Lawrence, KS United States		X		
M	les, John	Lawrence, KS United States		Х		
Rathbun, John		Lawrence, KS United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION	10		11/10	41.175	
	My name is CHARLES K VESKE	KNA, and my date of	birth is	s APRIL 6	, 1950	
	My address is					
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in	ry, State of KANSAS, on the	184	day of MAY	2023	
		Com On Rus	() <b>)</b> A	(month)	(year)	
		Signature of authorized agent of cor	ntractin	ng business entity		
		(Docidiant)				

FORM **1295** 

					1011			
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Certification of								
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1025564						
	CLORE EQUIPMENT LLC		2023	5-1025504				
	Harlingen, TX United States		Date	Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	05/2	4/2023				
	being filed.		Data	Acknowledged:				
	City of McAllen	cAllen O5/2						
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the c	ontract, and prov	vide a			
	03-23-C23-749  McAllen South Industrial Park - Public Improvements/Industria	al Development						
4	-	Ī		Nature of	interest			
4	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	plicable)			
				Controlling	Intermediary			
CI	lore, Jessica	Harlingen, TX United States		Х				
CI	lore, Geoffrey	Harlingen, TX United States		Х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of	birth is	s	·			
	My address is(street)	(city) (s	tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correc	ot.						
	Executed inCounty			day of	20			
	County	,, S.d.o or, or the		(month)	(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 ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.  CLORE EQUIPMENT LLC	ry of the business entity's place	2023-	icate Number: -1025564	
2	Harlingen, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date F 05/24	Filed: 1/2023	
4	being filed.	o contract for willell tile form is			
	City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided 03-23-C23-749	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	vide a
	McAllen South Industrial Park - Public Improvements/Industria	al Development			
4	Name of Interested Books	City State County (-1	002)	Nature of	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable) Intermediary
CI	ore, Jessica	Harlingen, TX United States		X	y
Clore, Geoffrey		Harlingen, TX United States		Х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Geoffrey Clore	, and my date of	birth is	09/17/1	978
	My address is 21220 FM 1420 (street)	, Harlingen T (s	tate)	18550 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCount	y, State of Texas on the	24 <sup>th</sup>	day of May (month)	, 20 <u>23</u> . (year)
		Signature of authorized agent of con-	ntraction	n husinges ontity	
	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 ONLY EXTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.	tity's place	Certificate Number:				
	Sechrist-Hall Company	2023-10	124430				
	Harlingen, TX United States	Date File	ed:				
2	Name of governmental entity or state agency that is a party to th	e contract for which t	he form is	05/22/2			
	being filed.						
	City of McAllen			05/26/2	knowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			the cont	ract, and prov	vide a	
	02-23-C21-441 Hidalgo Bridge A Roofing						
4					Nature of	interest	
•	Name of Interested Party	City, State, Country	(place of busine				
				0	Controlling	Intermediary	
Mo	cBride, Bill	Harlingen, TX Un	ted States	×	(		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	,	and my date of I	oirth is		·	
	My address is	,		,		,·	
	(street)	(city)		ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	y, State of	, on the	dav	of	, 20	
				,	(month)	(year)	
		Signature of authori	zed agent of cont (Declarant)	racting bu	usiness 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: 2023-1024430		
	Sechrist-Hall Company		[			
	Harlingen, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to t	he contract for which the form is	05/22	2/2023		
	being filed.		Date	Acknowledged:		
	City of McAllen					
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 identified under the contract.	the co	ontract, and pro	/ide a	
	02-23-C21-441 Hidalgo Bridge A					
	Roofing					
4				Nature o		
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	plicable) Intermediary	
		Hadron TVIII to to			cimeulary	
М	cBride, Bill	Harlingen, TX United States		X		
-						
			<del>-</del>			
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	s <u>10/09/197</u>	<mark>71</mark> .	
	My address is P O Box 2347	, Harlingen,	TX_	78551	USA.	
	(street)		state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
		nty, State of <del>Texas</del> , on the	<u>22nd</u>	day of <u>Mav</u>	, 20 <u></u> 3	
		^ 1		(month)	(year)	
		I'm Inc I'm				
	4.	M In Moder	10	and have about	<del> </del>	
	Signature of authorized agent of contracting business entity  (Declarant)					

FORM **1295** 

						1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE CERTIFICA				
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number:			
	RG Enterprises, LLC			2023-996226				
	Edinburg, TX United States		Date Filed:					
2	Name of governmental entity or state agency that is a party to th	e contract for which the		03/20/2023				
_	being filed.	10111115						
	City of McAllen		Date Acknowledged: 05/31/2023					
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.			d provide	e a			
	02-23-C18-799							
	MORRIS PARK IMPROVEMENTS							
_				Na	ture of in	terest		
4	Name of Interested Party	City, State, Country (p	place of business) (check a		eck appli	cable)		
				Control	ling Ir	ntermediary		
Garza, Rene		Edinburg, TX United	d States	Х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, a	nd my date of b	oirth is		·		
	My address is							
	(street)	(city)	(sta	ate) (zip cod	de)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	y, State of	, on the	day of		. 20		
			<u> </u>		month)	(year)		
		Signature of authorize	d agent of said	rooting business	ontit:			
		d agent of conti Declarant)	acung business	enuty				

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2023-996226		
	RG Enterprises, LLC		2023	3-990220		
	Edinburg, 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		0/2023		
_	being filed.	the contract for which the form is	100.2		=	
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided to the services of the services.	tity or state agency to track or identif ided under the contract.	y the c	ontract, and prov	de a	
	02-23-C18-799 MORRIS PARK IMPROVEMENTS					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
				Controlling	Intermediary	
Ga	arza, Rene	Edinburg, TX United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Rene Garza	, and my date o	of birth is	o6/05/1978	•	
	My address is 711 E. Wisconsin Rd.	, Edinburg,	Tx_,	78539	_USA_	
	(street)	(city)	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre					
	Executed in Hidalgo Coun	nty, State of Texas, on the	24			
				(month)	(year)	
				•	<del>,</del>	
		Signature of authorized agent of co (Declarant)	ntractin	g business entity		

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	L 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			2023-1027404			
	Pharr, TX United States		e Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	05/3	30/2023			
	City of McAllen	<b>Date</b> 06/0					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		ify the c	ontract, and prov	vide a		
	02-23-P18-108 Vactor Trucks						
	vado mado			T Natura of	::		
4	Name of Interested Party	City, State, Country (place of bus	siness)	Nature of (check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth is	s			
	My address is		,		,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	v, State of, on the	ne		, 20		
				(month)	(year)		
		Signature of authorized agest of a	ontrootic	ag husinoss ontitu			
l		Signature of authorized agent of c	บานสติเท	ig business entitly			

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2023-1027404 Doggett Freightliner of South Texas, LLC Pharr, TX United States Date Filed: 05/30/2023 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-23-P18-108 Vactor Trucks Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. $\mathbf{x}$ **6 UNSWORN DECLARATION** My name is <u>Mark Brunnemann</u>, and my date of birth is <u>12/23/1964</u> My address is 3103 North Cage Blvd . Pharr I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_County, State of <u>TX</u>, on the <u>30th</u> day of <u>May</u> Executed in Hidalgo

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V3.5.1.a18ea2ca

nature of authorized agent of contracting business entity

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.  CPM Pipelines	place Cer	Certificate Number: 2023-1032304		
	Phoenix, AZ United States		Dat	e Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	08/2023			
	City of McAllen	e Acknowledged: 09/2023			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided to 5-23-P58-01  Wet Well Wizard		or identify the	contract, and prov	vide a
4	Name of Interested Party	City, State, Country (plac	ce of business)	Nature of (check ap	
				Controlling	Intermediary
Ci	ty of McAllen	McAllen, TX United Sta	ates	X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and	my date of birth	is	·
	My address is(street)	(city)	, (state)	,(zip code)	, (country)
	, ,	,	(State)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct		an tha	dayar	00
	Executed inCount	.y, State 01	, on the	_day of (month)	, 20 (year)
		Signature of authorized a	gent of contracti	ng business entity	

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	arties.	CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. CPM Pipelines			Certificate Number: 2023-1032304		
	Phoenix, AZ United States		e Filed:			
2	Name of governmental entity or state agency that is a peing filed.  City of McAllen	party to the contract for which the form i	06/08/2023  Date Acknowledged:			
3	Provide the identification number used by the government description of the services, goods, or other property to 05-23-P58-01  Wet Well Wizard		dentify the	contract, and prov	ride a	
4				Nature of		
	Name of Interested Party	City, State, Country (place o	f business)	(check ap	plicable) Intermediary	
Ci	ty of McAllen	McAllen, TX United States	;	X	intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
•	My name is Isabella Burks	, and my	date of birth	8/13/1994		
	My address is 3625 E Atlanta Ave Ste 2	Phoenix	, <u>AZ</u>	85040	USA_	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true	and correct.				
	Executed in Maricopa	County, State of Arizona,	on the 6	_day of <u>June</u>	, 20 <u>23</u> .	
		Asabella Burks		, ,	<i>G</i> /	
		Signature of authorized agen (Declarar		ng business entity		

FORM 1295

				OFFICE USE	ONLY
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CER	TIFICATION (	
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place	1	cate Number: 1028428	
	Boys & Girls Club of McAllen, Inc.	,	Date F	iled:	
	McAllen, TX United States	List the form to	1	/2023	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		Acknowledged:	
	City of McAllen				•
-	Provide the identification number used by the governmental enti	ty or state agency to track or identify	the co	ntract, and prov	ide a
3	description of the services, goods, or other property to be proved	ied under the contract.			•
	B-20-MC-48-0506				
	Kitchen upgrades			Nature of	interest
<u>ا</u>		City, State, Country (place of busi	ness)	(check ap	
4	Name of Interested Party	City, State, Country (piace of busin		Controlling	Intermediary
L					
H					
L			····		
-					
-					
					·
+					
+					
	5 Check only if there is NO Interested Party.				
ŀ	6 UNSWORN DECLARATION				
	My name is <u>falinda alcantar</u> My address is 1502 Haw Circle (street)	, and my date	of birth	is <u>09/03/</u>	80
	Mundance is 1500 totale	mealler.	TX.	78504	USA.
	(street)	(city)	(státe)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corr	ect.			
	Executed in HidalsoCou	inty, State of <u>Texas</u> , on t	he <u>30</u>	_day of <u>Ma</u>	, 20 <u></u> 3
	Executed III / VI II - 1			(monfi	i) (year)
		Signature of authorized agent of (Declarant)	contract	ing business entit	У
		(Deciarant)			

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2023-1028428			
	Boys & Girls Club of McAllen, Inc.		2023	3-1020420		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is		31/2023		
_	being filed.					
	City of McAllen	ity of McAllen				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the services of the services.		ify the c	ontract, and prov	vide a	
	B-20-MC-48-0506					
	Kitchen upgrades					
4		Ī		Nature of	interest	
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	plicable)	
				Controlling	Intermediary	
	-					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s		
	My address is(street)	(city)	, (state)	(zip code)	, (country)	
	· ,		(oldio)	(Lip 0000)	(000111.3)	
	I declare under penalty of perjury that the foregoing is true and correc					
	Executed inCounty	.y, State of, on the	ie			
				(month)	(year)	
		Signature of authorized agent of c	 ontractin	ng business entity		
í		(Declart)		-		

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. HUBER Technology, Inc.			Certificate Number:		
				2023-1033035		
	Denver, NC United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			L2/2023		
	being filed.					
	McAllen Public Utility Board			Date Acknowledged: 06/12/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided as a second of the services.		ify the c	ontract, and provi	ide a	
	05-23-P59-01	Crit System				
	South Wastewater Treatment Plant, Two (2) New Headworks	GIII System				
4				Nature of	interest	
-	Name of Interested Party	City, State, Country (place of bus	siness)	(check app	plicable)	
				Controlling	Intermediary	
K	ohler, Rainer	Berching Bavaria Germany		X		
va	n Ettekoven, Henk-Jan	Denver, NC United States		X		
St	eele, Jacqueline	Denver, NC United States		X		
M	iller, Jason	Denver, NC United States		X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of Dirth is	5	·	
	My addraga is					
	My address is(street)	,,,,,	(state)	(zip code)	(country)	
	(Silver)	(only)	(State)	(215 0000)	(occinity)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of, on the	ne	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of o	ontractin	ig business entity		

				1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE		
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING		
of husiness		Certificate Number: 2023-1033035			
HUBER Technology, Inc. Denver, NC United States		D			
2 Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date F 06/12	-11ea: /2023		
being filed.		Data	t almandadadad		
McAllen Public Utility Board		Date	Acknowledged:		
3 Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	ity or state agency to track or identify	the co	ntract, and pro	/ide a	
05-23-P59-01	and and the confiden				
South Wastewater Treatment Plant, Two (2) New Headworks	Grit System				
4			Nature of		
Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable) Intermediary	
Kohler, Rainer	Berching Bavaria Germany		X	intermediary	
van Ettekoven, Henk-Jan	Denver, NC United States		X		
Steele, Jacqueline	Denver, NC United States	į	х		
Miller, Jason	Denver, NC United States		Х		
		1			
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION					
My name is Jacque I ne Stelle	, and my date of	birth is	12/29	1961	
My address is 121 Grey Oak a	ne, Mooresulle, N	J/	7817	1150	
(street)		tate)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correc	ct.				
Executed in Lincoln County County	y, State of, on the	(2_d		20.73	
			(month)	(year)	
	Jacquela Sul	d			
	Signa ure of authorized agent of con	tracting	business entity		

FORM **1295** 

						1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				FFICE USE	ONLY OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2023-1033276			
	NM Contracting, LLC			2023-1	033270			
	McAllen, TX United States			Date Fil	ed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which th	ne form is	06/12/2	2023			
_	being filed.							
	City Of McAllen			Date Acknowledged: 06/12/2023				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		the con	tract, and pro	vide a			
	No. 03-23-C26-841							
	New McAllen Fire Station 8							
_					Nature o	f interest		
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	k applicable)		
					Controlling	Intermediary		
Munoz Jr, Noel		McAllen, TX Unite	d States		X			
				+				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is		and my date of l	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	et.						
	Executed inCount	y, State of	, on the _	day	v of	, 20		
					(month)	(year)		
		Signature of authoriz	zed agent of cont (Declarant)	racting b	usiness entity			

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.  NM Contracting, LLC	try of the business entity's place		ificate Number: 3-1033276	
	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	06/1	2/2023	
	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 provided No. 03-23-C26-841 New McAllen Fire Station 8	ity or state agency to track or identify ded under the contract.	the c	ontract, and prov	ride a
4	Name of Interested Party	Site State Country (along at housing		Nature of	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	Intermediary
Мι	unoz Jr, Noel	McAllen, TX United States		х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Noel Munoz, Jr	, and my date of	birth is	02/01/19	68
	My address is 2022 Orchid Ave (street)		ate)	78504 (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	12	day of June	_, 20 <u>23</u> .
		Sel		(month)	(year)
		Signature of authorized agent of conf (Declarant)	tracting	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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2023-1033167			
	Abacus Corporation	2020	2023-1033167			
	Baltimore, MD United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	06/1	.2/2023			
	being filed.		Date	Acknowledged:		
	City of McAllen		06/1			
3	Provide the identification number used by the governmental entit				/ide a	
	description of the services, goods, or other property to be provided	led under the contract.				
	01-23-S18-132 Temporary Employment Services					
	Temporary Employment Services					
4	1			Nature of		
-	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
<u> </u>				Controlling	Intermediary	
_						
					1	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	s		
	My address is		,			
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	zt.				
	Executed inCounty	y, State of, on the	∍		, 20	
				(month)	(year)	
İ						
		Signature of authorized agent of co	ntractin	ig business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and cou	untry of the business entity's plac		ERTIFICATION tificate Number:	OF FILING
	of business.	,		23-1033167	
	Abacus Corporation Baltimore, MD United States		Date	e Filed:	
2	Name of governmental entity or state agency that is a party to	the contract for which the form i	00/	12/2023	
	being filed. City of McAllen		Date	e Acknowledged:	
	City of McAileff			, , , , , , , , , , , , , , , , , , ,	
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro		dentify the	contract, and prov	vide a
	01-23-S18-132				
	Temporary Employment Services				
4				Nature of	
	Name of Interested Party	City, State, Country (place of	business)	(check ap	Intermediary
					,
				+	
				+	
				+ -	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Michele Massaro	, and my o	date of birth	is <u>5/23/1968</u>	·
	My address is 610 Gusryan Street (street)	, <u>Baltimore</u> (city)	, <u>MD</u> (state)	, 21204 (zip code)	, <u>USA</u> . (country)
	, ,	, ,,	, ,	, ,	, ,,
	I declare under penalty of perjury that the foregoing is true and corr	rect.			
	Executed in Baltimore Cou	unty, State of MD,	on the 12th	_day of _June	, 20 <u>23</u> .
				(month)	(year)
		Michelan	lasaco		
		Signature of authorized agent	of contracti	ng business entity	
		(Declaran	t)		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ificate Number: 3-1033066		
	Tryfacta, Inc.		2020	3-1033000		
	Pleasanton, CA United States		Date	Filed:		
2		ental entity or state agency that is a party to the contract for which the form is				
	being filed.		Date	A oknowledged:		
	City of McAllen			Acknowledged: 12/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ify the c	ontract, and prov	ride a	
	01-23-S18-132					
_	Recruitment and staffing Services					
4				Nature of		
ľ	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
<u> </u>				Controlling	Intermediary	
					ı	
	-					
				+ +		
	!				<u> </u>	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s		
	My address is		,			
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCounty	y, State of, on th	ie		, 20	
				(month)	(year)	
		Signature of authorized agent of co	ontractin	ig business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
1	Name of business entity filing form, and the city, state and cou		Certificate Number:			
	of business. 2023-103306					
	Tryfacta, Inc. Pleasanton, CA United States			Da	ate Filed:	
2	Name of governmental entity or state agency that is a party to	the contract	for which the forn		6/12/2023	
	being filed.			Da	ate Acknowledged:	
	City of McAllen				ne Admovieuged.	
3	Provide the identification number used by the governmental er description of the services, goods, or other property to be prov			r identify the	contract, and pro	vide a
	01-23-S18-132					
	Recruitment and staffing Services					
4					Nature o	f interest
•	Name of Interested Party	City, Sta	te, Country (place	of business	·	pplicable)
		+			Controlling	Intermediary
					+	
		1				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isRatika Tyagi		, and m	y date of birth	n is08/22/1977	·
	My address is4637 Chabot Drive, Suite 100	,	Pleasanton	, _CA	94588	_,US
	(street)		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed in Cour	nty State of	CA	on the 12	day of June	<sub>20</sub> 23
		, 5.0.0 01		_, 0.1 0.10	day of June (month)	, <u></u>
			Rattka	4-0	ation the control of	
		Signatur	e of authorizea age Declar)		ting business entity	

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1		e of business entity filing form, and the city, state and country of the business entity's place				
	of business. PAVEMENT RESTORATION INC		2023-1035349			
	Boerne, TX United States					
2		ernmental entity or state agency that is a party to the contract for which the form is				
	being filed.					
	City of McAllen			Acknowledged: .9/2023		
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 identificed under the contract.	fy the c	contract, and prov	vide a	
	04-23-C28-297					
	PAVEMENT PRESERVATION					
4	1			Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth is	s		
	My address is					
	My address is(street)	(city)	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCounty	y, State of, on the	e	day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity		

Forms provided by Texas Ethics Commission www.ethics.state.tx.us

FORM 1295

Version V3.5.1.a18ea2ca

_				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity of business.  PAVEMENT RESTORATION INC Boerne, TX United States	202	tificate Number: 3-1035349 e Filed:	7
2	Name of governmental entity or state agency that is a party to the contract for which the being filed.  City of McAllen	: IOIIII IS	16/2023 • Acknowledged:	
3	Provide the identification number used by the governmental entity or state agency to tradescription of the services, goods, or other property to be provided under the contract.  04-23-C28-297  PAVEMENT PRESERVATION	ack or identify the o		5.2 · ·
4	Name of Interested Party  City, State, Country (p	place of business)	(check ap	f interest oplicable) Intermediary
			-	
				,
5	Check only if there is NO Interested Party.			
6		and my date of birth	is \\28\(\lambda\)	163
	My address is 11 VAUEY KNOU BOSKNE (city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct,  Executed in	5, on the	day of Tuns	, 20 <u>~3</u> .
		ML -	(month)	(year)
	Signature of authorize	ed agent of contracti	ng business entity	

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	<del>_</del>		OFFICE US	
				CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business er	ntity's place	Certificate Number:	
	Women Together Foundation Inc			2023-1035097	
	McAllen, TX United States			Date Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which	the form is	06/15/2023	
_	being filed.	e contract for wine	the form is		
	City of McAllen			Date Acknowledged	l:
	•			06/19/2023	
3	Provide the identification number used by the governmental entit			the contract, and pro	ovide a
-	description of the services, goods, or other property to be provide				
	B-22-MC-48-0506				
	Shelter Facility and Transitional Housing Program				
		<u> </u>		Nature	of interest
4	Name of Interested Party	City, State, Country	v (place of busing		applicable)
	name of interested i arty	Oity, State, Sound,	/ (piace of 225	Controlling	Intermediary
	<del></del>	TV LINE	1.60.44		T
Cı	ity of McAllen	McAllen, TX Unite	ed States	X	
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		<b></b>			
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		<u> </u>			
	l l	1			
5	Check only if there is NO Interested Party.				
Ļ					
6	UNSWORN DECLARATION				
	My name is		and my date of l	hirth ie	
	wy name is	·	, and my date or s	DII (11 13	
	My addrage is				
	My address is(street)	(city)		tate) (zip code)	(country)
	(onoot)	(0.17)	\··	(Lip 5555)	(ocaria,,
	I declare under penalty of perjury that the foregoing is true and correct	<b>\</b> †			
	Tuectale under penalty of perjary that the foregoing is that and some	τ.			
	Executed inCounty	y, State of	, on the _	day of	, 20
				(month	
		Signature of author	riand agent of cont	tracting business entity	
		Signature of author	(Declarant)	racting business entity	/

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-1035083 Women Together Foundation Inc McAllen, TX United States Date Filed: 06/15/2023 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-19-MC-480506 **PPE Project** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Х City of McAllen 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION and my date of birth is 10/03/47 My address is (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in

forked 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 partie	es.			CEF	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number: 2023-1038788			
	Aguaworks Pipe & Supply, LLC				2023	-1030700			
	Edinburg , TX United States				Date Filed:				
2	Name of governmental entity or state agency that is a part	ty to the	contract for which	the form is	06/26	6/2023			
	being filed. City of McAllen				Date	Acknowledged	:		
3	Provide the identification number used by the governmen description of the services, goods, or other property to be				the co	ontract, and pro	ovide a		
	Project No. 03-23-P46-257	alaaama	at Db						
	Purchase and Delivery of Large Diameter Pipeline Rep	ласеттег	IL PII.						
4						Nature o	of interest		
	Name of Interested Party		City, State, Country	(place of busin	ess)		pplicable)		
						Controlling	Intermediary		
		+							
		-+							
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is Ernie Ortega			and my date of	birth is	04/15/196			
	My address is 100 Knights of Columbus Dr.		San Benito	, T	Χ,	78586	Cameron		
	(street)		(city)	(st	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and	d correct.							
	Executed in Cameron	_County,	State of Texas	, on the	26th	<sub>day of</sub> June	, <sub>20</sub> 23		
		-				(month)	(year)		
	_		Signature of author	ized agent of cont (Declarant)	racting	g business entity			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			ERTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's plac		rtificate Number: 23-1038788	
	Aguaworks Pipe & Supply, LLC				
_	Edinburg , TX United States			te Filed: /26/2023	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form i	s Ooi	20/2023	
	City of McAllen			te Acknowledged:	
				26/2023	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the services.		dentity the	contract, and prov	/ide a
	Project No. 03-23-P46-257				
	Purchase and Delivery of Large Diameter Pipeline Replacement	ent Ph.			
4	1			Nature of	
•	Name of Interested Party	City, State, Country (place of	business)	_ <del> </del>	
				Controlling	Intermediary
					ı
				_	
				-	
				+ -	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my o	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 correc	t.			
	Executed inCounty	v. State of	on the	day of	. 20
		,,		(month)	
				<del></del>	
		Signature of authorized agent (Declaran		ng business entity	

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count	ry of the business entity's place		Certificate Number:			
	of business. Texas Cordia Construction, LLC		202	23-1000221			
	Edinburg, TX United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/2	29/2023			
	being filed. City of McAllen		Date Acknowledged: 03/29/2023				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.						
	02-23-C16-325						
	PROJECT NO. 02-23-C16-325 NORTHGATE LANE DRAINA	GE IMPROVEMENTS					
4	Name of Internated Ports	City Ctata Caumtus (alaca of bus	.:	Nature of			
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	Intermediary		
С	orbitt, PE, Yara	Edinburg, TX United States		X	mtormediary		
Н	eredia, Isaac	Edinburg, TX United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth	is	·		
	My address is	=		.,	.,		
	(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	ie		, 20		
				(month)	(year)		
		Signature of authorized agent of c (Declarant)	ontracti	ng business entity			

FORM **1295** 

						1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	C CONTRACTOR COM			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2023-1000221			
	Texas Cordia Construction, LLC							
	Edinburg, TX United States			Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which t	he form is	03/29	/2023			
	being filed.			Date /	Acknowledged:			
	City of McAllen			Date	ackilowieugeu.			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			the co	ntract, and prov	ride a		
	02-23-C16-325 PROJECT NO. 02-23-C16-325 NORTHGATE LANE DRAINA	GE IMPROVEMEN	ΓS					
4					Nature of	interest		
4	Name of Interested Party	City, State, Country	(place of busin	ess)	(check ap	plicable)		
					Controlling	Intermediary		
Co	orbitt, PE, Yara	Edinburg, TX Uni	ted States		Х			
He	eredia, Isaac	Edinburg, TX Uni	ted States		Х			
						71		
					and the second second			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name isYara M. Corbitt, PE, CEO		and my date of	birth is	11/09/1979			
	My address is 3149-A Center Pointe Drive	. Edinburg	2	TX .	78539	USA		
	(street)	(city)	, (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	et.						
	Executed in Hidalgo County	y, State ofTexas	, on the	<u>29</u> _c	day of March	, 20 <u>23</u> .		
		On Part	3		(month)	(year)		
		Signature of author	ized agent of cor (Declarant)	ntracting	g business entity			
			,					

FORM **1295** 

						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE CERTIFICAT			
1	Name of business entity filing form, and the city, state and count	-	Certificate Numb				
	of business.			2023-1041217			
	SILSBEE TOYOTA SILSBEE, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to th	o contract for which the f		06/30/2023			
_	being filed.	e contract for which the r	OIIII IS				
	CITY OF MCALLEN		Date Acknowledged:				
				07/03/2023			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		k or identify	the contract, and	provide a	a	
	PROJECT # 06-23-P61-01						
	6 NEW CURRENT MODEL VEHICLES						
4				Natu	re of inte	rest	
4	Name of Interested Party	City, State, Country (pla	ace of busine	ess) (che	ck applica	able)	
				Controllin	ng Inte	ermediary	
D	DONALSON, ALEX SILSBEE, TX United State		States	X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and	d my date of b	oirth is			
	My addraga is						
	My address is(street)	(city)	,,(sta	ate) (zip code	) (c	ountry)	
	I declare under penalty of perjury that the foregoing is true and correct	zt.					
	Executed inCount	v. State of	on the	day of	2	'n	
	Executed IIICount	y, State of	, 011 tile _		onth)	(year)	
		Signature of authorized (De	agent of contrectarent)	racting business e	ntity		

FORM **1295** 

-						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2023-1041217		
	SILSBEE TOYOTA			Date Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	06/30/2023			
	being filed.		Date	Acknowledged:		
	CITY OF MCALLEN		Dute	Activo Medged.		
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 identify ded under the contract.	the co	ontract, and pro	vide a	
	PROJECT # 06-23-P61-01 6 NEW CURRENT MODEL VEHICLES					
4				Nature of		
ľ	Name of Interested Party	City, State, Country (place of busine	ess)		pplicable)	
-			-	Controlling	Intermediary	
DC	NALSON, ALEX	SILSBEE, TX United States		X		
			j			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION A			1		
	My name is A Clen Angell	and my date of t	oirth is	3/2	u 58	
	My address is 1396 Hay 399	E Silsber T	<b>X</b> .,	7766 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	11 7	y, State of, on the _	<u>30</u>		_, 2023.	
		D. of	(	(month)	(year)	
	<u>d</u>	Signature of authorized agent of cont	ractific	nusiness entity		
		(Declarant)	(	)		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		Certificate Number: 2023-1041066			
	Pitney Bowes Inc.		202.	2023-1041000			
	Stamford, CT United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	06/30/2023				
	being filed.		Date	Acknowledged:			
	City of McAllen			)5/2023			
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	/ide a		
	PROJECT NO. 05 23 S38 01 LEASE						
	LEASE OF A RELAY 7000 FOLDING/INSERTING SYSTEM I	BUYBOARD #656-21					
4	!			Nature of			
	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap	<u> </u>		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth i	s	·		
	My address is(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, on the	ne	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of c	ontractir	ng business entity			

_						1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USI	
1	Name of business entity filing form, and the city, state and count of business.	ntry of the business e	ntity's place	Certifi	ficate Number:	
	Pitney Bowes Inc.		1	2020	1041000	
	Stamford, CT United States		<b>!</b>	Date I	Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which	the form is	26-60-06 7.5	0/2023	
-	City of McAllen	Date /	Acknowledged:	:		
3	description of the services, goods, or other property to be provide	ity or state agency to ided under the contra	track or identify act.	the co	ntract, and pro	vide a
_	PROJECT NO. 05 23 S38 01 LEASE LEASE OF A RELAY 7000 FOLDING/INSERTING SYSTEM	BUYBOARD #656-7	21			
4	Name of Interested Party	City, State, Country	v (place of busing	ess)		of interest pplicable)
-			/ \P	`	Controlling	Intermediary
_						-
				$\top$		
				$\top$		
				$\Box$		
			-			
	Check only if there is NO Interested Party.					
1	UNSWORN DECLARATION					
1	My name is Bill Walter		, and my date of bi	irth is _	January 196	50
1	My address is 3001 Summer Street	, Stamford	, <u>C</u> ′		06926	, <u>USA</u> .
	(street)	(city)	(stat	ie)	(zip code)	(country)
ļ	I declare under penalty of perjury that the foregoing is true and correct	t.				
ı	Executed in Fairfield County,	y, State of <u>Connect</u>	icut, on the 3	<u>0th</u> da	ay of <u>June</u> (month)	, 20 <u>23</u> (year)
		Bill Wa	estor		(1110.11)	(you.,
		Signature of authoriz	ized agent of contra	acting	business entity	
			(Declarant)			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and coun	try of the business entity's pla	ace C	Certificate Number	:		
	of business.		2	2023-1042319			
	Holt Texas, Ltd. (d/b/a: Holt Cat Ltd.) San Antonio, TX United States		I.	Date Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form		07/06/2023			
_	being filed.						
	City of McAllen City Commission			Date Acknowledged: 07/06/2023			
3	Provide the identification number used by the governmental enti	, ,	identify tl	the contract, and provide a			
	description of the services, goods, or other property to be provided	ded under the contract.					
	PROJECT NO. 06-23-P62-01 PURCHASE OF ONE (1) LONG REACH EXCAVATOR						
	FUNCTIASE OF ONE (1) LONG REACTI EXCAVATOR						
4				Nature	of interest		
•	Name of Interested Party	City, State, Country (place o	of busines	·	applicable)		
				Controlling	Intermediary		
Н	DLT RICHTER, Corinna	SAN ANTONIO, TX Unite	ed States	X			
Н	DLT, Peter J.	SAN ANTONIO, TX Unite	d States	X			
М	orado, Santiago	Edinburg, TX United State	es		X		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	and my	date of hi	rth is			
		, s.id my					
	My address is						
	(street)	(city)	(stat	te) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	y, State of	on the	day of	, 20		
				(mont			
		Clamation of south 1		adia a bossis d	<u> </u>		
		Signature of authorized ager (Declara		acung business enti	ıy		

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 USI			
1	Name of business entity filing form, and the city, state and cou	intry of the business entity's place		ificate Number:			
	of business. Holt Texas, Ltd. (d/b/a: Holt Cat Ltd.)		202	2023-1042319			
	San Antonio, TX United States		Date	<b>Date Filed:</b> 07/06/2023			
2	Name of governmental entity or state agency that is a party to t	the contract for which the form is	07/0				
	being filed. City of McAllen City Commission		Date	Acknowledged:			
	City of Michigan City Commission						
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov		ntify the o	ontract, and pro	vide a		
	PROJECT NO. 06-23-P62-01						
	PURCHASE OF ONE (1) LONG REACH EXCAVATOR						
4					of interest		
	Name of Interested Party	City, State, Country (place of b	usiness)	(check a	pplicable) Intermediary		
	OLT DIGUTED Covings	SAN ANTONIO, TX United S	States	X	Intermediary		
HOLT RICHTER, Corinna		SAN ANTONIO, TA Office S	States	^			
Н	OLT, Peter J.	SAN ANTONIO, TX United S	States	х			
M	orado, Santiago	Edinburg, TX United States			X		
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Michael PURYEAR	, and my da	te of birth i	s 10 JUNE 195			
	My address is 1645 HARTFIELD RD.	, SEGUIN	, <u>TX</u> ,	78155	_,USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
	Executed in BEXAR Cour	nty, State ofTEXAS, on	the 6th	day of JULY	, <sub>20</sub> 23		
		11		day of JULY (month)	(year)		
		Dutal	pu	ryear			
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of business.	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2023-1043179		
	Frontera Materials Inc				- 1	
	elsa, TX United States		100000000000000000000000000000000000000	Filed:	- 1	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	07/07/2023			
	being filed.		Date Acknowledged:			
	City of McAllen	Date				
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	y or state agency to track or identify ed under the contract.	the co	ontract, and prov	vide a	
	05-23-SP26-90					
	Purchase of Caliche Flex Base					
_		ja ja		Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)	
		•		Controlling	Intermediary	
_						
_						
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			01 1		
	My name is brandon Henry	, and my date of	birth is	9/8/7	9	
	My address is 7500 N 3-d 5+ MAllen Tt, 78504, U.S.A. (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct					
	i deciale under penalty of perjury that the foregoing is the and correct		4	-	07	
	Executed in Holago County	, State of, on the		day of <u>line</u> (month)	, 20 <u>23</u> . (year)	
		# /				
			tro otio	a hucinose ontina		
	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.		CE	OFFICE USE				
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		Certificate Number: 2023-1043179				
	Frontera Materials Inc		202	2023-1043179				
	elsa, 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	07/0	07/07/2023				
	being filed.		Date	e Acknowledged:				
	City of McAllen			10/2023				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		ntify the	contract, and prov	vide a			
	05-23-SP26-90							
	Purchase of Caliche Flex Base							
4	!			Nature of				
-	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap				
				Controlling	Intermediary			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my dat	e of birth	is	·			
	My address is			,	.,			
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	y, State of, on	the					
				(month)	(year)			
	Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CF	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number:				
	EMS Holding Company LLC		2023-994226				
	Port Neches, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/14/2023				
	being filed.		D-4-	. A almanula dara di			
	City of McAllen			ate Acknowledged: 3/29/2023			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ontract, and prov	vide a				
	Project No. 01-23-S24-01 Deployable Coronavirus Disease 2019 Diagnostic Testing and	d Immigrant Processing Center Ma	nager	nent			
4	· ·			Nature of			
•	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap			
				Controlling	Intermediary		
Jackson, Kenneth		Fishers, IN United States		Х			
Cauthen, Larry		Nederland, TX United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	S			
	My address is(street)		tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	xt.					
	Executed inCounty	y, State of, on the		_day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						

### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2023-994226 Lonestar Ambulance Inc San Antonio, Texas, United States Date Filed: 03/14/2023 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 01-23-S24-01 Service Contract for Deployable Coronavirus Disease 2019 (COVID-19) Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary Х Jackson, Kenneth Fishers, IN United States Nederland, TX United States Х Cauthen, Larry 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is LANY CAULASN and my date of birth is 3-5-55. My address is 3108 Price St Nederly [X, 77627]. (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Mellon Hidalso County, State of Town, on the 15 day of Murch, 2023. Signature of authorized agent of contracting business entity

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			ERTIFICATION	OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's pla		Certificate Number: 2023-1046424			
	Pathmark Traffic Equipment, LLC						
_	SAN MARCOS, TX United States			te Filed: /14/2023			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form i	s on	14/2020			
	City of McAllen			te Acknowledged: /17/2023			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		dentify the	contract, and prov	√ide a		
	PROJECT NO. 07-23-P65-01						
	EMERGENCY REPLACEMENT SIGN MATERIALS						
4				Nature of			
	Name of Interested Party	City, State, Country (place of	f business)	<u> </u>			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		date of birth	ı is	·		
	My address is(street)	,(city)	, (state)	_,(zip code)	(country)		
	(2.2.2)	(- 4)	(,	(	(1111)		
	I declare under penalty of perjury that the foregoing is true and correc	t.					
	Executed inCounty	y, State of,	on the		, 20		
				(month)	(year)		
		Signature of authorized agent (Declaran		ing business entity			

FORM **1295** 

				OFFICE LISE	ONLY		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
-	•	mu of the business antitute place			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: 2023-1046424			
	Pathmark Traffic Equipment, LLC						
	SAN MARCOS, TX United States		Date F				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/14	/2023			
	being filed. City of McAllen		Date /	Acknowledged:			
	City Of Michigh			•			
3	Provide the identification number used by the governmental entit	ty or state agency to track or identify	the co	ntract, and prov	ide a		
3	description of the services, goods, or other property to be provided	led under the contract.		•			
	PROJECT NO. 07-23-P65-01						
	EMERGENCY REPLACEMENT SIGN MATERIALS						
<del> </del>				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap			
L				Controlling	Intermediary		
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١.	Check only if there is NO Interceted Party						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
ľ							
	My name is Rick Brushaber	, and my date of	f birth is	07/28/1970	·		
		T	<b>"</b> Y	70000	115		
	My address is 4435 Hunter Rd	, Oatt Marcos	rx .	78666 (zip code)	_, <u>U, S</u> . (country)		
	(street)	(city) (s	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	rt					
	i deciare under perially of perjury that the foregoing is tide and come						
	Executed in Hays Count	ty, State of Texas , on the	14	day of July	, 20 <u>23</u>		
۱		111		(month)	(year)		
		5/1//					
		11/1/					
	<del>//</del>	Signature of authorized agent of co	ntractin	g business entity			
L		(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.		CF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number: 2023-1053561		
	Arlington, TX United States			e 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	10111110	01/2023  e Acknowledged:		
	City of McAlleri			01/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 6-23-P67-01 Eighteen (18) Traffic Signal Cabinets		ck or identify the	contract, and prov	ride a	
4				Nature of	interest	
•	Name of Interested Party	City, State, Country (p	lace of business)			
Pı	iester, Jerry	Arlington, TX United	States	Controlling X	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, ar	nd my date of birth	is	<del>.</del>	
	My address is(street)		,, (state)	,(zip code)	,	
		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct		an the	day of	20	
	Executed inCount	ty, State of	, on the	_day of (month)	, 20 (year)	
		Signature of authorized	d agent of contracti	ng business entity		

						1 0† 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			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			Certificate Number:			
	of business. Paradigm Traffic Systems, Inc.			202	23-1053561		
	Arlington, TX United States			Dat	e Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	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			Date	e Acknowledged:		
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided in the control of the services.			identify the	contract, and pro	vide a	
	06-23-P67-01						
	Eighteen (18) Traffic Signal Cabinets						
4						finterest	
	Name of Interested Party	City, Sta	ite, Country (place o	f business)	(check ap	pplicable) Intermediary	
_		Alit.	TV Heited Ctate			intermediary	
ΡI	riester, Jerry	Ariingto	on, TX United State	es	X		
		<u> </u>					
		<del>                                     </del>					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Robert Kelly		, and my	date of birth	is06-30-1	971	
	My address is 2201 E. Division St.	,	Arlington	,TX	,76011	, <u>USA</u> .	
	(street)		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
	Executed inCoun	nty, State of	Texas,	on the <u>1st</u>	day of <u>August</u>	, 20 <u>23</u>	
			$\bigcirc$ /		(month)	(year)	
		a					
		Cianatu	ro of authorized agen	t of contract	na hucinaca antiti		
		Signatu	re of authorized agen		ng business entity		

**FORM 1295** 

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Halff Associates, Inc.	Certificate Number: 2023-1050838
	Richardson, 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.	07/25/2023
	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.

02-22-S26-520

El Rancho Drainage Improvements

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Sagel, Joseph	Richardson, TX United States	×		
Tanksley, Dan	Richardson, TX United States	Х		
Baker, Jessica	Richardson, TX United States	×		
Bertram, Shawn	Austin , TX United States	×		
Delgado, Jose	McAllen, TX United States	×		
Edwards, Mark	Richardson, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	×		
Jackson, Todd	Austin, TX United States	×		
Killen , Russell	Richardson, TX United States	X		
Hollis, Leigh	Frisco, TX United States	Х		
Miller, Steven	Austin, TX United States	Х		
Moya, Mike	Austin, TX United States	х		
Murray, Menton	McAllen, TX United States	×		
Pylant, Ben	Fort Worth , TX United States	×		

FORM **1295** 

					2 01 2	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2023-1050838		
	Halff Associates, Inc.			0 1000000		
	Richardson, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	07/2	25/2023		
	City of McAllen		Date	e Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ify the c	contract, and pro	vide a	
	02-22-S26-520					
	El Rancho Drainage Improvements					
4					f interest	
•	Name of Interested Party	City, State, Country (place of bus	iness)		pplicable)	
				Controlling	Intermediary	
				<u> </u>		
				ļ		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Kristina Leal	, and my date	of birth i	o2/27/197	6	
	My address is 5000 West Military Hwy.Suite 100	McAllen	ГΧ	78503	USA	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	it.				
	Executed in Hidalgo County	y, State of <b>Texas</b> , on th	<sub>e</sub> 25	_day of _July	20_23	
				(month)	(year)	
		/A	Н			
	<del></del>	Signature of authorized agent of c	ontractir	ng business entity		
		(Declarant)		•		

FORM **1295** 

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Halff Associates, Inc.	Certificate Number: 2023-1050838
2	Richardson, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is	<b>Date Filed:</b> 07/25/2023
	being filed. City of McAllen	Date Acknowledged: 07/26/2023

Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

02-22-S26-520

El Rancho Drainage Improvements

4 Name of Interested F	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
Sagel, Joseph		Richardson, TX United States	×	
Tanksley, Dan		Richardson, TX United States	Х	
Baker, Jessica		Richardson, TX United States	х	
Bertram, Shawn		Austin , TX United States	х	
Delgado, Jose		McAllen, TX United States	х	
Edwards, Mark		Richardson, TX United States	х	
Ickert, Andrew		Fort Worth, TX United States	х	
Jackson, Todd		Austin, TX United States	х	
Killen , Russell		Richardson, TX United States	х	
Hollis, Leigh		Frisco, TX United States	х	
Miller, Steven		Austin, TX United States	х	
Moya, Mike		Austin, TX United States	х	
Murray, Menton		McAllen, TX United States	х	
Pylant, Ben		Fort Worth , TX United States	х	

					2 of 2	
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USI		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION	I OF FILING	
1	of business.	ry of the business en		Certificate Number: 2023-1050838		
	Halff Associates, Inc.					
	Richardson, TX United States			Date Filed:		
2	being filed.	contract for which t		07/25/2023		
	City of McAllen			Date Acknowledged: 07/26/2023	·	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided			the contract, and pro	vide a	
	02-22-S26-520					
	El Rancho Drainage Improvements					
4					of interest	
	Name of Interested Party	City, State, Country	y (place of busine		pplicable)	
		ı		Controlling	Intermediary	
					<u> </u>	
_	Charle only if there is NO Interceted Party					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		, and my date of b	oirth is	·	
	My address is			,	_,	
	(street)	(city)	(sta	ate) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	/, State of	, on the _			
				(month)	(year)	
		Signature of author	rized agent of conti (Declarant)	tracting business entity		

FORM **1295** 

L						
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certificate Number:			
	METALWOOD Builders			-		
	Harlingen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	08/09/2023			
	being filed.		Date Acknowle	odaad:		
	City of McAllen		Date MCK/IUWIE	ayeu.		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.				
	07-23-C41-01					
	Exterior Stucco Work					
	1		NI A	ture of interest		
4	Name of Interested Party	City, State, Country (place of busine		neck applicable)		
	rating of interested fairly	and the second s	Control			
				1	<u>y</u>	
				ļ		
		<del>, , , , , , , , , , , , , , , , , , , </del>				
	·					
		,				
				-		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			1 1		
	My name is SOSE AURELIO TURRUBIA	h .	birth is $\frac{12}{}$	24/1969	•	
	My address is 18703 STARBUCK Rd. (street)	, HARLINGEN, T (city) (st	185 ate) (zip co	52, <u> </u>	<u>'                                    </u>	
	I declare under penalty of perjury that the foregoing is true and correct.  Executed in					
		Signature of authorized agent of cont	racting business	entity	<del>-</del>	
		(Declarant)				

FORM **1295** 

$\vdash$						
	Complete 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: 2023-1057841		
	METALWOOD Builders		2020	2-1021041		
	Harlingen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	08/0	09/2023		
	being filed.		Date Acknowledged:			
	City of McAllen			.6/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		fy the c	ontract, and prov	/ide a	
	07-23-C41-01	ieu unuei une commuce.				
	Exterior Stucco Work					
	Entitle States I.S.N					
4	St. Control Ports	St. St. S. stm./place of book		Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
				Controlling	Intermediary	
<u> </u>						
	!			+ +	<u> </u>	
_						
<u> </u>						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	s		
	My address is		,			
	(street)	(city)	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	y, State of, on the	)			
				(month)	(year)	
İ						
		Signature of authorized agent of co	ntractin	ng business entity		

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of business.  The Salvation Army McAllen/Hidalgo County McAllen, TX United States	y of the business entity's place	Certificate Number: 2023-1061284 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen		08/17/2023  Date Acknowledged:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided E-21-MC-48-0506  Emergency Shelter; Feeding Program; Social Services		the cor	ntract, and prov	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of	plicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	My name is Major III ZUNGA	, and my date of b	oirth is_	01/12	1977
	My address is [600 0 23 cd (street)	McAllen X (sta		78501 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.  Executed in				
	Signature of authorized agent of contracting blainess entity (Declarant)				

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE 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: 2023-1061284			
	The Salvation Army McAllen/Hidalgo County						
	McAllen, TX United States	cAllen, TX United States					
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	08/2	17/2023			
	being filed. City of McAllen						
	City of Michieff			Date Acknowledged: 08/18/2023			
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 ide led under the contract.	ntify the	y the contract, and provide a			
	E-21-MC-48-0506						
	Emergency Shelter; Feeding Program; Social Services						
_				Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	plicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my dat	e of birth	is	·		
	My addraga 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		, 20		
				(month)	(year)		
	<del>-</del>	Signature of authorized agent of (Declarant)	contracti	ng business entity	_		

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
	Name of business entity filing form, and the city, state and countr of business. InterClean Equipment, LLC Ypsilanti, MI United States	y of the business entity's place	2023 Date	Certificate Number: 2023-1062692 Date Filed:			
	Name of governmental entity or state agency that is a party to the being filed. City of McAllen		08/22/2023  Date Acknowledged:				
	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  07-23-P71-01 This supercedes cert # 2023-1061198 - Purchase and installation of a Bus Wash System						
4	Name of Interested Party	City, State, Country (place of busin	Nature of interest (check applicable)  Controlling Intermedia				
Inte	erClean Equipment, LLC	Ypsilanti, MI United States			X		
5	Check only if there is NO Interested Party.						
6 (	JNSWORN DECLARATION						
ı	My name is Greg Harvey	, and my date of	f birth is	15- AUG-	1985		
	My address is 709 Tames L. Hart PKW  Mariane W  declare under penalty of perjury that the foregoing is true and correct	, (,)	state)	(zip code)	, <u>Wishto</u> xu (country)		
	NOTARY PUBLIC, STATE OF MICHIGAN COUNTY OF LENAWEE	, State of Michigan on the	23 c	day of Avgus (month)	<u>(Year)</u> (year)		
	My Commission Expires 09-24-2027 Acting in the County of Washlenau	Signature of authorized agent of co	ntractin	g business entity			

FORM **1295** 

						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's	-	Certificate			
	InterClean Equipment, LLC		2020-100 <i>i</i>	2002			
	Ypsilanti, MI United States			Date Filed:	:		
2		e contract for which the fo	orm is	08/22/202			
-	being filed.						
	City of McAllen			Date Acknowledged: 08/24/2023			
Provide the identification number used by the governmental entity or state agency to track or identify the contract, a description of the services, goods, or other property to be provided under the contract.						ride a	
	07-23-P71-01 This supercedes cert # 2023-1061198 - Purchase and installa	ation of a Bus Wash Syst	em				
1					Nature of	interest	
4	Name of Interested Party	City, State, Country (pla	ce of busine	ess)	plicable)		
				Co	ntrolling	Intermediary	
Int	terClean Equipment, LLC	Ypsilanti, MI United St	tates			Х	
5	Check only if there is NO Interested Party.			•	'		
6	UNSWORN DECLARATION						
	My name is	, and	I my date of b	oirth is			
	My address is	,	,			,	
	(street)	(city)		ate) (z	zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of	, on the _	day of		, 20	
				-	(month)	(year)	
		Signature of authorized a	agent of control	racting busi	ness entity		
		(DCC	,				

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certi	ificate Number: 3-1066406	0		
	Trane U.S. Inc.						
	San Antonio, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	08/3	0/2023			
	being filed.		L				
	City of McAllen			Date Acknowledged: 08/31/2023			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the c	ontract, and prov	vide a		
	08-23-P73-01						
	08-23-P73-01 purchase & installation – hvac repairs at IMAS						
4	•			Nature of			
ľ	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap			
L				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	6			
	My address is(street)	(city) (s	tate)	(zip code)	, (country)		
	I declare under penalty of perjury that the foregoing is true and correc	**					
	Executed inCounty	y, State of, on the		day of(month)	, 20 (year)		
				(monu)	(year)		
		Signature of authorized agent of cor (Declarant)	ıtractin	g business entity			

FORM **1295** 

							1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	95				OFFICE USE	
1	Name of business entity filing form, and the city, state and		y of the business entity's p	lace		cate Number:	OF FILING
	of business.		,		2023-3	1066406	
	Trane U.S. Inc. San Antonio, TX United States				Date F	ilad:	
2	Name of governmental entity or state agency that is a part	v to the	contract for which the form		08/30/		
_	being filed.	,	contract for which the form				
	City of McAllen				Date A	cknowledged:	
_	Duovide the identification number used by the revenues at	al antitu	, an atata ananay ta traak a	r idontify (	the eet	atroot and area	ido o
3	Provide the identification number used by the government description of the services, goods, or other property to be			r identity t	ne cor	itract, and prov	ride a
	08-23-P73-01 08-23-P73-01 purchase & installation – hvac repairs at	IMAS					
	Two repairs at	11717 (0					
4	Name of Internated Books		Oite Otata Occuptor (alexa			Nature of	
	Name of Interested Party		City, State, Country (place	of busine	ss)  -	(check ap	Intermediary
					$\dashv$	Controlling	intermediary
					$\dashv$		
					$\dashv$		
					$\dashv$		
					$\dashv$		
					+		
					$\dashv$		
5	Check only if there is NO Interested Party.						
	x						
6	UNSWORN DECLARATION						
	My name isMatt Wieand		, and m	y date of b	irth is _	05/01/1974	·
	My address is9535 Ball Street, Suite 1100		San Antonio	T>	<b>〈</b> , _	78217	, _US
	(street)		(city)	(sta	te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and	correct.					
	Executed in Bexar	County.	State ofTexas	, on the 3	0 <sub>ds</sub>	ay of August	, 20 23
				_,		(month)	(year)
		Wh					
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count	try of the business entity's place	-	ificate Number:	OF FILING	
	of business.	, , , , , , , , , , , , , , , , , , , ,		3-1066543		
	Reeder Distributors, Inc Fort Worth, TX United States		Date Filed:			
2		of governmental entity or state agency that is a party to the contract for which the form is				
_	being filed.	e contract for which the form is				
	City of McAllen		Date Acknowledged: 09/05/2023			
3	Provide the identification number used by the governmental enti	ty or state agency to track or identif			vide a	
3	description of the services, goods, or other property to be provide		y tile c	ontract, and pro-	nuc u	
	08-23-P70-01					
	Maintenance shop equipment.					
4	!			Nature of		
	Name of Interested Party	City, State, Country (place of busin	ness)	<del> </del>	plicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	5	_	
	,		~	-		
	My address is		,		,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCounty	v. State of		day of	20	
	County	,, s.a.o or, or the		(month)	, 20 (year)	
		Cignoture of outbodies described	atro at!	a huginosa antita		
		Signature of authorized agent of cor (Declarant)	itractin	g business entity		

FORM 1295

1011						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ON CERTIFICATION OF			
1	Name of business entity filing form, and the city, state and count of business.  Reeder Distributors. Inc	try of the business entity's place	Certificate Number: 2023-1066543			
	Fort Worth, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	08/31/2023			
	being filed. City of McAllen	Date Acknowledged:				
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided to the services.	ity or state agency to track or identify ded under the contract.	the contract, and provide a	a		
	08-23-P70-01 Maintenance shop equipment.					
4	Name of Interested Party	50 9 950	Nature of interest (check applicable)			
_			Controlling Inte	ermediary		
2						
5	Check only if there is NO Interested Party.			3		
6	UNSWORN DECLARATION					
	My name is Adam (Celley  My address is 4606 Rock Nettle	, and my date of	birth is $0/23/81$			
	My address is 4606 Rock Nettle (street)	(city) (st	×, 782 47, U (zip code) (co	SA ountry)		
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed in Bexar Count	y, State of TEXAS, on the	day of August, 2	0 23. (year)		
		Signature of authorized agent of con	tracting business entity			
		(Declarant)	domess criticy			

								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 part	ties.					OFFICE USE		
1	Name of business entity filing form, and the city, state an of business.  Daikin Applied Americas Inc. d/b/a Daikin Applied	nd country	of the bu	siness er	ntity's place	Certificate Number: 2023-1067890			
	Minneapolis, MN United States					Date I	Filed:		
2	•	rty to the	contract f	or which	the form is	09/05	/2023		
	City of McAllen					Date /	Acknowledged:		
3	Provide the identification number used by the government description of the services, goods, or other property to be PROJECT NO. 08-23-P72-01 PURCH Installation of Chiller					the co	ntract, and pro	vide a	
4						T	Nature o	f interest	
4	Name of Interested Party		City, State	e, Country	/ (place of busir	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
_			. A . A II	TV 11.3			Controlling	Intermediar	
C	ty of McAllen		MCAllen	TX Unit	ed States		X		
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is Dillon Varner				, and my date of	birth is		·	
	My address is12100 Crownpoint Drive, Suite 150		,San	Antonio	,Т	X, _	78233	, <u>USA</u> .	
	(street)			(city)	(s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true an	nd correct.							
	Executed in Bexar	County,	State of _	Texas	, on the	_5th_d	ay of <u>Septembe</u>	er_, 20 <u>23</u> .	
							(month)	(year)	
			Dill	lon V	arner				
	_		Signature	of author	ized agent of cor (Declarant)	ntracting	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.	<del>_</del>		OFFICE USI	_		
				CERTIFICATION	1 OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	try of the business er	ntity's place	Certificate Number:			
	Daikin Applied Americas Inc. d/b/a Daikin Applied			2023-1067890			
	Minneapolis, MN United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to th	ne contract for which	the form is	09/05/2023	05/2023		
	being filed.			1			
	City of McAllen			Date Acknowledged	:		
				09/06/2023			
3	Provide the identification number used by the governmental enti			the contract, and pro	ovide a		
	description of the services, goods, or other property to be provided	dea unaer the contrac	ct.				
	PROJECT NO. 08-23-P72-01 PURCH						
	Installation of Chiller						
4		Ī		Nature o	of interest		
4	Name of Interested Party	City, State, Country	y (place of busine	ess) (check a	pplicable)		
		<u> </u>		Controlling	Intermediary		
Ci	ty of McAllen	McAllen, TX Unite	ed States	Х			
					<u> </u>		
					<del> </del>		
					<del> </del>		
					<u> </u>		
5	Check only if there is NO Interested Party.						
	Check only it dicre is no interested tarty.						
6	UNSWORN DECLARATION						
	My name is	·	, and my date of b	birth is	·		
	My address is						
	(street)	,(city)		tate) (zip code)	(country)		
	(5.155)	\ <b>&gt;</b> /	X	(L.F)	(000),		
	I declare under penalty of perjury that the foregoing is true and correc	ct.					
	Executed inCounty	ty, State of	, on the _				
				(month)	) (year)		
ĺ		Signature of author	rized agent of cont (Declarant)	tracting business entity	,		

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Cert	tificate Number:	OF FILING
	Texair Company Inc		202	3-1068629	
	McAllen, 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	09/0	06/2023	
	being filed.		Doto	A aknowladgadı	
	City of McAllen			e Acknowledged: 06/2023	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided				ide a
	08-23-P68-03				
	Emergency Replacement of Liebert Air-Cooled Condenser				
4				Nature of interest (check applicable)  Controlling Intermediary  X  X	
	Name of Interested Party City, State, Country (place of busine		iness)	<u> </u>	
					intermediary
W	ebb, James, JR	MCALLEN, TX United States		X	
W	ebb, James, III	MCALLEN, TX United States		Х	
Do	obbs, Justin	McAllen, TX United States		X	
				1	
				+	
				<del>                                     </del>	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth i	s	
	My address is(street)	(city)	(state)	,, (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Executed inCounty		۵	day of	20
	County	,, c.a.o or, on the		(month)	
		Signature of authorized agent of c (Declarant)	ontractir	ng business entity	

									1 0f 1		
	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no interested complete Nos. 1, 2, 3, 5, and 6 if there are no interested to the complete Nos. 2 and 5 if there are no interested to the complete Nos. 2 and 5 if there are interested to the complete Nos. 2 and 5 if there are interested to the complete Nos. 2 and 5 if there are interested to the complete Nos. 2 and 5 if there are interested to the complete Nos. 2 and 5 if there are interested to the complete Nos. 2 and 5 if there are interested to the complete Nos. 2 and 5 if the complete Nos. 2 an		S.				CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the of business.	ity, state and	countr	y of the bu	siness er	ntity's place		Certificate Number: 2023-1068629			
	Texair Company Inc										
_	McAllen, TX United States							<b>Date Filed:</b> 09/06/2023			
2	Name of governmental entity or state agency being filed.  City of McAllen	that is a party	y to the	contract fo	or which t	the form is		Date Acknowledged:			
	City of McAlleri							<b>3</b>			
3	Provide the identification number used by the description of the services, goods, or other p 08-23-P68-03	roperty to be	provide				ify the c	ontract, and pro	vide a		
	Emergency Replacement of Liebert Air-Coo	oled Condens	ser								
4									f interest		
	Name of Interested Party City, State, C		, Country	/ (place of bus	siness)		pplicable) Intermediary				
								Controlling	Intermediary		
W	ebb, James, JR			MCALLE	:N, IX U	nited States		X			
W	ebb, James, III			MCALLE	N, TX U	nited States		X			
D	obbs, Justin			McAllen,	TX Unite	ed States		Х			
_											
5	Check only if there is NO Interested Party.										
6	UNSWORN DECLARATION										
	My name is James E Webb, Jr				!	, and my date	of birth is	MAY 06, 1	945		
	My address is 312 W Redbud Ave			, <u>McAl</u>	len		TX,	78503	, <u>Hidalgo</u> .		
	(street)				(city)		(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing	· ·									
	Executed in	Hidalgo	County,	State of T	exas	, on th	e <u>6</u>	day of Septemb	er <sub>, 20</sub> 23 (year)		
					) a	ann					
				Signature	of author		ontactin	g 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.			FFICE USE		
1	•		CERT	IFICATION	OF FILING	
1	Name of business entity filing form, and the city, state and country of business.		ate Number:			
	Artillery L.L.C.	2023-10	073241			
	EDINBURG, TX United States	Date Filed:				
2	Name of governmental entity or state agency that is a party to the cobeing filed.	ontract for which the form is	09/19/2	.023		
	City Of McAllen		Date Ac	knowledged:		
			Dute No	owicugea.		
3	Provide the identification number used by the governmental entity o	or state agency to track or identify	the cont	ract, and prov	/ide a	
	description of the services, goods, or other property to be provided 06-23-C35-335	under the contract.				
	Verdin Avenue Storm Sewer					
4	None of later and D			Nature of		
	Name of Interested Party Ci	ity, State, Country (place of busine	-	-	pplicable)	
Ci	to of Ma Aller			Controlling	Intermediary	
CI	ty of McAllen	McAllen, TX United States	\ \ \	·	P.	
			_			
			_			
			_			
			_			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Joe Bo Gas	, and my date of bi	rth is	5/3/198	37	
	My address is 22604 N, SK; NR, R)	FL / M	( -	20538	110	
	(street)	(city) (state	e)	(zip code)	(country)	
	declare under penalty of perjury that the foregoing is true and correct.					
			oth			
	Executed inCounty, Sta	ate of Texas, on the 1	7′_day 0	of September	<sup>2</sup> c, 20 <u>33</u> .	
		1	7	(montn)	(year)	
		1/2 0/				
	Sit	ignature of authorized agent of contra	ctina hu	siness entity		
		(Declarant)	.curig but	ceoo criticy		

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			FFICE USE		
1	•		CERT	IFICATION	OF FILING	
1	Name of business entity filing form, and the city, state and country of business.		ate Number:			
	Artillery L.L.C.	2023-10	073241			
	EDINBURG, TX United States	Date Filed:				
2	Name of governmental entity or state agency that is a party to the cobeing filed.	ontract for which the form is	09/19/2	.023		
	City Of McAllen		Date Ac	knowledged:		
			Dute No	owicugea.		
3	Provide the identification number used by the governmental entity o	or state agency to track or identify	the cont	ract, and prov	/ide a	
	description of the services, goods, or other property to be provided 06-23-C35-335	under the contract.				
	Verdin Avenue Storm Sewer					
4	None of later and D			Nature of		
	Name of Interested Party Ci	ity, State, Country (place of busine	-	-	pplicable)	
Ci	to of Ma Aller			Controlling	Intermediary	
CI	ty of McAllen	McAllen, TX United States	\ \ \	·	P.	
			_			
			_			
			_			
			_			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Joe Bo Gas	, and my date of bi	rth is	5/3/198	37	
	My address is 22604 N, SK; NR, R)	FL / M	( -	20538	110	
	(street)	(city) (state	e)	(zip code)	(country)	
	declare under penalty of perjury that the foregoing is true and correct.					
			oth			
	Executed inCounty, Sta	ate of Texas, on the 1	7′_day 0	of September	<sup>2</sup> c, 20 <u>33</u> .	
		1	7	(montn)	(year)	
		1/2 0/				
	Sit	ignature of authorized agent of contra	ctina hu	siness entity		
		(Declarant)	.curig but	ceoo criticy		

					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.		ł	OFFICE USE	
1	of business.  LJH Services, Inc.			ertificate Number: 023-1072698 ate Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.  City of Mcallen	contract for which the form is	09/18/2023  Date Acknowledged:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide 06-23-S46-60 Portable toilet Rentals and Hand wash Stations		the co	ontract, and prov	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling	I
Н	ernandez, Lisandro	Edinburg, TX United States		Х	
	·				
		· · ·			
5	Check only if there is NO Interested Party.			•	
6	unsworn declaration  My name is Lisandro Hemandez	•		Silvia	12002
	My address is 5405 E. Texas Rd	, and my date of I Edinburg T	birth is	<u>01/16</u> 7854a	Hidala
	(street)	(city) (st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.  Executed inCounty,		18 °	lay of <u>Septer</u> (month)	1 <u>bb</u> o <u>23.</u> (year)
		Signature of authorized agent of countries (Declarant)	racting	business entity	

FORM **1295** 

of business. L3H Services, Inc. Edinburg, TX United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Micalien  3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provid description of the services, goods, or other property to be provided under the contract.  66-23-S46-60  Portable toilet Rentals and Hand wash Stations  4 Name of Interested Party  City, State, Country (place of business)  Mature of in (check appl Controlling In (check appl Controlling In Interested Party)  Hermandez, Lisandro  5 Check only if there is NO Interested Party.  5 Universal of the services of the se	1011		
of business. LDH Services, Inc. Edinburg, TX United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Micalien  3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provid description of the services, goods, or other property to be provided under the contract. 06/-23-546-60  Portable toilet Rentals and Hand wash Stations  4 Name of Interested Party  City, State, Country (place of business)  Nature of in (check application)  Nature of in (check application)  Edinburg, TX United States  X  Hermandez, Lisandro  Edinburg, TX United States  X  States  Controlling In the services of t			
L3H Services, Inc. Edinburg, TX United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. City of Mcallen  3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provid description of the services, goods, or other property to be provided under the contract. 06-23-S46-60 Portable toilet Rentals and Hand wash Stations  4 Name of Interested Party  City, State, Country (place of business) Controlling Hermandez, Lisandro  Edinburg, TX United States  X  State Country (place of business) Controlling  Interested Party  UNSWORN DECLARATION  My name is  Interested Party  I declare under penalty of perjury that the foregoing is true and correct.  Executed in  County, State of  County, State of  Country, State of  Country, State of  Country (place of business)  Oate Acknowledged:  Oate Ac			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. City of Mcallen  2 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. 06-23-S46-60 Portable toilet Rentals and Hand wash Stations  4 Name of Interested Party  City, State, Country (place of business)  Nature of In (check appl Controlling In Controlling In Interested Party Interested Pa			
being filed. City of Mcallen  Date Acknowledged: 09/19/2023  3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provid description of the services, goods, or other property to be provided under the contract.  06-23-S46-60 Portable toilet Rentals and Hand wash Stations  4 Name of Interested Party  City, State, Country (place of business)  Edinburg, TX United States  X    Nature of in (check application)   Controlling   Interested Party   Controlling   I			
City of Mcallen  Date Acknowledged: 09/19/2023 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provid description of the services, goods, or other property to be provided under the contract.  OF-23-S46-60 Portable toilet Rentals and Hand wash Stations  4 Name of Interested Party  City, State, Country (place of business)  Nature of in (check appl)  Controlling   I    Controlling   I    Controlling   I    State   I    Stat			
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provid description of the services, goods, or other property to be provided under the contract.  06-23-S46-60 Portable toilet Rentals and Hand wash Stations  4 Name of Interested Party City, State, Country (place of business)  Nature of in (check appl Controlling   Interested Party   Inte			
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provid description of the services, goods, or other property to be provided under the contract.  06-23-S46-60 Portable toilet Rentals and Hand wash Stations  4 Name of Interested Party  City, State, Country (place of business)  Nature of in (check appl Controlling In Interested Party)  Edinburg, TX United States  X    Controlling Interested Party   Controlling Interested			
description of the services, goods, or other property to be provided under the contract.  06-23-S46-60 Portable toilet Rentals and Hand wash Stations  4			
Portable toilet Rentals and Hand wash Stations    A   Name of Interested Party   City, State, Country (place of business)   Nature of incheck application of Controlling   Interested Party   Edinburg, TX United States   X   Part   Par	de a		
Name of Interested Party  City, State, Country (place of business)  Controlling Internandez, Lisandro  Edinburg, TX United States  X  Edinburg, TX United States  X  State of			
Name of Interested Party  City, State, Country (place of business)  Controlling  Internandez, Lisandro  Edinburg, TX United States  X  Edinburg, TX United States  X  Check apply  Internandez, Lisandro  Edinburg, TX United States  X  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  Edinburg, TX United States  E	interest		
Hernandez, Lisandro  Edinburg, TX United States  X  State of	pplicable)		
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My address is	Intermediary		
My name is			
My name is			
My name is			
My name is			
My name is			
My name is			
My name is			
My name is			
My name is			
My address is			
My address is			
(street) (city) (state) (zip code)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in County, State of, on theday of (month)  Signature of authorized agent of contracting business entity			
(street) (city) (state) (zip code)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in County, State of, on theday of (month)  Signature of authorized agent of contracting business entity			
Executed inCounty, State of, on theday of(month)  Signature of authorized agent of contracting business entity	(country)		
Signature of authorized agent of contracting business entity			
Signature of authorized agent of contracting business entity	, 20		
	(year)		
(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.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2023-1073163			
	M.J.A. Construction, LLC		202	.0-1010100		
	Mission, Tx. 78574, TX United States		Date	e Filed:		
2		e contract for which the form is		18/2023		
	being filed.					
	City of McAllen			e Acknowledged: 19/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided to the services.		itify the o	contract, and prov	∕ide a	
	07-23-C38-501 Mona Avenue Drainage Improvements Project No. 07-23-C38	3-501				
_	1			Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap	olicable)	
				Controlling	Intermediary	
Go	onzalez, Sonya	MISSION, TX United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	e of birth i	is	·	
	My address is					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of, on t	the	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of	contractir	ng business entity		
		(Declarant)				

								1 0f 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	rties.					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:				
	M.J.A. Construction, LLC					2023	-1073163	
	Mission, Tx. 78574, 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.					3/2023		
	City of McAllen					Date /	Acknowledged:	
3	Provide the identification number used by the governme description of the services, goods, or other property to I					y the co	ontract, and pro	vide a
	07-23-C38-501 Mona Avenue Drainage Improvements Project No. 07	7-23-C38-	-501					
4							Nature o	f interest
•	Name of Interested Party		City, Stat	e, Country	(place of busin	ness)		oplicable)
							Controlling	Intermediary
G	onzalez, Sonya		MISSIO	N, TX Un	ited States		X	
		$\longrightarrow$						
		$\neg \uparrow$						
		$\longrightarrow$						
		-+						
		•						
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Sonya A. Gonzalez				and my date of	birth is	July 1, 197	5
	My address is 3100 Hackberry Ave.		, Mis	ssion	-	Гх <u>,</u>	78574	,_USA
	(street)			(city)	(\$	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true a	nd correct.						
	Executed in Hidalgo	County	State of _	Texas	, on the	18th d	<sub>lay of</sub> Septemb	oer <sub>, 20</sub> 23 .
					, 50		(month)	(year)
			<	/	188			
	-		Signatur	author	ized agent of cor	ntracting	business entity	
			6		(Doclarant)	_	•	

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nps. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-1074260 WCD Enterprises, LLC SCOTTSDALE, AZ 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. 09/20/2023 Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Janitorial Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Intermediary Controlling 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION I declare under penalty of perjury that the foregoing is true and correct.

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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count	 try of the business entity's place		ificate Number:	
	of business.			3-1074260	
	WCD Enterprises, LLC			. eu. a	
	SCOTTSDALE, AZ United States			e Filed: 20/2023	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/2	.0/2023	
	City of McAllen			Acknowledged: 21/2023	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or ide ded under the contract.	ntify the c	ontract, and prov	/ide a
	06-23-S47-234				
	Janitorial Services				
4				Nature of	
	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my da'	te of birth is	s	·
	My address is	,	,,		,
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	xt.			
	Executed inCounty	y, State of, on	the		, 20
				(month)	(year)
		Signature of authorized agent of	f contractin	ng business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		С	OFFICE USI	
1	Name of business entity filing form, and the city, state and cour of business.		Certificate Number: 2023-1074747		
	Randall Reed's Planet Ford 635				
2	GARLAND, TX United States  Name of governmental entity or state agency that is a party to the	he contract for which the for		ite Filed: 0/21/2023	
	being filed.			ate Acknowledged:	
	City of McAllen			ne Ackilowieugeu.	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided.	tity or state agency to track o	or identify the	contract, and pro	vide a
	COOP PROJECT NO. 09-23-P74-01	idea under the contract.			
	PROJECT NO. 09-23-P74-01 PURCHASE OF NINE (9) NEV	W CITY VEHICLES			
4					f interest
	Name of Interested Party	City, State, Country (place	of business	) (check a Controlling	pplicable) Intermediary
S	ARAC, ADMIR	GARLAND, TX United S	States	Controlling	X
_		,			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Admir Sarac	, and m	ny date of birth	n is <u>03/17/196</u>	<u> </u>
	My address is 3601 S Shiloh Rd	Garland	, TX	75041	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed in Dallas Coun	nty, State of Texas	on the 21	dov of Septem	nber <sub>o</sub> 23
	Coun	ny, State OI	_, 011 (118	day ofi (month)	
		Admir Sarac			
		Ydmur Jarac Signature of authorized ag	ent of contrac	ting husiness entity	
		Signature of authorized ag (Decla		ang business entity	

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number	:			
	Randall Reed's Planet Ford 635		[3	2023-1074747			
	GARLAND, TX United States		I,	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form		09/21/2023			
_	being filed.						
	City of McAllen			<b>Date Acknowledge</b> 09/26/2023	ate Acknowledged: 9/26/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		r identify t	the contract, and p	rovide a		
	COOP PROJECT NO. 09-23-P74-01 PROJECT NO. 09-23-P74-01 PURCHASE OF NINE (9) NEW	/ CITY VEHICLES					
1				Nature	of interest		
4	Name of Interested Party	City, State, Country (place	of busine	ss) (check	applicable)		
				Controlling	Intermediary		
SÆ	ARAC, ADMIR	GARLAND, TX United S	tates		Х		
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my	y date of bi	irth is	·		
	My address is						
	(street)	(city)		te) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	it.					
	Executed inCounty	y, State of	_, on the				
				(mont	h) (year)		
		Signature of authorized age (Declara		acting business enti	ty		

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.		CF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:		
	of business. BOXX Modular, Inc.		2023	3-1077144		
	Fort Worth, 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		18/2023		
_	being filed.					
	City of McAllen			Acknowledged: 28/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identi ded under the contract.	fy the c	contract, and prov	vide a	
	09-23-P75-01					
	Modular Building					
4				Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	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	ot .				
	Executed inCount	y, State of, on the	e	day of (month)	, 20 (year)	
				(monut)	(3001)	
		Signature of authorized agent of co	ontractin	na business entity		
ĺ		(Declarant)		. a such loos chary		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE US	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1077144			
	BOXX Modular, Inc.		2023	)-1077144	
	Fort Worth, 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	09/2	8/2023	
	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 provided.		y the c	ontract, and pro	ovide a
	09-23-P75-01				
	Modular Building				
				Nature (	of interest
4	Name of Interested Party	City, State, Country (place of busi	ness)		pplicable)
	ŕ			Controlling	Intermediary
				-	
				<u> </u>	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Micah Liebert	, and my date o	f birth is	, <u>11/15/198</u>	
	My address is 707 Constitution Drive, Suite 100		Ά,	19341	USA
	(street)	(city) (	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in Montgomery County	y, State of Pennsylvania, on the	28_	day of Septen	
		Micah Lieber	+	(	(, )
		Signature of authorized agent of co		n husiness entit	<u> </u>
		(Declarant)	na acuit	g business cittity	•

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.		Certificate Number: 2023-1077594		
	Oakwells Commuter Rail		202	3-1077394	
	McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	09/2	29/2023	
	being filed. City of McAllen		Date	Acknowledged:	
	City of McAlleri			29/2023	
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	vide a
	06-23-S42-133				
	NON-EXCLUSIVE FOOD AND BEVERAGE CONCESSION P	PROGRAM AT THE MCALLEN IN	NTERN	ATIONAL AIRPO	ORT
4				Nature of	
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth is	s	·
	My address is(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	/, State of, on th	ie	_day of	, 20
				(month)	(year)
		Signature of authorized agent of co	ontractin	ng business entity	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION			
1	of business.			Certificate Number: 2023-1077594		
	Oakwells Commuter Rail McAllen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the cobeing filed.	ontract for which the form is	09/29/2023			
	City of McAllen		Date Acknowledged	<b>:</b>		
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided	or state agency to track or identify to I under the contract.	the contract, and pro	ovide a		
-	06-23-S42-133 NON-EXCLUSIVE FOOD AND BEVERAGE CONCESSION PRO	OGRAM AT THE MCALLEN INTE	ERNATIONAL AIRF	PORT		
4	Name of Interested Party C	city, State, Country (place of busine	1	of interest		
		my, state, country (place of busine	Controlling	pplicable) Intermediary		
5	Check only if there is NO Interested Party.					
6 1	JNSWORN DECLARATION					
ı	My name is <u>Michael Reilly</u>	, and my date of bi	irth is <u>06-26-196</u>	<u> </u>		
1	My address is1035 S. Semoran Blvd #1040 (street)	Winter Park, <u>FL</u>	32792 te) (zip code)	, <u>US</u> . (country)		
	declare under penalty of perjury that the foregoing is true and correct.	(sty) (stati	(zip code)	(country)		
	_					
1	Executed in <u>Orange</u> County, St	tate of <u>Florida</u> , on the <u>29th</u>	day of _ <u>Septemb</u>	<u>er_,</u> 20 <u>23</u> . (year)		
	,/	1/1-10	~// _			
	S	Signature of authorized agent of contra (Declarant)	acting business entity	POPPOSTO GLOROSTO NA PROPRIO SERVICIO S		
1000000	as arayidad by Tayas Sibias Commission	(Poblatatity				

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and coun	try of the business entity's plac		tificate Number:	OF FILING	
-	of business.	ary or the business entity's place		23-1077701		
	J and S Construction Managment, LLC		Dot	te Filed:		
2	San Juan, TX United States  Name of governmental entity or state agency that is a party to the	ne contract for which the form is		29/2023		
_	being filed.	ic contract for which the form is				
	City of McAllen			Date Acknowledged: 09/29/2023		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided in the pro	dentity the	contract, and pro	vide a		
	PROJECT NO. 07-23-C39-451					
	IDELA AVENUE DRAINAGE IMPROVEMENT					
_				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of	business)	(check ap	oplicable)	
				Controlling	Intermediary	
Cá	ano, Juan	San Juan, TX United State	es .	Х		
Cá	ano, Sara	San Juan, TX United State	es	Х		
5	Check only if there is NO Interested Party.			•		
6	UNSWORN DECLARATION					
	My name is	, and my o	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	ct.				
	Executed inCount	y, State of,	on the			
				(month)	(year)	
		Signature of authorized agent		ing business entity		
		/	*			

FORM **1295** 

			1011
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING	
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number:	
J and S Construction Managment, LLC		2023-1077701	
San Juan, 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		09/29/2023	
being filed. City of McAllen		Date Acknowledged:	
Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided PROJECT NO. 07-23-C39-451 IDELA AVENUE DRAINAGE IMPROVEMENT		the contract, and pro	ovide a
4		Nature of interest	
Name of Interested Party	City, State, Country (place of busin	,	pplicable)
		Controlling	Intermediary
Cano, Juan	San Juan, TX United States	X	
Cano, Sara	San Juan, TX United States	Х	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is Juan R. Cans , and my date of birth is 01-16-1976.			
My address is 100 W. Dickey Rd., San Tran, Tv., 78589, Hidaly (city) (state) (zip code) (country)			
I declare under penalty of perjury that the foregoing is true and correct.			
Executed in Hidalyo County, State of To , on the 29 day of Oq , 2023. (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.		CEI	OFFICE USE			
1	<ul> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> <li>NM Contracting, LLC</li> <li>McAllen, TX United States</li> </ul>			Certificate Number: 2023-1078082 Date Filed: 10/02/2023 Date Acknowledged:			
2	Name of governmental entity or state agency that is a party to the being filed.  City Of McAllen						
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided or 23-C37-645  Terminal HVAC & Lighting Improvements		lentify the c	ontract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place of	business)		of interest pplicable) Intermediary		
М	unoz, Jr, Noel	McAllen, TX United States		×			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			02/01/19	)68 		
	My name is Noel Munoz, Jr		ate of birth is	S	·		
	My address is 2022 Orchid Ave (street)	, McAllen (city)	_, <u>TX</u> (state)	78504 (zip code)	_, <u>US</u> (country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed in Hidalgo Count	ty, State of Texas , o	on the 2nd	day of <u>Octob</u> (month)			
		Signature of authorized agent	of contractin	g business entity			
		(Declarant		a securious critity			

FORM **1295** 

					1011				
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2023-1078082						
	NM Contracting, LLC		202	0 10/0002					
	McAllen, TX United States		Date	Filed:					
2		e contract for which the form is		02/2023					
	being filed.								
	City Of McAllen			Acknowledged: 02/2023					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ify the c	contract, and prov	ride a				
	07-23-C37-645								
	Terminal HVAC & Lighting Improvements								
1				Nature of	interest				
4	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap	plicable)				
				Controlling	Intermediary				
Μι	Munoz, Jr, Noel McAllen, TX United States			x					
		l		<u> </u>					
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	, and my date	of birth is	s	<del>.</del>				
	My address is	,			,				
	(street)		(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	pt.							
	Executed inCounty	y, State of, on th	ie	_day of	, 20				
				(month)	(year)				
		Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2023-1071274			
	Core & Main LP			3 10/12		
	McAllen, 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	09/1	13/2023		
	being filed.	Dat				
	City of McAllen			Acknowledged: 02/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ly the c	ontract, and prov	ride a	
	06-23-P63-240					
	Six Mile Road Sanitary Sewer Line Supplies					
4	1			Nature of		
-	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
				Controlling	Intermediary	
					<u> </u>	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	s	·	
	My address is		,			
	(street)	(city)	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	zt.				
	Executed inCounty	y, State of, on the	e	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co	ntractin	ig business entity		

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US CERTIFICATIO		
1	Name of business entity filing form, and the city, state and cour	-	Certificate Number:			
	of business.  Core & Main LP		2023-1071274			
	McAllen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to t	ne contract for which the fo	orm is	09/13/2023		
	being filed.	Date Acknowledged:				
	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	mental entity or state agency to track or identify the contract, and provide a o be provided under the contract.				
	06-23-P63-240					
	Six Mile Road Sanitary Sewer Line Supplies					
_				Nature	of interest	
4	Name of Interested Party	City, State, Country (plac	ce of busine	ess) (check	applicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Jorge Lopez	, and	my date of b	oirth is 07/29/19	71	
	My address is 100 N 1st Street	, McAllen	, TX		, U.S.	
	(street)	(city)	(sta	ate) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed in HidalgoCoun	ty, State of Texas	, on the _	14 <sub>day of</sub> 09	, 20_23	
		ě	1	(month	n) (year)	
			TV			
		Signature of authorized a	agent of contr clarant)	racting business entit	у	

FORM **1295** 

_						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE US	E ONLY OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2023-1078489		
	MOR-WIL, LLC		9	2020	1070405	
	MISSION, TX, TX United States			Date F	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which	the form is	10/02	2/2023	
	City of McAllen			Date A	Acknowledged	:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			the co	ntract, and pro	ovide a
	Project NO. 07-23-C40-451					
	Main St At Fir Avenue Drainage Improvements					
_					Nature c	of interest
4	Name of Interested Party	City, State, Countr	y (place of busine	ess)		pplicable)
	b			·	Controlling	Intermediary
				1	>	
5	Check only if there is NO Interested Party.					I
6	UNSWORN DECLARATION					
	My name is Albert Garza		, and my date of t	oirth is _	10/14/197	7
	My address is 22394 W. US Hwy 281	San Be		X	78586	USA
	(street)	(city)	(sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in HidalgoCounty	y, State of Texas	, on the	2da	ay of OCTOE	BER <sub>20</sub> 23
					(month)	(year)
		a.garz	a			
		Signature of author	rized agent of contr (Declarant)	racting I	business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2023-1078489			
	MOR-WIL, LLC		202	3-1070409		
	MISSION, TX, TX United States	Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	10/0	02/2023		
	being filed.	Dat				
	City of McAllen			e Acknowledged: 03/2023		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the services.		tify the o	contract, and prov	/ide a	
	Project NO. 07-23-C40-451					
	Main St At Fir Avenue Drainage Improvements					
4	ı			Nature of		
-	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth i	is	·	
	Mary address of					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
	Executed inCounty		ho	day of	20	
	LACOULEU IIICOUIN!	y, State of, On t		_day of (month)	, 20 (year)	
		Signature of authorized agent of (Declarant)	contractir	ng business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CF	OFFICE USE			
1	Name of business entity filing form, and the city, state and co of business.	ce Cert	Certificate Number: 2023-1079949				
	Rod'z Lawn Care Landscaping			3-1079949			
	McAllen, 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 10/0	05/2023			
	City of McAllen		Date	e Acknowledged:			
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-	overnmental entity or state agency to track or identify the contract, and provide a erty to be provided under the contract.					
05-23-S43-168							
	Service Contract for Trimming and Peeling of Tall Palm Tre	ees					
4				Nature of	interest		
•	Name of Interested Party	City, State, Country (place of business) (check app					
		Controlling	Intermediary				
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Guadalupe Rodriguez	, and my	date of birth i	s 8/26/1969			
	My address is 401 N 8th St	McAllen	,	78501	, <u>Hidalgo</u>		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and cor	rrect.					
	Executed in Hidalgo Cou	unty, State of Texas	on the 5	_day of _10	, <sub>20</sub> _23		
				(month)	(year)		
		Guadalup Signature of authorized ager	e Rodr	iguez			
		Signature of authorized ager	t of contractir	ng business entity			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE				
1	Name of business entity filing form, and the city, state and country of business.		Certificate Number: 2023-1079949					
	Rod'z Lawn Care Landscaping							
	McAllen, TX United States		Filed:					
2	Name of governmental entity or state agency that is a party to the	10/0	05/2023					
	being filed. City of McAllen		Acknowledged:					
		10/05/2023						
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 ident led under the contract.	ify the c	ontract, and prov	/ide a			
	05-23-S43-168							
	Service Contract for Trimming and Peeling of Tall Palm Trees							
4				Nature of	interest			
4	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap				
				Controlling	Intermediary			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date	of birth i	s				
	My address is(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	/ State of Confliction	20	day of	20			
	County	, Glate of, Off the		(month)	, 20 (year)			
		Signature of authorized agent of c	ontractin	ng business entity				

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI			
1	Name of business entity filing form, and the city, state and coof business.	Certi	Certificate Number: 2023-1081646				
	Freese and Nichols, Inc			2023-1001040			
	Fort Worth, TX United States			Filed:			
2	2 Name of governmental entity of state agency that is a party to the contract for which the form is			.0/2023			
	being filed.  McAllen Public Utility  Delta			Date Acknowledged:			
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, ar description of the services, goods, or other property to be provided under the contract.					vide a		
	09-22-S76-01 Water Distribution System Modeling For Southwest McAlle	n					
4				Nature o	of interest		
_	Name of Interested Party	City, State, Country (place of bu	siness)	(check a	pplicable)		
				Controlling	Intermediary		
W	olfhope, John	Austin, TX United States		X			
R	eedy, Mike	Houston, TX United States		Х			
Pa	ayne, Jeff	Fort Worth, TX United States		Х			
Jo	hnson, Kevin	Dallas, TX United States		×			
Ha	atley, Tricia	Oklahoma City, OK United St	ates	X			
G	reer, Alan	Fort Worth, TX United States		X			
Ar	cher, Charles	Raleigh, NC United States	X				
C	oltharp, Brian	Fort Worth, TX United States		X			
P	ence, Bob	Fort Worth, TX United States		X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is <u>Stephanie Stephenson</u>	, and my date	of birth is	sJuly 19, 1	.977		
	My address is 801 Cherry Street, Suite 2800	, <u>Fort Worth</u> ,	TX_,	76102	_, <u>US</u>		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and cor	rect.					
	Executed in Tarrant Cou	unty, State of <u>Texas</u> , on t	ho 10	dovet Octob	er 20.23		
	Executed in <u>Tarrant</u> Cou	unity, State of <u>ICAAS</u> , on t	ne <u>10</u>	(month)			
		Stephanie S	Stash	Onaon			
		Signature of authorized agent of					
		(Declarant)					

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	ty, state and country of the business entity's place  Certificate Number: 2023-1081646					
	Freese and Nichols, Inc Fort Worth, TX United States	Data	. Filad.				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date Filed: 10/10/2023				
_	being filed.						
	McAllen Public Utility	Date Acknowledged: 10/10/2023					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.		the c	ontract, and prov	∕ide a		
	09-22-S76-01	ded under the contract.					
	Water Distribution System Modeling For Southwest McAllen						
Nature o							
	Name of Interested Party City, State, Country (place of busine			(check ap			
				Controlling	Intermediary		
W	olfhope, John	Austin, TX United States		X			
Re	eedy, Mike	Houston, TX United States		Х			
Pa	ayne, Jeff	Fort Worth, TX United States		X			
Jo	hnson, Kevin	Dallas, TX United States		X			
Ha	atley, Tricia	Oklahoma City, OK United State	es	X			
Gr	reer, Alan	Fort Worth, TX United States		X			
Ar	cher, Charles	Raleigh, NC United States		X			
Co	oltharp, Brian	Fort Worth, TX United States		Х			
Pe	ence, Bob	Fort Worth, TX United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	s			
	My address is						
	(street)		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		day of	, 20 .		
				(month)	(year)		
		Signature of authorized agent of cor	ntractin	 ng business entity			
		(Declarant)		,			

FORM **1295** 

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1082232				
	Doggett Heavy Machinery	2023	) <del>-</del> 1002232			
	SAN JUAN, TX United States		Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	10/1.	.1/2023			
	CITY OF MCALLEN		Acknowledged: 1/2023			
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	vide a	
	No. 10-23-P01-01 No. 10-23-P01-01 Purchase of Two (2) Front End Loaders					
4				Nature of		
•	Name of Interested Party	City, State, Country (place of busir	iess)		k applicable)	
				Controlling	Intermediary	
_						
L						
L						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	s		
	My address is	,	,		.,	
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of, on the	(	day of(month)		
				(month)	(year)	
		Signature of authorized agent of cor	ntractin	g business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	. Name of pasitioss chary ming form, and are only, state and or many or me and are and or many or me			Certificate Number: 2023-1082232		
	Doggett Heavy Machinery SAN JUAN, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for wh	hich the form is	10/1:	1/2023		
	being filed. CITY OF MCALLEN		Date	Acknowledged:		
3	Provide the identification number used by the governmental entity or state agence	cy to track or identify	the co	ontract, and pro	vide a	
	description of the services, goods, or other property to be provided under the co No. 10-23-P01-01	ntract.				
	No. 10-23-P01-01 Purchase of Two (2) Front End Loaders					
4	Name of Intercepted Portry	untry (place of busine	ee)	Nature o (check ap		
	Name of Interested Party City, State, Co.	unity (place of busine	533)	Controlling	Intermediary	
				8		
ilmeni						
-						
-						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			15 1 1	,	
	My name is Cours S Cours S	, and my date of b	oirth is	12/08/	1987.	
	My address is $90 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = $	sity) (sta	ite)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Hidalgo County, State of Tex	on the l	1st d	ay of OCHOBER (month)	, 23 <mark>23</mark>	
	( one	( ,		(IIIIIII)	V/	
	Signature of au	thorized agent of contr (Declarant)	acting	business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.		tificate Number:		
	RGV INDUSTRIAL MACHINE SHOP & PUMPS, LLC				
2	ELSA, TX United States  Name of governmental entity or state agency that is a party to th	a contract for which the form is		e Filed: 12/2023	
_	being filed.	e contract for which the form is			
	CITY OF MCALLEN		Date	e Acknowledged:	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		y the o	contract, and pro	vide a
	Project No. 07-23-C44-655 McAllen Foreign Trade Zone Stormwater Pump Station Project	ct			
4					f interest
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	oplicable) Intermediary
_				Controlling	micriniculary
				+	
			_		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Gerardo Trevino	, and my date o	f birth i	is 01/13/1960	0
	My address is 4821 Ensenada Ave.	, McAllen , <u>T</u>	X	78501	USA_
	(street)	(city)	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	et.			
	Executed in Hidalgo County	y, State of Texas, on the	, 12	_day of Octobe	er <sub>, 20</sub> _23
		00		(month)	(year)
		Lund.	0		
		Signature of authorized agent of co	ntractir	ng business entity	
		(Declarant)			

FORM **1295** 

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place		ificate Number:		
	RGV INDUSTRIAL MACHINE SHOP & PUMPS, LLC		2023-1082734			
	ELSA, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	10/1	L2/2023		
	CITY OF MCALLEN			Acknowledged:		
			10/1	L3/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		fy the c	contract, and prov	vide a	
	Project No. 07-23-C44-655  McAllen Foreign Trade Zone Stormwater Pump Station Project	at				
4				Nature of		
-	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
				Controlling	Intermediary	
				<u> </u>		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth i	s		
	My address is					
	My address is(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of, on the	e	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co	ntractir	ng business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	Deboty-us-romania
1	Name of business entity filing form, and the city, state and country of of business.  Southern Trenchless Solutions, LLC  La Feria, TX United States	Certificate Number: 2023-1081635 Date Filed:			
	Name of governmental entity or state agency that is a party to the cor		10/10/2023		
	being filed. City of McAllen	1	Date /	Acknowledged:	
3	Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided u 06-23-P63-240  City of McAllen - Six Mile Road Sanitary Sewer Line Supplies	r state agency to track or identify tunder the contract.	the co	entract, and prov	ide a
				Neturo of	interest
4	Name of Interested Party Cit	ty, State, Country (place of busine	ess)	Nature of (check ap	WEST BUSINESS OF STREET
		, , , , , , , , , , , , , , , , , , , ,		Controlling	Intermediary
_					
				MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR MANAGAR	Lad agreements devices on the manufacture of a distribution dates and
			-		
L					
L					
5	Check only if there is NO Interested Party.				
6	My name is 1303 W. 3rd St. Apt 211	, and my date of the will account.	birth is	78594	177 USA
	I declare under penalty of perjury that the foregoing is true and correct.  Executed inCounty, St	State of TUXAS, on the	ate)	(zip code)  day of (month)	(country)  , 20 23. (year)
	5	Signature of authorized agent of cont (Declarant)	uacuii	y publicas cilily	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place	Certificate Number: 2023-1081635				
	Southern Trenchless Solutions, LLC	2023-1081035					
	La Feria, TX United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	10/1	.0/2023				
	being filed. City of McAllen		Date	Acknowledged:			
	City of McAilett		10/10/2023				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		y the c	ontract, and prov	/ide a		
	06-23-P63-240						
	City of McAllen - Six Mile Road Sanitary Sewer Line Supplies						
4				Nature of			
-	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap			
		1		Controlling	Intermediary		
		<del> </del>					
		- 					
				1			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date o	f birth is	s	·		
	My address is(street)			(zip code)	,		
	(sueer)	(City) (S	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		
				(month)	(year)		
		Signature of authorized agent of co	ntractin	g business entity			

FORM **1295** 

							1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					FICE USE	ONLY OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	ry of the bu	siness entity's p		Certificate	e Number:			
	Freese and Nichols, Inc.								
	Houston, TX United States				Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is			n is	10/16/20	23			
	being filed. City of McAllen					Date Acknowledged:			
Provide the identification number used by the governmental entity or state agency to track or identify t description of the services, goods, or other property to be provided under the contract.					the contra	act, and prov	ide a		
	09-23-S85-01 Water Distribution System Modeling for Southwest McAllen								
4	Name of Interested Party	City, State	e, Country (place	of busine	ess)	Nature of (check ap			
·						ontrolling	Intermediary		
Pe	ence, Bob	Fort Wo	rth, TX United S	States	Х				
С	oltharp, Brian	Fort Wo	rth, TX United S	States	Х				
Pa	ayne, Jeff	Fort Wo	rth, TX United S	States	X				
Ha	atley, Tricia	Oklahon	na City, OK Unit	ted States	s X				
G	reer, Alan	Fort Wo	rth, TX United S	States	X				
R	eedy, Mike	Houston	ı, TX United Sta	tes	X				
W	olfhope, John	Austin,	ΓX United State	S	X				
Ar	cher, Charles	Raleigh,	NC United Stat	tes	X				
Jc	hnson, Kevin	Fort Wo	rth, TX United S	States	Х				
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is Maria Aguilar		, and m	ny date of b	oirth is	August 10	, 1989		
	My address is10497 Town and Country Way, Suite 600	·	Houston	,		77024	, <u>US</u> .		
	(street)		(city)	(sta	ne)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	t.							
	Executed inCounty	, State of _	Texas	_, on the _	16 <sub>day c</sub>				
						(month)	(year)		
			Maria	e Agu	ilar				
		Signature	of authorized ag	ent of conti		siness entity			
			(Decla	iaiil)					

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	20.				
	Freese and Nichols, Inc.	Data Filadi				
2	Houston, TX United States  Name of governmental entity or state agency that is a party to th	e contract for which the form is	Date Filed: 10/16/2023			
_	being filed.	e contract for which the form is				
	City of McAllen			e Acknowledged: L6/2023		
3	Provide the identification number used by the governmental enti		y the c	ontract, and prov	/ide a	
	description of the services, goods, or other property to be provided 09-23-S85-01	ded under the contract.				
	Water Distribution System Modeling for Southwest McAllen					
4			Nature of			
•	Name of Interested Party	City, State, Country (place of busi	ıess)	(check ap		
				Controlling	Intermediary	
Pe	ence, Bob	Fort Worth, TX United States		X		
Co	oltharp, Brian	Fort Worth, TX United States		Х		
Pa	ayne, Jeff	Fort Worth, TX United States		X		
Ha	atley, Tricia	Oklahoma City, OK United State	es	X		
Gr	reer, Alan	Fort Worth, TX United States		X		
Re	eedy, Mike	Houston, TX United States		X		
W	olfhope, John	Austin, TX United States		Х		
Ar	cher, Charles	Raleigh, NC United States		Х		
Jo	hnson, Kevin	Fort Worth, TX United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth i	s	·	
	My address is					
	(street)		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		_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of cor (Declarant)	ntractin	ng business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE					
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		Certificate Number: 2023-1087178					
	Cascade Engineering, Inc.	ascade Engineering, Inc.							
	Grand Rapids, MI, MI United States	Date	Date Filed:						
2	Name of governmental entity or state agency that is a party to the	10/2	24/2023						
	being filed. City of McAllen			Date Acknowledged:					
			10/2	10/24/2023					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		tify the o	contract, and prov	/ide a				
	041521CEI								
	Project No. 10-23-P03-01 Cascade Trash Recycling Bins								
4				Nature of	interest				
•	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap					
				Controlling	Intermediary				
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	, and my date	of birth i	is	·				
	My address is								
	(street)	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	xt.							
	Executed inCounty	y, State of, on t	he	_day of	, 20				
				(month)	(year)				
		Signature of authorized agent of (Declarant)	contractir	ng business entity	_				

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certif	icate Number: -1087178	
	Cascade Engineering, Inc.		2023	-100/1/0	
	Grand Rapids, MI, MI United States		Date I	Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	10/24	1/2023	
	being filed.				
	City of McAllen		Date /	Acknow <b>l</b> edged:	
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 identif ded under the contract.	y the co	ntract, and pro	vide a
	041521CEI				
	Project No. 10-23-P03-01 Cascade Trash Recycling Bins				
4				Nature o	f interest
	Name of Interested Party			· · ·	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Scott Downer	, and my date o	f birth is	April 24	, 1970
	My address is Cascade Engineering, Inc. 5175 36th Str	reet, Grand Rapids	MI ,	49512	USA .
	(street)	(city) (	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in KentCount	ty, State of <u>Michigan</u> , on the	24th d	•	
		Teather		(month)	(year)
		Signature of authorized agent of co	ntracting	business entity	
		(Deciarailt)			

FORM **1295** 

						1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2023-1087588			
	VenuVentures, LLC			_525	_00.000			
	Nederland, TX United States			Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which t	he form is	10/25	5/2023			
	being filed.			Data Aakmandadaad				
City of McAllen					Date Acknowledged:			
Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						vide a		
	07-23NBI68-01 Specialty Operation Consulting on Project No. 07-23-NBI68-0	1-BOEYE RESERV	OIR DEVELOP	MENT	SERVICE			
_					Nature o	f interest		
4	Name of Interested Party	City, State, Country	(place of busine	ess)		eck applicable)		
				[	Controlling	Intermediary		
Hι	Hughes, John Nederland, TX United States				X			
_								
	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION			_	<u> </u>			
	My name is John Hughes	,	and my date of b	oirth is	02/26/196	9		
	My address is 2913 Highland Boulevard	, Nederland	, TX	, -	77627	USA		
	(street)	(city)	(sta	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	v, State of Texas	, on the <u></u>	25 <sub>d</sub>				
			211		(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

L					1011			
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1087588						
	VenuVentures, LLC		ZUZ3-1U0/388					
	Nederland, TX United States		Date Filed:					
2	Name of governmental entity or state agency that is a party to the	10/2	5/2023					
	being filed.							
	City of McAllen		Acknowledged: 5/2023					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	y the c	ontract, and prov	vide a				
	07-23NBI68-01							
	Specialty Operation Consulting on Project No. 07-23-NBI68-0	1-BOEYE RESERVOIR DEVELOR	PMEN					
4				Nature of				
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	<u> </u>			
		<u> </u>		Controlling	Intermediary			
Hughes, John		Nederland, TX United States		Х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of	birth is	S	·			
	My address is	,,	,		.,			
	(street)	(city) (s	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			
				(month)	(year)			
	Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

					1 31 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	<ul> <li>Name of business entity filing form, and the city, state and country of the business entity's of business.</li> </ul>	•	Certif	ficate Number:		
	Doggett Heavy Machinery		2023	-1087591		
	SAN JUAN, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the following filed.	rm is	10/25	5/2023		
	CITY OF MCALLEN		Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track description of the services, goods, or other property to be provided under the contract.	or identify	the co	ntract, and pro	vide a	
	10-23-P07-01 2023 JOHN DEERE 544P WHEEL LOADER					
4				Nature of		
10.8%	Name of Interested Party City, State, Country (plac	e of busine	ss)	(check ap	oplicable) Intermediary	
-				Controlling	mermediary	
				31		
i	Check only if there is NO Interested Party.		100000			
	UNSWORN DECLARATION					
	My name is wet Junes Cuuros, and m	ny date of bi	rth is _	12/08/1	1987	
	My address is 901 E J-2 , Scn Jcan (city)	, Jy	,( e)	78589 (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	Sta	ay of <u>OCAOBer</u>	_, 20 <u>23</u> . (year)	
	Cour J Com			(	V/	
	Signature of authorized age (Declar		cting I	business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		Certificate Number: 2023-1087591			
	Doggett Heavy Machinery	202	2023-1007391				
	SAN JUAN, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	10/2	25/2023				
	CITY OF MCALLEN			e Acknowledged: 25/2023			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		ntify the o	contract, and prov	/ide a		
	10-23-P07-01 2023 JOHN DEERE 544P WHEEL LOADER						
4	!			Nature of			
	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	e of birth i	s			
	My address is			,	.,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, on t	the	_day of(month)			
				(mona)	(year)		
		Signature of authorized agent of (Declarant)	contractir	ng business entity			

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certi	ificate Number: 3-1088599	1011121110
	Weaver & Tidwell, L.L.P.		2023	2-1000399	
	Houston, TX United States		Date	Filed:	
2	, , , ,	e contract for which the form is	10/2	7/2023	
	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		y the c	ontract, and pro	ovide a
	03-18-S38-43 External Auditing Services				
_				Nature (	of interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check a	pplicable)
				Controlling	Intermediary
M	cCane, Adam	Austin, TX United States			Х
R	ook, David	Houston, TX United States		×	X
M	ackel, John	Houston, TX United States		×	×
5	Check only if there is NO Interested Party.			•	•
	Ш				
6	UNSWORN DECLARATION				
	My name is Adam McCane	, and my date c	f birth is	s 12/18/198	30
	My address is 1601 South MoPac Expy, Suite D2		· <b>X</b>	_78746	, <u>USA</u> .
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	y, State of Texas , on the	<u>. 27</u>	day of Octobe	<u>er</u> , 20 <u>23</u> .
		MM Yane		(month)	) (year)
		Signature of authorized agent of co	ntractin	g business entity	,

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1088599				
	Weaver & Tidwell, L.L.P.		2023	2-1000399		
	Houston, TX United States	Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	10/2	7/2023			
	being filed.					
	City of McAllen			Acknowledged: 0/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		the co	ontract, and prov	ride a	
	03-18-S38-43					
	External Auditing Services					
4	1			Nature of		
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	<u> </u>	
				Controlling	Intermediary	
М	cCane, Adam	Austin, TX United States			X	
Ro	ook, David	Houston, TX United States		Х	Х	
Ma	ackel, John	Houston, TX United States		X	X	
				l l		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	\$	·	
	My address is(street)	(city) (si	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	xt.				
	Executed inCounty	y State of on the	,	day of	20	
	County	y, diate of, of the		(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	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 cour of business.	-	Certificate Number: 2023-1089197			
	HOLT TEXAS LTD.			2020 1000101		
	San Antonio, TX United States		ļ.	Date Fi <b>l</b> ed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the f	form is	10/30/2023		
	being filed.					
	City of McAllen			Date Acknowledged:		
			Ŀ	10/31/2023		
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided by the provided by the governmental end description of the services, goods, or other property to be provided by the governmental end description of the services and the services of the services are services.	ded under the contract.	_	•	vide a	
	CATERPILLAR MODEL 242D3-CL SKID LOADER WITH TH	IREE EXTENDED WAR	RANIY (BU	YBOARD)		
		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (pl	ace of busine		pplicable)	
	·				Intermediary	
HC	OLT RICHTER, Corinna	SAN ANTONIO, TX I	United States	Controlling	Х	
HC	DLT, Peter J.	SAN ANTONIO, TX U	United States	3	Х	
Mo	orado, Santiago	Edinburg, TX United	States		×	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, an	d my date of b	irth is		
	My address is(street)	,	,	te) (zip code)	_, (country)	
	(street)	(City)	(Sta	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCoun	ty, State of	, on the	day of	, 20	
				(month)	(year)	
		Signature of authorized (De	agent of contract	acting business entity		

FORM **1295** 

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	of business. HOLT TEXAS LTD.			Certificate Number: 2023-1089197  Date Filed:		
2			10/30/2023  Date Acknowledged:			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided PROJECT NO. 10-23-P06-01  CATERPILLAR MODEL 242D3-CL SKID LOADER WITH THE	ided under the contract.	-	•	vide a	
4	Name of Interested Party	City, State, Country (place of I	ousiness)	Nature o (check ap Controlling	f interest oplicable) Intermediary	
Н	OLT RICHTER, Corinna	SAN ANTONIO, TX United	States		Х	
Н	OLT, Peter J.	SAN ANTONIO, TX United	States		X	
M	orado, Santiago	Edinburg, TX United States			Х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is <u>Megan Lindberg</u>	, and my da	te of birth is	s 24 November	. 1974	
	My address is 5665 SE Loop 410 (street)	, San Antonio (city)	Texas, (state)	78222-3903 (zip code)	, USA (country)	
	I declare under penalty of perjury that the foregoing is true and corre	, <i>,</i>	(etate)	(=:p ====)	(000)	
	Executed in BEXAR Count	ty, State of <u>TEXAS</u> , or	the 30 <sup>th</sup>	day of October	, 20_23	
	Megas	Signed by:  n Lindberg  DD675852422		(month)	(year)	
	3D86L	Signature of authorized agent ( (Declarant)	of contracting	g business entity		

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number:			
	McAllen Economic Development Corp.			2023-1086503	
	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 for	m is	10/23/2023	
	being filed.				
	City of McAllen, TX			Date Acknowledged 11/01/2023	1:
_	Duranida the identification number used by the governmental out	itu au atata ananay ta tuaak			avida a
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		or identity t	me contract, and pr	ovide a
	DC - 24- MEDC				
	Economic Development Services / Agency Agreement for 202	23/2024			
4					of interest
•	Name of Interested Party	City, State, Country (place	of busine	,	applicable)
				Controlling	Intermediary
G	arcia, Mark	McAllen, TX United Sta	tes	X	
Pá	atridge , Keith	McAllen, TX United Sta	tes	X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and n	ny date of b	irth is	
	My address is				
	My address is(street)	(city)	, (sta	te) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	et.			
	Executed inCount	v. State of	on the	day of	20
		,,	_, 50	(month	
		Signature of authorized ag		acting business entit	у

FORM **1295** 

			***	1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number:		
	McAllen Economic Development Corp. McAllen, TX United States		2023-1086503	
2	Name of governmental entity or state agency that is a party to the o	contract for which the form is	Date Filed: 10/23/2023	
	being filed. City of McAllen, TX		Date Acknowledged	l:
		***************************************		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify d under the contract.	the contract, and pro	ovide a
	DC - 24- MEDC Economic Development Services / Agency Agreement for 2023/	/2024		
4	Name of Interested Party	City State Country (place of business		of interest
	name of interested rarry	City, State, Country (place of busine	Controlling	Intermediary
Garcia, Mark McA		McAllen, TX United States	X	
Pa	atridge , Keith	McAllen, TX United States	×	
5	Check only if there is NO Interested Party.			
	UNSWORN DECLARATION			
	My name is Marx E. Garcia	, and my date of b	oirth is	1968
	My address is	McAlen (ste	7850 (zip code)	 (country)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed in Hi dalg D County, S	State of <b>TEXAS</b> , on the 2	23 day of OCTOR	
		Marsh 5 k		•
	-	Signature of authorized agent of contri	racting business entity	,
		(Declarant)		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	Certif	ficate Number:	
	Boys & Girls Club of McAllen, Inc.		2023	3-1089015	
	McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	he contract for which the form is	10/30	0/2023	
	being filed. City of McAllen		Date	Acknowledged:	
_	Provide the identification number used by the governmental ent	tity or state agency to track or identify	the co	ontract and prov	vide a
3	description of the services, goods, or other property to be provi			milaci, and pro-	vide u
	24 DCMI BGCM				
	After School Enrichment Program				
4					f interest
-	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
		+		Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Dalinda Alcantar	, and my date of	birth is	September	23, 1980
	My address is 1502 Hawk Circle	, McAllen ,	ГΧ .	78504	, USA
	(street)		ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
	Executed in Hidalgo Count	ty, State of $\underline{\qquad TX}$ , on the	30 c	day of 10	. 20 23 .
		), situation	<u> </u>	(month)	(year)
		V	$\downarrow \downarrow$	_	
			$\mathcal{T}$	)	
		Signature of authorized agent of con (Declarant)	tracting	j business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of business.		Certificate Number: 2023-1089015			
	Boys & Girls Club of McAllen, Inc.		2020	2-1009013		
	McAllen, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	10/3	80/2023		
	being filed. City of McAllen		Date	Acknowledged:		
	City of Micro		11/01/2023			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		y the c	ontract, and prov	ride a	
	24 DCMI BGCM					
	After School Enrichment Program					
ŀ				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap		
				Controlling	Intermediary	
		<del>-</del> 				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	S	·	
	My address is					
	(street)		state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	/, State of, on the	,			
				(month)	(year)	
		Signature of authorized agent of co	ntractin	g business entity		
		(Declarant)				

FORM **1295** 

			. 01 1	
Complete Nos. 1 - 4 and 6 if there are interested partie Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	OFFICE USE ONLY CERTIFICATION OF FILING			
1 Name of business entity filing form, and the city, st of business.	Certificate Number:			
Consor Engineers, LLC		2023-1090152		
Houston, TX United States		Date Filed:		
2 Name of governmental entity or state agency that i	s a party to the contract for which the form is	11/01/2023		
being filed.				
City of McAllen				
Duranida the identification number used by the carry		11/01/2023		
3 Provide the identification number used by the gove description of the services, goods, or other proper		y the contract, and provide a		
Project No. 05-23-S36-01				
Alley Improvements Section B Professional Serv	vices			
		Nature of interes	-t	
4 Name of Interested Party	City, State, Country (place of busin			
······································	, , , , , , , , , , , , , , , , , , , ,		nediary	
Patil, Sandeep	Houston, TX United States	X	-	
Rayasam, Chris	Portland, OR United States	×		
Cass, Matthew	Chapel Hill, NC United States	×		
Gwilliam, Scott	Chicago, IL United States	X		
Gernant, Erik	Chicago, IL United States	X		
Rangaswamy, Govindraj	Fort Lauderdale, FL United Stat	tes X		
Shimanek, Mindy	Tucson, AZ United States	X		
Schwartz, Zina	Houston, TX United States	X		
5 Check only if there is NO Interested Party.	]			
6 UNSWORN DECLARATION				
Management in		Elekale ke		
My name is	, and my date o	t dirth is	·	
My addrace is				
My address is(street)	(city) (:	state) (zip code) (cour	ntry)	
I declare under penalty of perjury that the foregoing is	true and correct.			
Executed in	County State of	day of 20	·	
Excepted III	, on the		year)	
	Signature of authorized agent of con (Declarant)	ntracting business entity		

FORM **1295** 

								1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.						OFFICE USI	
1	Name of business entity filing form, and the city, state and cour of business.	ntry o	of the bu	ısiness entity'	s place	Certifi	icate Number: -1090152	
	Consor Engineers, LLC					2023-	1090132	
	Houston, TX United States					Date F	Filed:	
2		he co	ntract f	or which the f	orm is	11/01	/2023	
	being filed. City of McAllen					Date A	Acknowledged:	:
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provi				k or identify	the co	ntract, and pro	vide a
	Project No. 05-23-S36-01 Alley Improvements Section B Professional Services							
4								f interest
•	Name of Interested Party	Ci	ty, State	e, Country (pla	ce of busin	ess)	•	pplicable)
		+-				$\longrightarrow$	Controlling	Intermediary
Pa	atil, Sandeep		louston	ı, TX United S	itates	$\Box$	Х	
R	ayasam, Chris	F	Portland	I, OR United S	States		X	
C	ass, Matthew	C	Chapel	Hill, NC Unite	d States		Х	
G	william, Scott		Chicago	, IL United St	ates		X	
G	ernant, Erik		Chicago	, IL United St	ates		X	
R	angaswamy, Govindraj	F	ort Lau	ıderdale, FL l	Inited State	:S	Х	
SI	himanek, Mindy	Т	ucson,	AZ United St	ates		Х	
S	chwartz, Zina		louston	ı, TX United S	tates		Х	
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Karen Dennis			, and	I my date of	birth is	11/08	/1955
	My address is		,	Houston (city)		X, _ ate)	77084 (zip code)	_, <u>USA</u> . (country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.						
	Executed in <u>Harris</u> Coun	nty, St	tate of _	<u>Texas</u>	, on the <sub>-</sub>	<u>1st</u> da	ay of <u>Novemb</u> (month)	
				Haras	Den.			
	<del></del>	S	Signature	of authorized	agent of con	racting	business entity	
			J		clarant)	9		

FORM **1295** 

╙					1011	
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Certification						
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1089035				
l	International Museum of Art and Science		2023	-1009033		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	10/30	0/2023		
	being filed.					
	City of McAllen			Acknowledged:		
			11/01	1/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		the co	ontract, and prov	/ide a	
	Gen - 24 - IMAS					
	The International Museum of Art & Science (IMAS) located in		lience	s of all ages to	explore art	
┝	and science through its permanent collections, exhibits, and p	rograms.		Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
	Tumo of Intersector Factor		,	Controlling	Intermediary	
l						
┢						
┢						
$\vdash$						
L						
_						
L						
L		L				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	s		
l						
l	My address is(street)				.,	
	(street)	(city) (st	:ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of, on the _	c	day of	, 20	
				(month)	(year)	
1						
		Signature of authorized agent of conf (Declarant)	tracting	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.	CEF	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2023-1089035		
	International Museum of Art and Science					
	McAllen, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	10/30	0/2023		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.		the co	ontract, and prov	vide a	
	Gen - 24 - IMAS					
	The International Museum of Art & Science (IMAS) located in and science through its permanent collections, exhibits, and p		dience			
4	Name of Interested Party	City, State, Country (place of busin	000	Nature of (check ap		
	Name of interested Party	City, State, Country (place of busin	css)	Controlling	Intermediary	
				Controlling	intermediary	
				-		
_					_	
	·					
	,					
		L		<u> </u>		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			2		
	My name is Ann Fortes we	, and my date of	birth is	03/24/	1962	
	My address is 1824 Kilgore Ave.		tate)	78504 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed in Hidago County	y, State of Texas , on the	30	day of Och.	_, 20 <u><b>3</b></u> .	
	,			(month)	(year)	
	(	Set Into Las				
		Signature of authorized exect of and	traction	husiness estit		
		Signature of authorized agent of cont (Declarant)	uacting	y business entity		

FORM **1295** 

						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
1	Name of business entity filing form, and the city, state and coul of business.	ntry of the busine	ss entity's place	Certifi	cate Number:	
	Boys & Girls Club of McAllen, Inc.			2023-	1009010	
	McAllen, TX United States			Date F		
2	Name of governmental entity or state agency that is a party to t being filed.	the contract for wh	nich the form is	10/30/	/2023	
	City of McAllen			Date A	cknowledged:	
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov			the co	ntract, and prov	ide a
	24 GF BGCM					
	Direct Services					
_		<u> </u>			Nature of	interest
4	Name of Interested Party	City, State, Co	untry (place of busir	iess)	(check ap	plicable)
					Controlling	Intermediary
					[	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is <u>Dalinda Alcantar</u>		, and my date of	birth is _	September 2	23, 1980
	My address is 1502 Hawk Circle	, McAlle	en . T	X ,	78504	USA
	(street)			tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed in Hidalgo Cour	nty, State of	TX, on the	30 de	av of 10	. 20 23 .
	cour	,	, 0.1 410		(month)	
				· · ·	1 2	
		Signature of a	uthorized agent of cor (Declarant)	ıtractıng	business entity	

					1 Of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	ONLY
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		ificate Number: 3-1089016	
	Boys & Girls Club of McAllen, Inc.				
	McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		30/2023	
	City of McAllen			Acknowledged: 02/2023	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		fy the c	ontract, and prov	ride a
	24 GF BGCM				
	Direct Services				
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	
				Controlling	Intermediary
				1	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date (	of birth is	s	·
	My address is				
	(street)		(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ot.			
	Executed inCounty		e	day of	. 20
		,, o.u.o o, o u.o	-	(month)	(year)
		Signature of authorized agent of co	 ontractin	ng business entity	
l		(Declarant)		•	

					1 0f 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1				Certificate Number: 2023-1081868		
2	HOUSTON , 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.  City of McAllen	e contract for writen the form is		Date Acknowledged:		
3	Provide the identification number used by the governmental enti		ntify the c	ontract, and prov	vide a	
	description of the services, goods, or other property to be provided PROJECT NO. 10-23-P02-01 PURCHASE OF RESCUE AIR-BAGS FOR THE FIRE DEPARTMENT OF THE PROPERTY OF THE PROPE					
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	Nature of (check ap	plicable)	
_		LIQUOTON TYPE II	_	Controlling	Intermediary	
Rl	JSSELL, CRAIG	HOUSTON, TX United States	5	X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is MONICA INGRAM	, and my date	e of birth is	s_10/03/1979	·	
	My address is17350 STATE HWY 249 STE 250	HOUSTON,	TX	77064	,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct		10	0.07	22	
	Executed in HARRIS County	y, State of <u>TEXAS</u> , on	the <u>10</u>	day of OCT (month)	, 20 (year)	
	Мо	nica Ingram	itally signed by cn=Monica In ou=MFAS, em	y Monica Ingram gram, o=Metro Fire Appara ail=mingram@mfas.com, c	atus Specialists, :=US	
		Signature of authorized agent of	<del>e: 2023.10.10 1</del>	5:16:23 05'00'		

FORM **1295** 

						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE		
1	Name of business entity filing form, and the city, state and count	ry of the business en	itity's place		cate Number:	OF FILING	
	of business.			2023-2	1081868		
	METRO FIRE APPARATUS SPECIALISTS, INC			Doto F	ilad.		
2	HOUSTON, TX United States  Name of governmental entity or state agency that is a party to the	a contract for which t	ho form io	Date F 10/10/			
2	being filed.	e contract for which t	ine form is	10/10/	2020		
	City of McAllen			<b>Date A</b> 10/10/	cknowledged: 2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			the cor	ntract, and prov	vide a	
	PROJECT NO. 10-23-P02-01						
	PURCHASE OF RESCUE AIR-BAGS FOR THE FIRE DEPAR	RTMENT					
4					Nature of		
	Name of Interested Party	City, State, Country	(place of busin	ess)    -		(check applicable)	
					Controlling	Intermediary	
RI	JSSELL, CRAIG	HOUSTON, TX U	nited States		Х		
				<u> </u>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	,	and my date of	birth is _			
	My address is	,				,	
	(street)	(city)	,,,	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.					
	Executed inCounty	/, State of	, on the _	da	y of	, 20	
					(month)	(year)	
		Signature of authori	zed agent of cont (Declarant)	tracting	business entity		

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:		
	of business. Aqua-Metric Sales Company			3-1090798		
	Selma, 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	11/03	3/2023		
	being filed. City of McAllen, Texas		Date	Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and prov	ride a	
	PROJECT NO. 10-23-P13-01 IPERL METERS AND ACCESSORIES FOR RECLAIM WATE	ER SYSTEMS FROM AQUA METF	≀IC			
4				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap		
				Controlling	Intermediary	
Th	nirkettle, Tommy	Riverside, CA United States		X		
Th	nirkettle, Lea	Riverside, CA United States		Х		
Th	nirkettle, Chris	Riverside, CA United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Christopher Newville	, and my date of	birth is	July 24, 1986	·	
	My address is 16914 Alamo Parkway, Building 2	Selms	TX	78154	USA	
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in Gyadalupe Guadalupe County	y, State of Texas, on the	3rd (	day of November	, 20_23	
		//	_	(month)	(year)	
		1/2		$\supset$		
		Signature of authorized agent of cor (Declarant)	tracting	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 USI	
1 Name of business entity filing form, and the city, state and country of the business entity's place	Certificate Number:	OF FILING
of business.	2023-1090798	
Aqua-Metric Sales Company Selma, TX United States	Date Filed:	
2 Name of governmental entity or state agency that is a party to the contract for which the form is	11/03/2023	
being filed. City of McAllen, Texas	Date Acknowledged:	
Sity of mot month, Toxas	11/06/2023	
3 Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	the contract, and pro	vide a
PROJECT NO. 10-23-P13-01		
IPERL METERS AND ACCESSORIES FOR RECLAIM WATER SYSTEMS FROM AQUA METRI	IC	
,	Nature o	f interest
Name of Interested Party City, State, Country (place of business)	· · · · · · · · · · · · · · · · · · ·	pplicable)
	Controlling	Intermediary
Thirkettle, Tommy Riverside, CA United States	X	
Thirkettle, Lea Riverside, CA United States	Х	
Thirkettle, Chris Riverside, CA United States	X	
5 Check only if there is NO Interested Party.		
6 UNSWORN DECLARATION		
My name is, and my date of b	oirth is	·
My address is,,,		
	ate) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correct.		
Executed in, on the _	day of	, 20
	(month)	
Signature of authorized agent of cont (Declarant)	racting business entity	

FORM **1295** 

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1090999			
	Comfort House Services, Inc.				
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date F 11/03		
	being filed.		Data A	Acknowledged:	
	City of McAllen DCMI		Date A	ackilowieugeu.	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	ty or state agency to track or identify led under the contract.	the co	ntract, and prov	/ide a
	DC-24-Comfort Twenty-four-hour palliative care to the terminally ill		7.0		
4	Name of Interested Party	City, State, Country (place of busine	,,,,	Nature of	a management because
	Name of interested Farty	City, State, Country (place of busine	-	(check ap	Intermediary
		v			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is David A. Pérer	, and my date of b	oirth is	10.30.10	174
	My address is What Dallas Ave (street)	(city) (sta		(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct		· cA		
	Executed inCounty,	, State of Texus, on the	da	ay of <u>Wenn</u>	0 <u>L</u> v20
		twy		(monar)	(your)
		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.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2023-1090999		
	Comfort House Services, Inc.		2023-	-1090999	
	McAllen, TX United States		Date I	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	11/03	3/2023	
	being filed.				
	City of McAllen DCMI		Date Acknowledged: 11/08/2023		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.	ty or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a
	DC-24-Comfort				
	Twenty-four-hour palliative care to the terminally ill				
┰	-		I	Nature of	finterest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
				Controlling	Intermediary
$\vdash$					
-					
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is		
		· •			
	My address is	,,			,·
	(street)	(city) (s	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	xt.			
	Executed inCounty	y, State of, on the	d	ay of	, 20
				(month)	(year)
		Signature of authorized agent of con (Declarant)	tracting	business entity	

FORM **1295** 

ᆫ					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1093391			
	KCI Technologies, Inc.		2020	D-1093391	
	Mission, 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	11/1	0/2023	
	being filed.	o constant for times the form to			
	City of McAllen			Acknowledged: 3/2023	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		y the c	ontract, and prov	vide a
	Project No. 05-23-S35-01				
	Alley Improvements Section A & C Professional Services				
4	1			Nature of	
	Name of Interested Party	City, State, Country (place of busir	ness)	(check ap	
┝				Controlling	Intermediary
H					
$\vdash$					
$\vdash$					
L					
L					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	S	
	My address is(street)	· · · · · · · · · · · · · · · · · · ·	,		,
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	et.			
	Executed inCounty	y, State of . on the	(	day of	, 20 .
		,,		(month)	
		Signature of authorized agent of an	atro otic	a hucinoso entite	
		Signature of authorized agent of cor (Declarant)	iiraciin	y business entity	

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	e of business entity filing form, and the city, state and country of the business entity's place			
	KCI Technologies, Inc.		2023-1	1093391	
	Mission, TX United States		Date Fi	iled:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	11/10/2	2023	
	being filed.				
	City of McAllen		Date A	cknowledged:	
3	Provide the identification number used by the governmental entir description of the services, goods, or other property to be provided		the con	itract, and prov	ide a
	Project No. 05-23-S35-01				
	Alley Improvements Section A & C Professional Services				
4				Nature of	interest
•	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Dawn Green, PE	, and my date of	birth is <u>[</u>	<u>December 28,</u>	<u>1964</u>
	My address is 2806 W. Bitters Road, Suite 218	, San Antonio ,	TX,	78248	, <u>USA</u> .
	(street)	(city) (st	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	, State of, on the	10_da	y of <u>Novemb</u>	<u>er,</u> 20 <u>23</u> .
			Ro	(month)	(year)
		Signature of authorized agent of con	tracting h	pusiness entity	
		(Declarant)	aoang L	sasmoss chary	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2023-1091134			
	McAllen Chamber of Commerce		2023	5-1091134	
	McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	11/0	06/2023	
	being filed. City of McAllen		Date	Acknowledged:	
	City of Michieff			9/2023	
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 identified under the contract.	fy the c	ontract, and prov	<i>r</i> ide a
	GF-24-Chamber				
	Programs and events for the business community and the con	nmunity			
				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	plicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date c	of birth is	s	·
	My addrage is				
	My address is(street)		(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	y, State of, on the	∍		
				(month)	(year)
		Signature of authorized agent of co	ntractin	ng business entity	
1		(Declarant)			

FORM **1295** 

F				1 01 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place	Certificate Number:	
	McAllen Chamber of Commerce		2023-1091134	
	McAllen, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	11/06/2023	
	City of McAllen		Date Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify and under the contract.	the contract, and pro	vide a
	GF-24-Chamber Programs and events for the business community and the com	munity		
4	Name of Interacted Party	0		f interest
	Name of Interested Party	City, State, Country (place of busine	Controlling	pplicable) Intermediary
			Controlling	intermediary
_				
5	Check only if there is NO Interested Party.			
	UNSWORN DECLARATION			
	My name is Elizabeth Suarez	, and my date of b	irth is 09 / 2 6	[1975]
	My address is 9210 N. 28 <sup>th</sup>	McAllen Ty		. Hide Go
	(street)	(city) (sta	te) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed in Hidalg O County,	State of Texas, on the L	day of November (month)	er, 20 <u>23</u> . (year)
		11111	2	U-2-1,
	<u></u>	Signature of authorized exert of control	cacting husings antit	
		Signature of authorized 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.		CF	OFFICE US		
1	Name of business entity filing form, and the city, state and c of business.	country of the business entity's place	Cert	ificate Number:		
	Town Band Association		2023	3-1091095		
	McAllen , TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party being filed.	to the contract for which the form is	11/0	05/2023		
	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		tify the c	ontract, and pro	ovide a	
	GF - 24 - Town					
	The grant will provide funds to support our 2023-2024 co	ncert season.				
4				1	of interest	
	Name of Interested Party	City, State, Country (place of bu	siness)	Controlling	pplicable) Intermediary	_
				Controlling	Intermediary	_
					<u> </u>	
					1	_
				<u> </u>	<u> </u>	_
					1	_
						_
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Jonathan Stevens	, and my date	of birth is	s 12/12/83	·	
	My address is 123 W. Shasta Ave.	McAllen	TX	78504	USA	
	(street)	,, (city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and co	orrect.				
	Executed in HidalgoC	rounty State of Texas	<sub>ne</sub> 6	<sub>day of</sub> Novem	ber <sub>20</sub> 23	
		county, State of Texas , on t		(month)	, 20 (year)	
		guth	Ston	ur-		
		Signature of authorized agent of o	<u> </u>		<del></del>	
		(Declarant)	Jonii acili	g business critity		

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place		ficate Number: 3-1091095	
	Town Band Association		2020	)-1031030	
	McAllen , TX United States			Filed:	
2		e contract for which the form is	11/0	5/2023	
	being filed. City of McAllen		Date	Acknowledged:	
	City of Michael			8/2023	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the co	ontract, and prov	∕ide a
	GF - 24 - Town				
	The grant will provide funds to support our 2023-2024 concert	t season.			
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	s	
	My address is				
	(street)	(city) (s	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	rt.			
	Executed inCounty	y, State of, on the		day of	
				(month)	(year)
		Signature of authorized agent of con	 tracting	g business entity	

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		1	OFFICE USE	1
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number: -1093318	
	Palm Valley Animal Society		1		
	Edinburg, TX United States		1	Filed:	
2		ne contract for which the form is	11/10	0/2023	
	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	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	ride a
	11-23-NBI13-01 Animal Care Intake Facility and Animal Shelter				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable) Intermediary
Pa	alm Valley Animal Society	Edinburg, TX United States		X	memediary
-					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Sure He Cruz	, and my date o	of birth is	s 6/11/	85
	My address is 2315 E 21st (street)	Mussian T	(state)	7857 <del>2</del> (zip code)	Country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed in Haaleyo cour	nty, State of TEXCIS, on the	10	day of <u>VOI</u>	
		A miss		2	
		Signature of authorized agent of ec (Declarant)	entraction	g 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.		CF	OFFICE USE	
1	Name of business entity filing form, and the city, state and cour of business.  Palm Valley Animal Society Edinburg, TX United States	ntry of the business entity's pl	lace Cert	tificate Number: 3-1093318	O <u>_</u>
2		the contract for which the form	Date	10/2023 e Acknowledged: 10/2023	
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 11-23-NBI13-01 Animal Care Intake Facility and Animal Shelter		r identify the o	contract, and prov	vide a
4	Name of Interested Party	City, State, Country (place	of business)	Nature of (check ap	
Pi	alm Valley Animal Society	Edinburg, TX United Sta	tes	X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and m	y date of birth i	is	<del>.</del>
	My address is(street)	(city)	, (state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed inCour	nty, State of	_, on the	_day of(month)	, 20 (year)
				(monar)	(3001)
		Signature of authorized age (Declar		ng business entity	

								1 0f 1
		6 if there are interested parties. and 6 if there are no interested				(	OFFICE US	
1	of business.	filing form, and the city, sta	te and countr	y of the b	ousiness entity'		ertificate Number: 023-1094705	
	Roshel Inc. Mississauga Ontario C	anada				l <sub>D</sub>	ate Filed:	
2	Name of governmental e	entity or state agency that is	a party to the	contract	for which the f		1/15/2023	
	being filed. City of McAllen					D	ate Acknowledged	l:
3		n number used by the gover ees, goods, or other property				k or identify th	e contract, and pr	ovide a
	10-23-P12-01 PROJECT NO. 10-23-	P12-01 - TWO TACTICAL /	ARMORED L	JNITS (G	SSA)			
4								of interest
	Name	of Interested Party		City, Sta	te, Country (pla	ice of busines	S) (check a	applicable) Intermediary
Sł	nimonov, Roman			Mississ	sauga Ontario	Canada	×	
5	Check only if there is NO	O Interested Party.						
6	UNSWORN DECLARATION	ON —						
		Shimonov			, and	d my date of bir	12-07-19 th is	80
	My address is	381 Pacific Circle		,	Mississauga	, ON	,L5T2A4	Canada
		(street)			(city)	(state	e) (zip code)	(country)
	I declare under penalty of	perjury that the foregoing is tru	ue and correct					
	Executed inMissis	sauga	County,	State of	Ontario	, on the	5_day of Noven	nber <sub>, 20</sub> _23
							(month	) (year)
				Signatu		agent of contra clarant)	cting business entit	<i>y</i>

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		ificate Number: 3-1094705	
	Roshel Inc.				
	Mississauga Ontario Canada			e Filed:	
2		e contract for which the form is	11/1	L5/2023	
	being filed.			Aalmandadaad	
	City of McAllen			Acknowledged: L5/2023	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided as a second of the services.		tify the c	contract, and prov	vide a
	10-23-P12-01 PROJECT NO. 10-23-P12-01 - TWO TACTICAL ARMORED	UNITS (GSA)			
4				Nature of	
т	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	
				Controlling	Intermediary
Sh	nimonov, Roman	Mississauga Ontario Canada		х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth i	s	
	My address is				
	My address is(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	rt.			
	Executed inCounty	y, State of, on t	he _	_day of	, 20 .
		, 500	-	(month)	, 20 (year)
		Signature of authorized agent of o	contractin	na business entity	
		(Declarant)		. S Suchicos Chity	

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 coun	try of the business entity's place	Certi	ificate Number:	OF FILING
	of business.		2023	3-1092595	
	McAllen Heritage Center Inc. McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		8/2023	
_	being filed.				
	McAllen Heritage Center Inc.			Acknowledged: .3/2023	
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided in the control of the services.		y the c	ontract, and prov	vide a
	GF-24-MHC				
	History Museum				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	
				Controlling	Intermediary
Kr	eidler, John M	McAllen, TX United States		Х	
Ki	nerk, Nedra	McAllen, TX United States		Х	
St	ocker, William	Mcallen, TX United States		Х	
Вс	ultinghouse, Danny	McAllen, TX United States		Х	
Ga	abriel, Olga	McAllen, TX United States		Х	
Ma	artinez, Maria Piedad	McAllen, TX United States		Х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date o	f birth is	s	
	My address is(street)		state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	<b>*</b> †			
	Executed inCount	y, State of, on the		day of(month)	, 20 (year)
		Signature of authorized agent of co	ntractin	g business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			ICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place	Certificate		
	McAllen Heritage Center Inc.		2020 100	2000	
	McAllen, TX United States		Date Filed	:	
2	Name of governmental entity or state agency that is a party to the co	contract for which the form is	11/08/202	:3	
	being filed.		Date Ackn	owledged:	
	McAllen Heritage Center Inc.		Date Ackii	owieugeu.	
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided	or state agency to track or identify I under the contract.	the contra	ct, and pro	vide a
	GF-24-MHC				
	History Museum				
4				Nature o	f interest
*	Name of Interested Party C	City, State, Country (place of busine	ess)	(check a	oplicable)
			Co	ntrolling	Intermediary
Kr	eidler, John M	McAllen, TX United States	х		
Kii	nerk, Nedra	McAllen, TX United States	Х		3
St	ocker, William	Mcallen, TX United States	Х		
Вс	oultinghouse, Danny	McAllen, TX United States	X		
Ga	abriel, Olga	McAllen, TX United States	X		
Ma	artinez, Maria Piedad	McAllen, TX United States	х		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		ATTERNATION OF THE PER SECTION OF		
	My name is Elve M. Cerla	, and my date of b	oirth is	-04	-1957
	My address is 1226 Herm	MeAllen 7	X 78	574	Hipauso
	(street)	(city) (sta	ate) (	zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
		State of	8 TH day of	Nov	, 20 <b>2 3</b> .
	•		_	(month)	(year)
		Cleam-Cus			
		Signature of authorized agent of cont (Declarant)	racting busi	ness 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.			OFFIC CERTIFIC	E USE (	
1	Name of business entity filing form, and the city, state and count of business.	try of the business en	tity's place	Certificate Nu		
	Vera Environmental Solutions, LLC			2023-109508	30	
	Cedar Park, 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 t	he form is	11/15/2023		
	City of McAllen			<b>Date Acknow</b> 11/15/2023	ledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide			the contract,	and provic	le a
	Project No. 11-23-P15-01 PURCHASE OF TWO (2) WEMCO PUMPS RETURN ACTIVA	ATED SLUDGE (RA	S) PUMPS			
4					lature of in	
	Name of Interested Party	City, State, Country	(place of busine	Contr	check apploil	ntermediary
Ve	era, Miguel	Cedar Park, TX U	Inited States	X		y
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of b	oirth is		
	My address is(street)	,(city)		ate) (zip o	, _	(country)
	I declare under penalty of perjury that the foregoing is true and correc		(	, (	,	
	Executed inCounty		on the	day of		20
		y, otato or	, 0.1 0.10 _	aay or	(month)	(year)
		Signature of authori	zed agent of cont (Declarant)	racting busines	ss entity	

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE US	E ONLY N OF FILING
1	Name of business entity filing form, and the city, state and coun	try of the business entity's place		ficate Number:	
	of business.  Vera Environmental Solutions, LLC		2023	3-1095080	
	Cedar Park, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	11/1	5/2023	
	being filed.		Data	Aalmaudadaad	ı <u>.</u>
	City of McAllen		Date	Acknowledged	i.
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the c	ontract, and pro	ovide a
	Project No. 11-23-P15-01				
	PURCHASE OF TWO (2) WEMCO PUMPS RETURN ACTIV	'ATED SLUDGE (RAS) PUMPS			
_				Nature	of interest
4	Name of Interested Party	City, State, Country (place of busin	ıess)	(check a	applicable)
				Controlling	Intermediary
V	era, Miguel	Cedar Park, TX United States		X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Miguel A. Vera	, and my date of	birth is	December 2,	1970
	My address is 3118 Media Dr.	, <u>Cedar Park</u> , <u>T</u>	X	78641	,USA
	(street)		state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in Williamson Count	y, State of <u>Texas</u> , on the	<u>15</u>	day of <u>Novemk</u>	<u>oer</u> , 20 <u>23</u> .
		me		(month	) (year)
		Signature of authorized agent of cor	ntractin	g business entity	/
		(Declarant)			

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business	try of the business entity's place	Cert	ificate Number:	OI I ILIITO
	of business.  Doggett Heavy Machinery		2023	3-1095410	
	SAN JUAN, 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		L6/2023	
	being filed.				
	CITY OF MCALLEN			Acknowledged:	
				L6/2023	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ify the c	ontract, and prov	vide a
	. 11-23-P19-01				
	Purchase of Heavy Duty Construction Equipment (Sourcewel	I) (BACKHOE &EXCAVATOR)			
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap	plicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth is	s	
	My addrage is				
	My address is(street)	(city)	(state)	(zip code)	(country)
	, 7	· • • • • • • • • • • • • • • • • • • •	. ,	/	,
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCount	y, State of, on th	ne	_day of	, 20
				(month)	(year)
		Signature of authorized agent of c	ontractin	ng business entity	

FORM 1295

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  Doggett Heavy Machinery SAN JUAN, TX United States  Certificate Nu 2023-109541	/ledged: and provide a
of business entity filling form, and the city, state and obtains 2023-109541  2023-109541  2023-109541  Date Filed: 11/16/2023  Date Filed: 11/16/2023	/ledged: and provide a
SAN JUAN, TX United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Date Filed:  11/16/2023	and provide a
<ul> <li>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</li> </ul>	and provide a
being filed.	and provide a
CITY OF MCALLEN	and provide a
SITT OF MOVEEET	
Provide the identification number used by the governmental entity or state agency to track or identify the contract, a description of the services, goods, or other property to be provided under the contract.	
11-23-P19-01	
Purchase of Heavy Duty Construction Equipment (Sourcewell) (BACKHOE &EXCAVATOR)	
	Nature of interest
Name of interested Party	check applicable)
Contro	olling Intermediary
	6
5 Check only if there is NO Interested Party.	
6 UNSWORN DECLARATION	
My name is act James Courts, and my date of birth is 12/	08/1987
My address is 901 E I - 7 San Juan TX 785 (street) (city) (state)	code) (country)
I declare under penalty of perjury that the foregoing is true and correct.	1 1
Executed in Midalgo County, State of Pexas, on the day of	(month) (year)
Cum T Cra	
Signature of authorized agent of contracting busine (Declarant)	ess 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 count of business.  Amigos Del Valle, Inc.	ry of the business entity's place	1015-21-0011-00001-0	ficate Number: -1093301	
	Mission, TX United States		11.000.000.000.000.000	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	11/10	0/2023	
	City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental entitidescription of the services, goods, or other property to be provided GF-24-ADV	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	/ide a
	Salary Compensation for staff and meals delivered at Las Pal	mas Community Center in the City	of Mc/		
4	Name of Interested Posts	City State Country Inless of husing	966)	Nature of	
	Name of Interested Party	City, State, Country (place of busin	c35)	(check ap	Intermediary
				6,	
		~			
	ST .				
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Alejandro Querva	, and my date of	birth is	November	8, 1982
	My address is 1509 W. 20 5 5 (street)		state)	78572 (zip code)	_, <u>USA</u> .
	I declare under penalty of perjury that the foregoing is true and correct	ct.	1,50		
		ty, State of 10x45, on the	10th	day of November	er, 20 <u>23</u> .
	v	Ala la la	~	(month)	(year)
		Signature of authorized agent of cor (Declarant)	ntractin	ng business entity	(
1		(Degarant)			

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of business.		ificate Number: 3-1093301			
	Amigos Del Valle, Inc.		2020	3-1090001		
	Mission, 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		0/2023		
_	being filed.	5 contract for which the form is				
	City of McAllen		Acknowledged: 4/2023			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		iy the c	ontract, and prov	vide a	
	GF-24-ADV					
	Salary Compensation for staff and meals delivered at Las Palr	mas Community Center in the City	y of Mc	:Allen.		
4				Nature of		
•	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	applicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	5	·	
	My address is		,		,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of , on thε	) (	day of	, 20 .	
				(month)	(year)	
		Signature of authorized agent of co	ntractin <sup>e</sup>	g business entity		

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CF	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number:				
	San Miguel Lawn Services		2023-1094857				
	San Juan, TX United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	11/1	.5/2023			
	being filed.						
	City of McAllen	<b>Da</b>					
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	ity or state agency to track or identi ded under the contract.	fy the c	contract, and prov	vide a		
	08-23-S66-118						
	Service Contract for Mowing of Weedy Lots						
4				Nature of			
	Name of Interested Party	City, State, Country (place of busi	iness)	<u> </u>	oplicable)		
				Controlling	Intermediary		
_	Observation in NO between to d Ports			'			
ດ	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date c	of birth is	s	·		
	My address is						
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ot.					
	Executed inCounty	y, State of, on the	e	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity			

					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:		
	San Miguel Lawn Services		2023-1	1094857		
	San Juan, TX United States		Date Fi	iled:		
2	Name of governmental entity or state agency that is a party to the contract for wh	nich the form is	11/15/			
_	being filed.					
	City of McAllen		Date A	cknowledged:		
3	Provide the identification number used by the governmental entity or state agenc description of the services, goods, or other property to be provided under the co		the con	ntract, and prov	ride a	
	08-23-S66-118					
	Service Contract for Mowing of Weedy Lots					
4				Nature of	interest	
4	Name of Interested Party City, State, Cou	untry (place of busine	ess)	(check ap	plicable)	
				Controlling	Intermediary	
			1			
			$\dashv$			
			_			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Miquel Angel Olta Tamez	, and my date of t	oirth is _	05 30	1984	
	My address is $\frac{709 \text{ Bcatrice Aue}}{\text{(street)}}$ , $\frac{\text{San Juan}}{\text{(city)}}$ , $\frac{78589}{\text{(zip code)}}$ , $\frac{\text{US.}}{\text{(country)}}$					
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Hidalgo County, State of 14)	<u>(</u> , on the _	15 <sup>th</sup> da	y of Novemb	<u> 20 23</u>	
	M) (00	) [		(month)	(year)	
	Signature of au	uthorized agent of cont (Declarant)	racting I	business entity		

FORM **1295** 

							1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					ICE USE	ONLY OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2023-1095795			
	SpawGlass Contractors, Inc.				2023-1095	795		
	Harlingen, TX United States				Date Filed:			
2	Name of governmental entity or state agency that is a party to	the contr	act for which the for	m is	11/16/2023	}		
	being filed.				Date Acknowledged:			
	City of McAllen				Date ACKIIO	wieugeu:		
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro			or identify t	the contract	, and prov	ride a	
09-22-C45-521								
	Construction Services							
		T			1	Nature of	interest	
4	Name of Interested Party	City,	State, Country (place	of busine	ss)	(check ap	plicable)	
					Con	trolling	Intermediary	
5	Check only if there is NO Interested Party.				L			
6	UNSWORN DECLARATION							
	My name is Eric Kennedy		, and n	ny date of b	irth is 03	/07/19	977	
	My address is 3008 W Spur	,	Harlingen	, <u>TX</u>	,7	8552	USA_	
	(street)		(city)	(sta	ite) (zij	p code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corr	rect.						
	Executed in Cameron Cou	unty, State	of Texas	_, on the $1\over$	6thday of _	Nov	, 20 <u>23</u>	
				/	,	(month)	(year)	
			Fair C	yma				
		Sign	ature of authorized ag		acting busin	ess entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	ness entity filing form, and the city, state and country of the business entity's place					
	SpawGlass Contractors, Inc.						
_	Harlingen, 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 i	s   11/	11/16/2023			
	City of McAllen			Date Acknowledged: 11/17/2023			
	Booklands identification and books are also as				data a		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		dentity the	contract, and prov	/ide a		
	09-22-C45-521						
	Construction Services						
4				Nature of	of interest		
_	Name of Interested Party	City, State, Country (place of	business)	<u> </u>	pplicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my o	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		, 20		
				(month)	(year)		
		Signature of authorized agent (Declaran		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	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1095413				
	Doggett Heavy Machinery	Z0Z0-1030410				
	SAN JUAN, TX United States		e Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	111/1	16/2023			
	CITY OF MCALLEN			Acknowledged: L6/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		fy the c	ontract, and prov	ıide a	
	10-23-P08-01					
	purchase of one (1) compact excavator					
4	<del></del>			Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
				Controlling	Intermediary	
					<u></u>	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	s	·	
	My address is		,	·	.,	
	(street)	(city) (	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed inCounty	y, State of, on the	<del></del>			
				(month)	(year)	
		Signature of authorized agent of co	ntractin	ng business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE 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: 2023-1095413		
	Doggett Heavy Machinery					
	SAN JUAN, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	11/16/2023			
	being filed. CITY OF MCALLEN		Date Acknow	/ledged:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or identify dunder the contract.	the contract,	and prov	vide a	
	10-23-P08-01					
	purchase of one (1) compact excavator					
					interest	
4	Name of Interested Party	City, State, Country (place of busine	-		plicable)	
			Contr	olling	Intermediary	
			33			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is ascy James Coralus	, and my date of b	irth is 17/c	8/19	8)	
	My address is 901 E I-2 (street)	_, San Juan, TX	te), 7858		(country)	
	I declare under penalty of perjury that the foregoing is true and correct.  Executed in   County,	State of TCkrss on the I	day of W	Wem Bo	×. 20 23.	
	Executed inCounty,	> 0.00 or		(month)	(year)	
	an	Jun		Maryamore 2 - 14		
		Signature of authorized agent of contra (Declarant)	acting busines	s 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		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:		
	Valley Initiative for Development and Advancement (VIDA)		2023-1090793			
	Mercedes, TX United States			Filed: 3/2023		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	11/03	5/2025		
	Development Corporation of McAllen, Inc.	:	Date .	Acknowledged:		
3	Provide the identification number used by the governmental entit		the co	ontract, and pro	/ide a	
	description of the services, goods, or other property to be provid DC-24-VIDA	lea unaer the contract.				
	Economic/Business Development and Education through the particular disadvantaged and low-skilled adults to obtain PSOT credentic		ports	to economically	y	
4				Nature o	interest	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	·	
_				Controlling	Intermediary	
_						
H					<b></b>	
$\vdash$						
				·		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			,	/	
	My name is Felida Villarreal	, and my date of	birth is	5/15/	1994	
	My address is 47 S. Ohio Ave.	Mercedes -	rχ	7857	O U.S.	
	(street)	•	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	•				
			_		m 03	
	Executed in Hidalgo County	, State of <u>TeXaS</u> , on the	<u>5</u>	lay of Novemi	20 23	
				(month)	(year)	
		15/1.				
		Signature of authorized agent of cont	racting	business entity		
l		(Declarant)		, 525 Colo Cristy		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2023-1090793			
	Valley Initiative for Development and Advancement (VIDA)					
	Mercedes, TX United States					
2	Name of governmental entity or state agency that is a party to the being filed.	11/0	03/2023			
	Development Corporation of McAllen, Inc.		Date	Acknowledged:		
			11/0	08/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ify the c	ontract, and prov	ride a	
	DC-24-VIDA	· · · · · · · · · · · · · · · · · · ·				
	Economic/Business Development and Education through the disadvantaged and low-skilled adults to obtain PSOT credenti		upports			
4	Name of list was at all Ports	Oite State Country (along of business)	: <b>\</b>	Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	Intermediary	
				Controlling	intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s	·	
	My address is		,	·	.,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	zt.				
	Executed inCounty	y, State of, on th	e			
				(month)	(year)	
		Signature of authorized agent of co	ontractin	 na business entity		
l		(Declarant)		.gs.cess sindly		

FORM **1295** 

_							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE 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: 2023-1091000			
	Comfort House Services, Inc. McAllen, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		3/2023			
	being filed.		Date	Acknowledged:			
	City of McAllen		Date	Acknowledged.			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to track or identify led under the contract.	the c	ontract, and prov	/ide a		
	GF-24-Comfort Twenty-four-hour care to the terminally ill						
	Twenty-rour-rour care to the terminally in						
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap			
		City, Catalo, Country (Flace Cr. Duon.	,	Controlling	Intermediary		
		_					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is David A. Perer	, and my date of	birth is	10.30-1	974		
	My address is Qualus Ave (street)	(city), T	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.	1				
	Executed in County	, State of <u>Clas</u> , on the	57	lay of Novem	20 <u>23</u> . (year)		
		J.M.		(institut)	(,,,,,		
		Signature of authorized agent of (Declarant)	tracting	business entity			

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number:					
	Comfort House Services, Inc.		2023-1091000				
	McAllen, TX United States						
2		name of governmental entity or state agency that is a party to the contract for which the form is					
_	being filed.	,					
	City of McAllen	D. 1.					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identi ded under the contract.	fy the c	contract, and prov	vide a		
	GF-24-Comfort						
	Twenty-four-hour care to the terminally ill						
4	1			Nature of			
	Name of Interested Party	City, State, Country (place of bus	iness)		plicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date o	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	<b>*</b>					
	Executed inCounty	y, State of, on the	e	day of (month)	, 20 (year)		
				(monar)	(3001)		
		Signature of authorized agent of co (Declarant)	ontractin	ng business entity			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and co	Certi	Certificate Number: 2023-1096303		
	Valley Symphony Orchestra		2023	3 <del>-</del> 1090303	
	McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party t being filed.	to the contract for which the form is	11/2	0/2023	
	City of McAllen		Date	Acknowledged	:
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr		entify the c	ontract, and pro	ovide a
	GF - 24 - VSO Concerts and cultural experiences plus community and ecand the greater Rio Grande Valley area.	ducation oriented activities to enric	h the lives	of citizens of N	лсАllen, ТХ
4				Nature (	of interest
_	Name of Interested Party	City, State, Country (place of	ousiness)	· ·	ipplicable)
				Controlling	Intermediary
					<u> </u>
					+
				<del>                                     </del>	
5	Check only if there is NO Interested Party.	1			1
6	UNSWORN DECLARATION				
	My name is David Lobel	, and my da	ate of birth is	<sub>s</sub> April 23, 1	978
	My address is 1202 N 15th St	, McAllen	_, <b>TX</b> ,	78501	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and co	orrect.			
	Executed in Hidalgo Co	ounty, State of Texas, o	the 20	day of Novem	<u>be</u> r <sub>20</sub> 23
		1	Llef	(month)	) (year)
	<del></del>	Signature of authorized agent of	f contractin	g business entity	
		(Declarant)		,	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2023-1096303			
	Valley Symphony Orchestra	2020	5-1030303		
	McAllen, TX United States		Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	11/2	0/2023	
	City of McAllen		Acknowledged: 4/2023		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		y the c	ontract, and prov	ride a
	GF - 24 - VSO				
	Concerts and cultural experiences plus community and educa and the greater Rio Grande Valley area.	ition oriented activities to enrich the	e lives		
4	Name of Interested Party	City, State, Country (place of busir	ness)	Nature of (check ap	
	Name of interested larry	Only, State, Soundry (place of busin	1033)	Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	f birth is	S	
	My address is		,		,·
	(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			
				(month)	(year)
		Signature of authorized agent of cor (Declarant)	ntractin	g business entity	

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CE USE	ONLY OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2023-1096570		
	Women Together Foundation Inc.		2023-1030.	370		
	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	11/20/2023			
	City of McAllen		Date Acknow	wledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the contract	, and prov	vide a	
	GF - 24 - Women Together Emergency Shelter, Transitional Housing, Rape Crisis Center					
4				Nature of		
Ĭ	Name of Interested Party	City, State, Country (place of busine	-	(check ap	<u> </u>	
_				rolling	Intermediary	
Ci	ty of McAllen	McAllen, TX United States	×			
		_				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isEstella DeAnda	, and my date of b	oirth is <u>· 1 (</u>	)/3/1	947·	
	My address is511N Cynthia	,_McAllen,	Tx, 785	501	·	
	(street)	(city) (sta	ate) (zip	code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in Hidalgo County	r, State of <u>Texas</u> , on the _	20_day of _	Nov (month)	, 20 <u>23</u> . (year)	
		Etella De Om	da			
		Signature of authorized agent of conti (Declarant)	racting busine	ess entity		

FORM **1295** 

				1011	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
Name of business entity filing form, and the city, state and count of business.		Certificate Number:			
Women Together Foundation Inc.		202	1030370		
		Dat	e Filed:		
	e contract for which the form i	s 11/	20/2023		
being filed.					
City of McAllen	-				
GF - 24 - Women Together Emergency Shelter, Transitional Housing, Rape Crisis Center					
				f interest	
Name of Interested Party	City, State, Country (place of	f business)			
			Controlling	Intermediary	
y of McAllen	McAllen, TX United States	i	Х		
Check only if there is NO Interested Party.					
UNSWORN DECLARATION					
My name is	, and my o	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			
			(month)	(year)	
			ng business entity	_	
	Name of business entity filing form, and the city, state and count of business.  Women Together Foundation Inc.  McAllen, TX United States  Name of governmental entity or state agency that is a party to the being filed.  City of McAllen  Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided a provided the identification of the services, goods, or other property to be provided a provided the identification number used by the governmental entity of the services, goods, or other property to be provided a provided the identification number used by the governmental entity of the services, goods, or other property to be provided a provided the identification number used by the governmental entity of the services, goods, or other property to be provided as a provided a provided and the services of the provided and the services of the provided and the services of the servi	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filling form, and the city, state and country of the business entity's plan of business.  Women Together Foundation Inc.  McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track or is description of the services, goods, or other property to be provided under the contract.  GF - 24 - Women Together  Emergency Shelter, Transitional Housing, Rape Crisis Center  Name of Interested Party  City, State, Country (place of the McAllen)  Ty of McAllen  McAllen, TX United States  On McAllen  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Women Together Foundation Inc.  McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track or identify the description of the services, goods, or other property to be provided under the contract.  GF - 24 - Women Together  Emergency Shelter, Transitional Housing, Rape Crisis Center  Name of Interested Party  City, State, Country (place of business)  By of McAllen  McAllen, TX United States  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is	Camplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Women Together Foundation Inc.  McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Provide the identification number used by the governmental entity or state agency to track or identify the contract, and prodescription of the services, goods, or other property to be provided under the contract.  Rame of Interested Party  City, State, Country (place of business)  Name of Interested Party  City, State, Country (place of business)  Name of Interested Party  Check and McAllen, TX United States  X  Controlling  Yof McAllen  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2023-1098496			
	Diamond Mowers, LLC	202	3-1090490			
	SIOUX FALLS, SD 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	11/2	28/2023		
	being filed. The City of McAllen		Date	Acknowledged:		
	The City of McAllen			29/2023		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ify the c	contract, and prov	vide a	
	706-23 Gounds Maintenance					
	PROJECT NO. 10-23-P10-01 PURCHASE OF TWO (2) BOO	M MOWERS THROUGH BUYB	DARD			
4	1			Nature of		
	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s		
	Moradosa					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	y, State of, on the	ne	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of o	ontractin	ng business entity		

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1		the business entity's place	Certificate Number:			
	of business. Diamond Mowers, LLC		2023-	1098496		
	SIOUX FALLS, SD United States		Date F	iled:		
2	Name of governmental entity or state agency that is a party to the cont	tract for which the form is	11/28			
	being filed.		Det:	المسامة المسامة		
	The City of McAllen		Date A	Acknowledged:		
3	Provide the identification number used by the governmental entity or s description of the services, goods, or other property to be provided un		the co	ntract, and prov	ide a	
	706-23 Gounds Maintenance PROJECT NO. 10-23-P10-01 PURCHASE OF TWO (2) BOOM MC	OWERS THROUGH BUYBOAI	RD			
4	<u> </u>		$\neg \tau$	Nature of	interest	
4	Name of Interested Party City,	State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
			-+			
			$\dashv$			
			$\dashv$			
			T			
	Check only if there is NO Interested Party.					
ì	UNSWORN DECLARATION			ē		
	My name is Dacotal Burn	, and my date of b	irth is _	8/6/	87	
	My address is 350 & 60 & 54. N. (street)	Stort Falls , St.	2_, te)	57/04 (zip code)	USA . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Minnehaha County, State	of 50, on the 2	2.5 da	y of <u>//ov.</u> (month)	_, 20 <u>2 7</u> . (year)	
				> _		
	***************************************					
	Sign	ature of authorized agent of contra (Declarant)	acting b	ousiness entity		

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		С	OFFICE USE ERTIFICATION		
1	Name of business entity filing form, and the city, state and count	ce Ce	Certificate Number:			
	of business. THE REVENUE MARKETS INC	20	23-1097889			
	ACCORD, NY United States	Da	te Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form		/27/2023		
	being filed.					
	City of McAllen		te Acknowledged: /28/2023			
_	Provide the identification number used by the governmental enti	ty or state agency to track or			iido a	
3	description of the services, goods, or other property to be provide		identity the	e contract, and prov	nue a	
	PO00240251					
	Project No. 10-23-P25-01 EZ Cross Lane Upgrade.					
4				Nature of	interest	
4	Name of Interested Party	City, State, Country (place o	of business	·		
				Controlling	Intermediary	
R	osakranse, Lisa	Accord, NY United States	;	X		
				1		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my	date of birth	n 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	/, State of,	on the	day of (month)	, 20 (year)	
				(month)	(yeai)	
		Signature of authorized ager	nt of contrac	ting business entity		
		(Declara		5		

					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 co	place Cer	Certificate Number:		
	THE REVENUE MARKETS INC	202	23-1097889		
	ACCORD, NY United States	Dat	e Filed:		
2	Name of governmental entity or state agency that is a party t	rm is 11/	27/2023		
being filed. City of McAllen  Date					:
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr		or identify the	contract, and pro	ovide a
	PO00240251				
	Project No. 10-23-P25-01 EZ Cross Lane Upgrade.				
4				Nature o	of interest
4	Name of Interested Party	City, State, Country (plac	e of business)	(check a	pplicable)
				Controlling	Intermediary
R	osakranse, Lisa	Accord, NY United Star	tes	×	
				+	
				+	
				<del>                                     </del>	
		·			
	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Lisa Rosakranse	, and ı	my date of birth	is 06/30/196	0
	My address is5120 US Highway 209	Accord	, NY	12404	USA_
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and co	orrect.			
	Executed in Ulster Co	ounty, State of NY	, on the 27t	h <sub>day of</sub> Nov.	, <sub>20</sub> <u>23</u>
				(month)	(year)
		Lisa Rosak	ranse		
		Signature of authorized aq (Decl	gent of contracti arant)	ng business entity	

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-1098868 Professional Turf Products, LP Euless, TX United States Date Filed: 11/29/2023 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen, TX Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 09-23-P76-01 PROJECT NO. 09-23-P76-01 â PURCHASE OF FAIRWAY MOWERS (BB) Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary

5 Check only if there is NO Interested Party.  $|\mathbf{x}|$ **6 UNSWORN DECLARATION** My name is DAVID LAU 05/31/1967 \_\_\_\_, and my date of birth is \_\_\_\_ My address is 1010 N. INDUSTRIAL BLVD 76039 **EULESS** TX. USA (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. **TARRANT** on the 29 day of NOV TX Executed in County, State of (year) Signature of authorized agent of contracting business entity (Declarant)

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2023-1098868				
	Professional Turf Products, LP		2020	5-1090000			
	Euless, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	11/2	11/29/2023			
	being filed.		Date	Acknowledged:			
	City of McAllen, TX			9/2023			
Ļ	Provide the identification number used by the governmental enti-	ity or state agency to track or identif			rido o		
3	description of the services, goods, or other property to be provide		y uic o	Olliaci, and pro-	/IUC a		
	PROJECT NO. 09-23-P76-01						
	PROJECT NO. 09-23-P76-01 â PURCHASE OF FAIRWAY M	ЛOWERS (BB)					
		<u> </u>		Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap			
	,		,	Controlling	Intermediary		
	Į.						
_				<del>                                     </del>			
				<u> </u>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	i birth is	3	·		
	My address is						
	My address is(street)	,,,,,,,	state)	(zip code)	(country)		
	, ,	, ,,	,	, , ,	, ,,		
	I declare under penalty of perjury that the foregoing is true and correct	ot.					
	Executed inCounty	.y, State of, on the	(	day of	, 20		
				(month)	(year)		
		Cignoture of authority of the control of	ntuc - '	a busis			
		Signature of authorized agent of cor (Declarant)	ıtractını	g business entity			

						1 0f 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE 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.				icate Number: -1099044		
	PromoUniversal, LLC			1			
	Corpus Christi, TX United States			Date			
2	Name of governmental entity or state agency that is a party to the	ne contract for which	the form is	11/29	9/2023		
	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 provided in the pro			the co	ontract, and pro	vide a	
	11-23-P26-03						
	Promo Items for the 2024 STAHC						
4					Nature o	f interest	
•	Name of Interested Party	City, State, Country	/ (place of busin	ess)		pplicable)	
					Controlling	Intermediary	
Ar	nzaldua, Anthony	Corpus Christi, T	X United States		Χ		
5	Check only if there is NO Interested Party.						
<u></u>	LINEWODN DECLADATION						
0	UNSWORN DECLARATION				40/40/4004		
	My name is Anthony Anzaldua		, and my date of	birth is	10/13/1961	·	
	My address is 2741 Swantner St		_	<		Nueces	
	My address is 2741 Gwarmer Gt (street)	,(city)		ate)	(zip code)	(country)	
	(0.1001)	(Oity)	(3)	,	(=.p 0000)	(Courting)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	Executed in Nueces Count	ty, State of Texas	on the	29 ,	lay of Nov	20 23	
	Couli	iy, Siale OI	, on the _	0	(month)	, 20 (year)	
			. 4		. ,	- ,	
		Anthony	.Anzaldi	ua			
		Signature of author	•	tracting	business entity		
			(Declarant)				

FORM **1295** 

						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
1	Name of business entity filing form, and the city, state and count	Certificate Number:				
	of business.			2023-	1099044	
	PromoUniversal, LLC			Doto F	ilodi	
_	Corpus Christi, TX United States		<b>-</b>	<b>Date F</b> 11/29		
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which ti	ne form is	11/25	72020	
	City of McAllen			Acknowledged:		
				11/30	/2023	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	the co	ntract, and pro	vide a		
	11-23-P26-03					
	Promo Items for the 2024 STAHC					
4						f interest
•	Name of Interested Party	City, State, Country	(place of busin	ess)	(check ap	
					Controlling	Intermediary
Aı	nzaldua, Anthony	Corpus Christi, TX	United States		X	
				<u>I</u>		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of	birth is		
	My address is					
	My address is(street)	,(city)	,,,,	, _ ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
	Executed inCount		on the	d:	av of	20
		,, siaid o	, 0.1 0.10 _	u	(month)	
		Signature of authoriz		tracting	business entity	
			(Declarant)			

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
L	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1041725				
	Climatec, LLC					
	San Antonio, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/05	5/2023		
	being filed. 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 provided.		the co	ontract, and prov	ride a	
	06-23-s44-01 Provide the mechanical scope of work for the Bus terminal Me	echanical Upgrades project for the 0	City of	· McAllen		
_				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check applicable)		
				Controlling	Intermediary	
Vlα	arshall, Kenneth	San Antonio, TX United States			Х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Kenneth Marshall	, and my date of	birth is	12/09/1985	5	
	My address is 1077 Central Parkway south	San Antonio , <u>Te</u>	exaș	78232	USA_	
	(street)	(city) (st	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in Bexar County	y, State of Texas , on the	<u>5</u> _c	day of 7 (month)	, 20_23 (year)	
		2/1/	_	(monal)	(3001)	
		Signature of authorized agent of con (Declarant)	tracting	business entity		

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY			
				CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	ate and country of the business entity's place		Certificate Number: 2023-1041725			
	Climatec, LLC						
	San Antonio, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			07/05/2023			
	City of McAllen Texas			Date Acknowledged 07/10/2023	:		
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.						
	06-23-s44-01						
	Provide the mechanical scope of work for the Bus terminal Mechanical Upgrades project for the City of McAllen						
4		<u> </u>			Nature of interest		
4	Name of Interested Party  City, State, Country (place of b		/ (place of busine	ess) (check a	(check applicable)		
				Controlling	Intermediary		
Marshall, Kenneth		San Antonio, TX United States			х		
					<del> </del>		
		<del>                                     </del>					
		<del> </del>			<del> </del>		
		<del>                                     </del>					
_		<del>                                     </del>			<u> </u>		
<u> </u>		<u></u>					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of birth is					
	My address is(street)	(city)		rate) (zip code)	, (country)		
	(Silver)	(Oity)	,ou	ale) (219 0000)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed inCount	ty, State of	, on the _	day of (month)			
				(	, (,,,,,,		
		Signature of author	ized agent of cont	tracting business entity	<del></del>		