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.		CF	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity's place  Certification of the business entity filing form, and the city, state and country of the business entity filing form, and the city, state and country of the business entity filing form, and the city, state and country of the business entity filing form, and the city, state and country of the business entity filing form, and the city, state and country of the business entity filing form, and the city, state and country of the business entity filing form, and the city, state and country of the business entity filing form, and the city, state and country of the business entity filing form, and the city, state and country of the business entity filing form.			rtificate Number: 24-1251680	OI I ILIIVO
	Women Together Foundation Inc McAllen, TX United States			te Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the	10/	20/2024	
	City of McAllen	te Acknowledged: 09/2025			
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 prov	vide a
	B-24-MC-48-0506 Emergency Shelter, Transitional Housing, Rape Crisis				
4	Name of Interested Party	City, State, Country (pl	ace of business)	Nature of (check ap	
				Controlling	Intermediary
Ci	ty of McAllen	McAllen, TX United S	States	Х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, an	d my date of birth	is	
	My address is(street)	(city)	,	_,(zip code)	, (country)
			(State)	(Zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	v, State of	on the	day of	20
	Executed inCounty	y, State of	, on the	day of (month)	, 20 (year)
		Signature of authorized	agent of contracti	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		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1251680		
	Women Together Foundation 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		Filed: 0/2024		
_	being filed.	C CONTROL TO WHICH THE TOTAL IS	L .			
	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	vide a	
	B-24-MC-48-0506 Emergency Shelter, Transitional Housing, Rape Crisis					
4	N	City Ctata Country (place of hugins		Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	Intermediary	
Cit	y of McAllen	McAllen, TX United States		X	•	
		*				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION	P. Dalanda		Malu		
	My name is <u>ESTELIA DELPHAN ATRA</u>	and my date of t	oirth is	10/03/4/		
	My address is	(city) (st	ate)	7850 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.		_	,	
	Executed in Holal q O County	y, State of Texas, on the	<u>20</u>	day of(month)	, 20 <u>2</u>	
	NELDA HERNANDEZ My Notary ID # 4513618 Expires December 8, 2026	Signature of authorized agent of cont (Declarant)	racting	Ron	(3-64)	

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1253875		
	Access Esperanza Clinics Inc.			2025-1	1253875	
	McAllen, TX United States			Date Fi	iled:	
2	2 Name of governmental entity or state agency that is a party to the contract for which the form is				2025	
	being filed.					
	Access Esperanza Clinics In.	<b>Date A</b> 01/07/	cknowledged: 2025			
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		
	B-24-MC-48-0506					
	Healthcare services					
4					Nature of	interest
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	plicable)
					Controlling	Intermediary
Α	ccess Esperanza Clinics Inc.	McAllen , TX Unit	ed States		×	
				$\dashv$		
				$\dashv$		
				+		
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)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	ry, State of	, on the	da	ay of	, 20
		· · ·			(month)	(year)
		Signature of authori	zed agent of cont (Declarant)	racting I	business entity	

	CERTIFICATE OF INTERESTED PAR	RTIES		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.	-	CE	OFFICE USI	•
1	of business.	ntry of the business entity's place	Certi	ificate Number: 5-1253875	
	Access Esperanza Clinics Inc. 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	01/0	6/2025	
	Access Esperanza Clinics In.		Date	Acknowledged:	;
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided.	itity or state agency to track or identify	the c	ontract, and pro	vide a
	B-24-MC-48-0506 Healthcare services				
4	Name of Interested Party				of interest
	Name of interested Party	City, State, Country (place of busin	iess)	(check ap	pplicable) Intermediary
Αſ	ccess Esperanza Clinics Inc.	McAllen , TX United States		X	Interniosia, y
				i	
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_				-	
_					
_					
_					<u> </u>
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				<del></del>
	My name is Tatricio C Gowzales	, and my date of	birth is	Hpril 190	1952
	My name is Patricio C Gowzales  My address is 916 E. Sackberry Ave STE (street)	A Me Allen (sty)	<b>X</b> tate)	78501 (zip code)	. Hidalgo.
	I declare under penalty of perjury that the foregoing is true and correc		·	,,,,,	,
	1/14	ty, State of $\overline{\it 12xA5}$ , on the 2	1th	ay of <u>Jav</u>	, 20 <u><b>25</b></u> (year)
	•	Potenio Christi	W	(,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<del></del>	Signature of authorized agent of cont		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 rtificate Number:	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	Name of business entity filing form, and the city, state and country of the business entity's place of business.			
	McAllen Food Pantry Inc.			es Eiles	
2	McAllen, TX United States	o contract for which the form		te Filed: /05/2024	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form i	13	33,2027	
	McAllen Food Pantry Inc.		Date Acknowledged: 01/09/2025		
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
	B-24-MC-48-0506				
	Food, and distribution of food				
4				Nature of	
	Name of Interested Party	City, State, Country (place o	f business)	_ <del> </del>	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my	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 correct	it.			
	Executed inCounty	y, State of,	on the	day of	, 20
				(month)	
		Signature of authorized agen		ing business entity	

FORM **1295** 

			ra a servicio de la companio del companio de la companio della com		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		2	OFFICE USE	
L	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1246106			
	McAllen Food Pantry Inc.			100 Km   10 km 0	
	McAllen, TX United States		8	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	12/05	5/2024	
	being filed.		Data	Acknowledged:	
	McAllen Food Pantry Inc.		Date	Actionieugeu.	
www.			L		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	/ide a
	B-24-MC-48-0506				
	Food, and distribution of food				
			1	Nature o	f interest
į	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
	•		Ì	Controlling	Intermediary
-					
					:
				· · · · · · · · · · · · · · · · · · ·	
wates				:	
		**************************************			
,					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	5/16/	1951
	My address is912 N. Bentsen	McAllen, Texas		78501	USA
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	ct.			
		Texas	6th	January	/ 05
	Executed in Hidalgo Count	y, State of, on the		day of	, 20 25
	<b>4</b>	1. 7- 1		(month)	(year)
		July Land	<u> </u>	~ ~~	
		Signature of authorized agent of cor (Declarant)	ıtracting	g business entity	

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1245843		
	Comfort House Services, Inc.		202	+-1240040	
	McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	12/0	05/2024		
	City of McAllen CDBG	<b>Date</b> 01/0			
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.	y the c	ontract, and prov	/ide a
	B-24-MC-48-0506				
	We provide twenty-hour palliative care to the terminally ill.				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	plicable) Intermediary
	-			Controlling	Intermedial y
<u>_</u>					
			<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	xt.			
	Executed inCounty	y, State of, on the	<b>;</b>		
				(month)	(year)
		Signature of authorized agent of co	ntractin	ng business entity	

FORM 1295

L		***************************************		1 01 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USI	
1	Name of business entity filing form, and the city, state and country of the business entity's place	Certi	ificate Number:	
	of business.	2024	1-1245843	
	Comfort House Services, Inc. McAllen, TX United States	Date	Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is	2	5/2024	
-	being filed.			
	City of McAllen CDBG	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.	fy the c	ontract, and pro	vide a
	B-24-MC-48-0506 We provide twenty-hour palliative care to the terminally ill.			
4	Name of Interested Party City, State, Country (place of bus	in a a a l		f interest
	Name of interested Party City, State, Country (place of bus	iness)	Controlling	Intermediary
			Controlling	1111-1111-12141 X
	The second secon			
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			***************************************	
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Tenedon.		·		
5	Check only if there is NO Interested Party.			- Market and a second a second and a second and a second and a second and a second
6	UNSWORN DECLARATION			
	My name is	f birth is	10.30.1	974
	Walls T	V	18501	1754 1
	My address is	A state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.	Ll.	gring.	
	Executed in Hida 40 County, State of 16x4 J on the	214	ay of Dec	1. YS 02,
		and the same of th	(month)	(year)
	A.h.			
	O IWX.			
	Signature of aut to ized agent of co	ntracting	business entity	
NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	(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 ONLY CERTIFICATION OF FILING			
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1245439		
	Community HOPE Projects, Inc.		202	4-1245459		
	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	12/0	04/2024		
	being filed.					
	City of McAllen	e Acknowledged: 08/2025				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ntify the c	contract, and prov	vide a	
	B-24-MC-48-0506					
	CDBG funds will be used to provide medical care to uninsured Lab Work, Prescription Assistance, Hospital Fees, and Transp		Diagnos			
4		l		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	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	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent 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.			OFFICE USE		
1	nd have impere			Certificate Number: 2024-1245439		
	Community HOPE Projects, Inc. McAllen, TX United States		Date F			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	12/04			
	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 provided	or state agency to track or identify dunder the contract.	the co	ntract, and prov	/ide a	
	B-24-MC-48-0506  CDBG funds will be used to provide medical care to uninsured r Lab Work, Prescription Assistance, Hospital Fees, and Transpo		gnostic	c Testing, Con	sultations,	
4	Name of Interested Party	City, State, Country (place of busine	(22	Nature of (check ap		
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Controlling	Intermediary	
				mananananananananananananananananananan		
MORROW MAN						
<u>.</u>						
******					•	
				-		
<del></del>		OSCILLA CALLADOR CONTRACTOR CONTR	emotestassonnia gasus			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			occor morning		
	My name is Noel Marquez	, and my date of b	oirth is_	9/14/	1994	
	My address is 1920 N 34 th St	McAllen T.	<u>X</u>	78501	US.	
	(street)	(city) (sta	a(e)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in County,	State of Texas, on the	<u>ال</u> da	ay of <u>                                     </u>	_, 20 <u>24</u> . (year)	
		1 solm			ng galakanin	
		Signature of authorized agent of conti (Declarant)	racting	business entry		

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: 2025-1253602		
	CAMP University			0 1200002	
	McAllen, 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	01/0	06/2025	
	City of McAllen CDBG	Acknowledged: 08/2025			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		ity the c	contract, and prov	/ide a
	B-24-MC-48-0506  We are a day program that provides adults with special needs	s apportunities to continue to lear	n imnr	nve social skills	life skills
	and job skills, and provide respite for their families.	opportunities to continue to lean	n, impre		
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				
	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 th	e	_day of	, 20
				(month)	(year)
		Signature of authorized agent of co	ontractin	ng business entity	

FORM 1295

MANUFACTURE IN					T 01 T
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country	y of the business entity's place		tificate Number:	01 1121110
	of business.	,	8	25-1253602	
	CAMP University				
	McAllen, TX United States		1	e Filed: 06/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	017	00,2020	
	City of McAllen CDBG		Date	e Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide		ntify the	contract, and prov	vide a
	B-24-MC-48-0506				
	We are a day program that provides adults with special needs of and job skills, and provide respite for their families.	opportunities to continue to le	arn, impr	ove social skills,	life skills,
A	and job sixins, and provide respice for their remines.	Australia de la comparta de la comp	- Securitaria de la companya del la companya de la	Nature of	finterest
4	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	**************************************
				Controlling	Intermediary
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			aya agaa sabana qa wanan Sagaa a		general gegen de gegen de general
-					ing a schillerania septimber de relaciona chilliplane a septimbe si disconsi
		Bellegate to the control of the cont	er <del>a meng ma</del> d ca <i>rring malakit</i> seamen.		yddiolith flygydd diff Milliam cyfyrgiffidiain cyr cygyddiain mer gygggggg, celwran
			andre de la company de la comp		-vi-vi-vit-vit-vit-vit-vit-vit-vit-vit-v
5	Check only if there is NO Interested Party.	Nemark Virginianseck (Australianseck (Australianseck) virginianseck (Australianseck) (Australianseck) (Australianseck)		од в 18 годиции по току очинат по не се со на току очинат по не се со на току очинат по не се со на посто на н Се со посто на посто	Accidence of the second se
	UNSWORN DECLARATION				
		, and my dat			
	My address is 1611 Crown Pointe Blvd.				,usa
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
		State of Texas, on	the 6H	h day of Janua	ry 20 25.
	V	Λ .	Λ	(month)	(year)
	emage-road must all contracts of contracts o	Pamela 4			
		Signature of authorized agent of (Declarant)	COURT SCEE	ng nasuras sudy	

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.		Certificate Number: 2025-1252999		
	Boys & Girls Club of McAllen, Inc.				
_	McAllen, TX United States			te Filed: /02/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form i	s   01/	02/2023	
	City of McAllen			te Acknowledged: /08/2025	
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	/ide a
	B-24-MC-48-0506				
	General Funding, CDBG				
4	ļ			Nature of	interest
4	Name of Interested Party	City, State, Country (place of	business)	_ <del> </del>	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is		date of birth	is	
	My address is(street)	,(city)	, (state)	,(zip code)	., (country)
	(znear)	(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

		,			
<del>_</del> ;	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			E USE ONLY TION OF FILING	
Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1252999		
	Boys & Girls Club of McAllen, Inc.		2020 120200	~	
	McAllen, TX United States	1	Date Filed:		
2	Name of governmental entity or state agency that is a party to the co	ontract for which the form is	01/02/2025		
	being filed. City of McAllen		Date Acknowle	edaed:	
	City of McAllett				
3	Provide the identification number used by the governmental entity o description of the services, goods, or other property to be provided	or state agency to track or identify under the contract,	the contract, a	nd provide a	
	B-24-MC-48-0506				
	General Funding, CDBG				
			T Ni-	ature of interest	
4	Name of Interested Party Ci	ity, State, Country (place of busine		neck applicable)	
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contro		
_		The second secon	***************************************		
			<u> </u>		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
v	My name is Dalinda GONZALEZ - ALLANTAY		Canti	WALORK 12.10(1)	
			•		
	My address is 2020 GAIVESTON AVE (street)	, M(ALLEN T)	(zip co	,,,,,	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County, S	State of TOXAS, on the _		AN WAY 4 20 15.	
	7	\ ll	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Signature of authorized agent of contr (Declarant)	acting business	entity	
		(manaran)			

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.	try of the business entity's plac		Certificate Number: 2025-1256893			
	365 Builders LLC		202	J-TZJ0039			
	Mission, 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	01/1	L4/2025			
	being filed.		Data	A oknowied sod-			
	City of McAllen			Acknowledged: L4/2025			
_	Dravide the identification assumes and but the account of	ity or otata anamay ta turala i			vido o		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ientity the d	contract, and pro	vide a		
	PROJECT NO. 11-24-S06-699						
	PROJECT NO. 11-24-S06-699 SERVICE CONTRACT FOR Y	VARIOUS TYPES OF CONCE	RETE WOF	RK			
4		1		Nature o	f interest		
-	Name of Interested Party	City, State, Country (place of	business)	(check ap			
		<del> </del>		Controlling	Intermediary		
Jc	ose Gilberto, Maldonado	Mission, TX United States		X			
_							
_		1					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	. and mv d	ate of birth i	s			
	,	, and my d		-			
	My address is		_,,		,·		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of, c	on the	day of	, 20		
				(month)	(year)		
		Signature of authorized agent	of contracting	na business entity			
		(Declarant		.g saccoo criaty			

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.		C	OFFICE USI			
1	Name of business entity filing form, and the city, state and country of the business entity's place			CERTIFICATION OF FILING Certificate Number:			
_	of business.			2025 <b>-</b> 1256893			
	365 Builders LLC		Dat	a Ellad.			
2	Mission, TX United States  Name of governmental entity or state agency that is a party to	the contract for which the form		e Filed: 14/2025			
_	being filed.	the contract for which the form	15				
	City of McAllen		Dat	Date Acknowledged:			
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-	entity or state agency to track or ovided under the contract.	identify the	contract, and pro	vide a		
	PROJECT NO. 11-24-S06-699						
	PROJECT NO. 11-24-S06-699 SERVICE CONTRACT FO	R VARIOUS TYPES OF CONC	RETE WO	RK			
4				Nature c	of interest		
_	Name of Interested Party	City, State, Country (place o	f business)		ck applicable)		
				Controlling	Intermediary		
Jc	se Gilberto, Maldonado	Mission, TX United States	5	X			
				_			
				_			
					<u> </u>		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is _Jose Gilberto Maldonado	, and my	date of birth	is <u>12/20/1977</u>			
	My address is 2108 W Griffin Parkway	, Mission	, <u>Tx</u>	, 78572 (zip code)	<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 Hidalgo Cou	unty, State of Texas	on the <u>14</u>	_day of <u>January</u>	, 20 <u>25</u> .		
		Λ ο D .		(month)	(year)		
		Jon Tillete	, Malder	role J.			
		Signature of authorized ager (Declara		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	9 POOLE (1989—2009)
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2025-1257740		
	T X Public Affairs LLC		202	J-1237740	
	Austin, 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	01/1	.5/2025	
	being filed.		D-4-	. 6	
	City of McAllen			Acknowledged: 5/2025	
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
	05-24-NB152-01				
	State executive branch, legislative branch and other state age	ency advocacy			
4				Nature of	interest
	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap	
				Controlling	Intermediary
Ha	ausenfluck, Amber	Austin, TX United States		Х	
Lu	is , Saenz	Austin, TX United States		×	
				12	
				,	
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 correct	t.			
	Executed inCounty	, State of . on the		day of	, 20
				(month)	(year)
		Signature of authorized agent of con (Declarant)	tractin	g business entity	

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE US	
Name of business entity filing form, and the city, state and country of the business entity's place	CERTIFICATION  Certificate Number:	1 OF FILING
of business. T X Public Affairs LLC	2025-1257740	
Austin TV United States	Date Filed:	
O New Y	01/15/2025	
City of MoAller	Date Acknowledged	:
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
05-24-NB152-01 State executive branch, legislative branch and other state agency advocacy		
4 Name of Interested Party City, State, Country (place of busine		of interest
Name of Interested Party  City, State, Country (place of busine	css) (check a	pplicable) Intermediary
Hausenfluck, Amber Austin, TX United States	X	intermedial y
Luis , Saenz  Austin, TX United States	х	
5 Check only if there is NO Interested Party.		
G UNSWORN DECLARATION		
My name is Amber Hausenfluck, and my date of bit	rth is 01 - 11	-1982
My address is 1501 Baretor Springs Rd #101 Austin (city)	(zip code)	. <u>usA</u> .
I declare under penalty of perjury that the foregoing is true and correct.		
Executed in TRAVISCounty, State of TEXAS, on the	S day of Sanuar	24, 20 <u>25</u> .
On Day Haylor on 1	MICH	(year)
Signature of authorized agent of control (Declarant)	cting business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1259020			
	Sames Bastrop CDJR		202	5-1255020		
	Cedar Creek, 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	20/2025		
	being filed. City of McAllen		Date	Acknowledged:		
	City of McAlleri			21/2025		
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.		ntify the c	contract, and prov	vide a	
	PROJECT NO. 01-25-P23-01					
	PURCHASE OF ONE 4x4 P/U TRUCK THROUGH TIPS CON	NTRACT NO. 240901				
4	1			Nature of	interest	
•	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 addraga 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 t	the	_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.		CE	OFFICE US			
1	Name of business entity filing form, and the city, state and country of the business entity's place			tificate Number:			
	of business.		202	2025-1259020			
	Sames Bastrop CDJR Cedar Creek, TX United States		Date	e Filed:			
2	Name of governmental entity or state agency that is a party to	the contract for which the form is	04/6	20/2025			
_	being filed.	and definition for which the form is					
	City of McAllen		Date	e Acknowledged	:		
_	Provide the identification number used by the governmental er	ntity or state agency to track or in	lentify the c	contract and nr	ovide a		
3	description of the services, goods, or other property to be prov		acitally the c	ontract, and pre	Svide a		
	PROJECT NO. 01-25-P23-01	ONTD 4 OT NO. 040004					
	PURCHASE OF ONE 4x4 P/U TRUCK THROUGH TIPS CO	JNTRACT NO. 240901					
4				1	of interest		
	Name of Interested Party	City, State, Country (place of	business)	<u> </u>	k applicable) g Intermediary		
				Controlling	Intermediary		
				1			
				<u> </u>			
				1			
				<del> </del>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is David Lowry	, and my c	late of birth i	s 08/14/197	<b>'</b> 5		
	My address is _1571 FM 1861	Ben Wheeler	TX	75754	US		
	(street)	(city)	,, (state)	(zip code)	, (country)		
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
			20	lanuai	v 25		
	Executed in Van Zandt Cour	nty, State of Texas, o	on the 20_	_day of(month)			
					,		
		LX T					
	Signature of authorized agent of contracting business entity (Declarant)						

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.		Certificate Number: 2025-1257661		
	Southern Trenchless Solutions, LLC			. Filed	
2	La Feria, TX United States	a contract for which the form	04.4	e Filed: 15/2025	
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is			
	City of McAllen			e Acknowledged: 15/2025	
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
	Project No. 0125-C12-01				
	City of McAllen - Manhole Rehabilitation PH VII BuyBoard 73	80-24			
4				Nature of	
	Name of Interested Party	City, State, Country (place of	business)	<del> </del>	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my c	date of birth	is	
	My addrace is				
	My address is(street)	(city)	, (state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	rt.			
			4b -	day of	00
	Executed inCounty	/, State of, c	on the	_day of (month)	
		Signature of authorized agent	of contracti	na husiness ontity	
		Signature of authorized agent (Declarant		ing business entitly	

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: 2025-1257661			
	Southern Trenchless Solutions, LLC La Feria, TX United States		Date Filed:				
2		contract for which the form is	20000	5/2025			
	being filed.		Date	Acknowledged:			
	City of McAllen		Date	Ackilowieugeu:			
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 co	ontract, and prov	vide a		
	Project No. 0125-C12-01 City of McAllen - Manhole Rehabilitation PH VII BuyBoard 730-	-24					
4	Name of Interested Party	City State Country (place of husing	200	Nature of			
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION CLOSHER			2/0/	lann		
	My name is	, and my date of b	birth is	2/1/	1146		
	My address is 1303 W. 31d St. Apt 24 (street)	_, WISIACO , TO (sta	ate)	7859L (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.  Executed inCounty,	TOVAC	15	day of <u>Janu</u>	0.1420 <u>25</u> . (year)		
		Signature of authorized agent of cont	racting	n husingss antit	-		
		Signature of authorized agent of cont (Declarant)	ıacıınç	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 the business entity's place of business.  Certificate Num 2024-1233202					
	Lower Rio Grande Valley Development Council - AAA		202	4-1233202	
	Weslaco, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	10/3	30/2024	
	City of McAllen			Acknowledged: 09/2025	
_	Drawide the identification number used by the governmental enti-				ido o
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided to the services of the services.		itity the c	contract, and prov	/ide a
	B-24-MC-48-0506 Our agency assists City of McAllen elderly residents with purc	hasing health maintenance and	homem	aker services.	
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.			1	
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth i	s	·
	My address is				
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	, State of, on t	he		
				(month)	(year)
		Circulation of a city of a			
		Signature of authorized agent of (Declarant)	contractir	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 ONLY CERTIFICATION OF FILING			
Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number: 2024-1233202		
	Lower Rio Grande Valley Development Council - AAA						
2	Weslaco, TX United States  Name of governmental entity or state agency that is a party to the	contract for which the for		<b>Date Filed</b> 10/30/20:			
_	being filed.	contract for which the for	m is	10/00/20			
	City of McAllen			Date Ackı	nowledged:		
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 dunder the contract.	or identify t	he contra	ct, and prov	ride a	
	B-24-MC-48-0506						
	Our agency assists City of McAllen elderly residents with purch	asing health maintenand	ce and hom	emaker	services.		
4				T	Nature of	interest	
	Name of Interested Party	City, State, Country (plac	e of busines	·	(check ap		
				Co	ntrolling	Intermediary	
				_			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Manuel Cruz	, and ı	my date of bi	rth is No	ovember	14,1971	
	My address is 301 W. Railroad Street	, Weslaco	, Tx	78	596	USA	
	(street)	(city)	(stat	e)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in HidalgoCounty,	State of Texas	, on the _9	th <sub>day c</sub>	<sub>f</sub> January	, 20_25	
		and the second s			(month)	(year)	
		The	()				
		Signature of authorized a (Deci	gent of contra arant)	acting bus	siness entity	TO A STREET OF THE ASSESSMENT	

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: 2025-1258302		
	MCCi, LLC				
	Tallahassee, FL United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	01/1	.7/2025	
	City of McAllen			Acknowledged: .7/2025	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		ify the c	contract, and prov	vide a
	01-25-S19-01 PROJECT NO. 01-25-S19-01 LASERFICHE ANNUAL MAINTE 716-23	ENANCE RENEWAL THROUGH	H BUYE	BOARD CONTRA	ACT NO.
4				Nature of	
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	
				Controlling	Intermediary
CF	PC MCCi Holding, LLC,	Tallahassee, FL 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.				
	Executed inCounty,	State of, on the	e	day of(month)	, 20 (year)
				()	() - 3·/
		Signature of authorized agent of c (Declarant)	ontractin	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** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2025-1258302 MCCi, LLC Tallahassee, FL United States Date Filed: 01/17/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-25-S19-01 PROJECT NO. 01-25-S19-01 LASERFICHE ANNUAL MAINTENANCE RENEWAL THROUGH BUYBOARD CONTRACT NO. 716-23 **Nature of interest** Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Tallahassee, FL United States Χ CPC MCCi Holding, LLC, 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION Emery Jones** My name is August 2, 1975 , and my date of birth is \_\_\_\_ **USA** 316 Bethany Curve Santa Cruz 95060 My address is (city) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. County, State of Californina , on the 17 day of January , 20 25 Santa Cruz Executed in \_\_\_\_\_ (month) (year) E-SIGNED by Emery Jones on 2025-01-17 17:02:03 GMT

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	
1	Name of business entity filing form, and the city, state and cour of business.		ficate Number: -1258706		
	Alternative Support Apparatus, LLC				
	Midvale, OH United States			Filed:	
2	Name of governmental entity or state agency that is a party to t being filed.	he contract for which the form is	U1/20	0/2025	
	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	ntity or state agency to track or identify rided under the contract.	the co	ontract, and prov	/ide a
	01-25-P27-01				
	Purchase of two (2) Fire UTV Medic Units				
4	Name of Interested Parts	City, State, Country (place of busin	966/	Nature of (check ap	
	Name of Interested Party	Oity, State, Country (place of busin	-33j	Controlling	Intermediary
					,
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Scott D. Carlisle	, and my date of	birth is	4/26/1	1975.
	My address is 427 Creekside Rd SE (street)	, New Philadelphia, O (st	H,	44663 (zip code)	, <u>USA</u> . (country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed in Tuscarantes Cour	nty, State of Ohio, on the	2040	tay of Januar (month)	y , 20 <u>25</u> .
		1		(manu)	V/
		Signature of 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.	Certificate Number: 2025-1258706			
	Alternative Support Apparatus, LLC		2023	3-1238700	
	Midvale, OH 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	01/2	20/2025	
	being filed. City of McAllen		Date	Acknowledged:	
	City of MicAllett			20/2025	
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
	01-25-P27-01				
	Purchase of two (2) Fire UTV Medic Units				
				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busi	iness)	(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)		(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	э		, 20
				(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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count	try of the business entity's place		tificate Number:	OF FILING
	of business.			5-1259120	
	RDH SITE AND CONCRETE, LLC PALMVIEW, TX 78572, TX United States		Date	e Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	01/2	21/2025	
	being filed.  City of McAllen - BALBOA WATERLINE IMPROVEMENTS PI	HASE III (CDBG)	Date	Acknowledged:	
		(0220)		21/2025	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		entify the o	contract, and prov	/ide a
	07-24-C24-507	ded under the contract.			
	BALBOA WATERLINE IMPROVEMENTS PHASE III (CDBG)	- CHANGE ORDER NO. 1			
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of I	ousiness)	(check ap	
				Controlling	Intermediary
DE	E HOYOS, Dianaly	Alamo, TX United States		X	
DE	E HOYOS, Rogeilo	Alamo, TX United States		×	ı
Pι	JENTE, TERI	Mission, TX United States			Х
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my da	te 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	xt.			
	Executed inCounty	y, State of, or	the	_day of	, 20
				(month)	(year)
		Signature of authorized agent of	f contractir	ng 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	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1259120		
	RDH SITE AND CONCRETE, LLC PALMVIEW, TX 78572, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to th being filed.	01/2	1/2025			
		McAllen - BALBOA WATERLINE IMPROVEMENTS PHASE III (CDBG)  Date				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided or 24-C24-S07  BALBOA WATERLINE IMPROVEMENTS PHASE III (CDBG)	ded under the contract.	ntify the c	ontract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap		
				Controlling	Intermediary	
D	E HOYOS, Dianaly	Alamo, TX United States		Х		
D	E HOYOS, Rogeilo	Alamo, TX United States		X		
Ы	JENTE, TERI	Mission, TX United States			X	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Teri Puente	, and my date	e of birth is	07/16/1969	<u> </u>	
	My address is 1517 Charles Street (street)	, Mission (city)	, (state)	78572 (zip code)	., <u>Hidalgo</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed in Hidalgo Count	State of exas , on	the <u>21st</u>	day of <u>January</u>	<u>/, 20<mark>25</mark></u>	
		X \\		(month)	(year)	
		Signature of authorized agent of (Declarant)	contractin	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.			USE ONLY TON 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 Num 2025-1260509	ber:
	L&G Consulting Engineers, Inc.		2023-1200303	
	Mercedes, 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	01/24/2025	
	being filed. City of McAllen		Date Acknowled	lged:
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 contract, and	d provide a
	Project No. 10-24-S22-01 Nolana Reconstruction Project (From: FM 2220 (Ware Rd) to	FM 1926 (23rd Street)		
4			1	ure of interest
	Name of Interested Party	City, State, Country (place of busine		ck applicable)
			Controlli	ing Intermediary
G	arza P.E., Jacinto	Mercedes , TX United States	×	
Sa	andoval, P.E. , Armando	Mission, TX United States		X
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is Armando J Sandoval	, and my date of I	birth is <u>09/19/1</u>	968
	My address is 4003 Persimmon	Palmhurst T	X_,_78573_	, <u>USA</u> .
	(street)	(city) (sta	ate) (zip code	e) (country)
	I declare under penalty of perjury that the foregoing is true and correct	t.		
	Executed in Hidalgo County	y, State of $\underline{Texas}$ , on the $\underline{2}$	-	1ary , 20 <u>25</u> 10nth) (year)
		Culle	PE	
	<del></del>	Signature of authorized agent of cont (Declarant)	racting business	entity
_				

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				CE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number:				
	L&G Consulting Engineers, Inc.			2025-1260509		
	Mercedes, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the		01/24/2025	;	
_	being filed.					
	City of McAllen			Date Ackno 01/24/2025		
	Duranida the identification number and but he management lead					
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided to the provided the identification number used by the governmental entitle the provided the identification number used by the governmental entitle the identification of the services, goods, or other property to be provided to the identification of the services of the identification of the services of the identification		k or identity	tne contract	, and prov	ide a
	Project No. 10-24-S22-01					
	Nolana Reconstruction Project (From: FM 2220 (Ware Rd) to	FM 1926 (23rd Street)				
4					Nature of	interest
•	Name of Interested Party	City, State, Country (pl	ace of busine	· -	(check app	
				Con	trolling	Intermediary
G	arza P.E., Jacinto	Mercedes , TX Unite	d States	X		
Sa	andoval, P.E. , Armando	Mission, TX United S	tates			Х
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, an	d my date of b	oirth is		·
	My address is					
	My address is(street)	(city)	, (sta	ate) (zi	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 (De	agent of contr eclarant)	racting busin	ess 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 parti	ties.					OFFICE USE	
<ul> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> <li>B2Z Engineering, LLC</li> <li>Mission, TX United States</li> </ul>				Certificate Number: 2025-1260739 Date Filed:				
being filed.						01/24/2025  Date Acknowledged:		
3	Provide the identification number used by the government description of the services, goods, or other property to be 03-24-S84-01 PROJECT NO. 03-24-S84-01 CONSTRUCTION MAN	e provide	ed under the co	ontract.	ck or identify	the co	ntract, and pro	vide a
4	Name of Interested Party		City, State, Co	ountry (pl	ace of busir	iess)		f interest  pplicable)  Intermediary
G	onzalez, Aisha		Mission , TX	( United :	States		X	memediary
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Aisha Gonzalez			, ar	d my date of	birth is	1/23/79	,
	My address is 900 S. Stewart Rd. Suite 12 (street)		, <u>Missio</u>	n (city)	,	X tate)	78572 (zip code)	_, <u>USA</u> (country)
	I declare under penalty of perjury that the foregoing is true an	nd correct						
	Executed in Hidalgo	County,	State of Te	exas	, on the	_24 <sub>di</sub>	ay of Januar (month)	ry , 20 25 (year)
	_		Signature	dia	Glon	ral	hugin as a still	
			Signature of a	tutnorized D)	agent of cor ec <b>l</b> arant)	uracting	business entity	

FORM **1295** 

L					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number:			
	B2Z Engineering, LLC		202	5-1260739		
	Mission, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/2	24/2025		
_	being filed.					
	City of McAllen		Date Acknowledged: 01/24/2025			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		tify the o	contract, and pro	vide a	
	03-24-S84-01					
	PROJECT NO. 03-24-S84-01 CONSTRUCTION MANAGEME	ENT FOR QMCUE				
4	!				f interest	
	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap		
				Controlling	Intermediary	
G	onzalez, Aisha	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 i	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	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 US CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's p		Certificate Number: 2025-1262344	
	Freeit Data Solutions, Inc.		ľ	1023 1202344	
	Austin, TX United States			Date Filed:	
2		e contract for which the forn	n is	)1/29/2025	
	being filed. City of McAllen		[	Date Acknowledged	l:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		r identify th	he contract, and pro	ovide a
	PROJECT NO. 01-25-P31-01 VMWARE SOFTWARE SUBSCRIPTION RENEWAL - DIR C	ONTRACT NO. DIR-TSO-4	1288		
4				Nature	of interest
•	Name of Interested Party	City, State, Country (place	of busines		applicable)
				Controlling	Intermediary
0	rchid, Wayne	Austin, TX United States	5	X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Dulari von Christierson	, and m	y date of bi	rth is 06/27/198	31
	My address is 900 E 6th Street, Suite 102	, Austin	, <u>TX</u>	78702	USA
	(street)	(city)	(state	e) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct		_		2-
	Executed in TravisCount	y, State of Texas	_, on the <u>2</u>	9 <sub>day of</sub> Janua (month	
				•	•
		Signature of authorized age	ent of contra	acting husiness entity	<i>I</i>
		(Declar		zomig buomicoo chility	,

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		Certificate Number: 2025-1262344		
	Freeit Data Solutions, Inc.		202.	3-1202344		
	Austin, 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		29/2025		
_	being filed.					
	City of McAllen			Acknowledged: 29/2025		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		tify the c	contract, and prov	vide a	
	PROJECT NO. 01-25-P31-01 VMWARE SOFTWARE SUBSCRIPTION RENEWAL - DIR CO	ONTRACT NO. DIR-TSO-4288				
4				Nature of	finterest	
•	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	eck applicable)	
				Controlling	Intermediary	
Or	rchid, Wayne	Austin, TX United States		X		
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	rt.				
	Executed inCounty	y, State of, on t	he	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of (Declarant)	contractin	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	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1262652		
	Megamorphosis, Inc Harlingen, 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 th	e form is	01/29	/2025	
	City of McAllen			Date A	Acknowledged:	
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided in the services of the provided in the services of the ser			the co	ntract, and pro	vide a
	Project No. 08-17-S41-487  Amendment #07 to original contract					
4				. [		finterest
	Name of Interested Party	City, State, Country (	place of busine	ess)	(check ap	Intermediary
Pe	earcy, John	Harlingen, TX Unit	ed States		Х	
Sia	as, Chris	Harlingen, TX Unit	ed States		Х	
				_		
				_		
			2	_		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					7
	My name is Chris Sias		and my date of I	oirth is	11.23.81	
	My address is 324 W. Van Buren	Harlingen	, <u></u>	X,_	78550	U.S.A.
	(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 Texas	, on the 2	9th_da		, 20_25
		A.			(month)	(year)
	* <del>====</del>	Signature of authoriz	ed agent of cont (Declarant)	racting	business entity	

FORM **1295** 

						1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				FICE USE	ONLY OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2025-1262652			
	Megamorphosis, Inc			2023-12	02032			
	Harlingen, TX United States	Date File	d:					
2	Name of governmental entity or state agency that is a party to th	01/29/20						
_	being filed.  City of McAllen							
					Date Acknowledged: 01/31/2025			
3 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.					act, and prov	vide a		
	Project No. 08-17-S41-487							
	Amendment #07 to original contract							
_					Nature of	interest		
4	Name of Interested Party	City, State, Country (	place of busine	ess)	(check ap	plicable)		
				С	ontrolling	Intermediary		
Р	earcy, John	Harlingen, TX Unit	ed States	X				
Si	as, Chris	Harlingen, TX Unit	ed States	Х				
5	Check only if there is NO Interested Party.			•				
6	UNSWORN DECLARATION							
	My name is	, ;	and my date of t	oirth is		·		
	My address is	,	,	,		,·		
	(street)	(city)	(sta	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	et.						
	Executed inCount	y, State of	, on the _	day	of	, 20		
					(month)	(year)		
		Signature of authorize	ed agent of cont	racting hu	siness entity			
			(Declarant)	. somiy bu	ooo ondry			

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:					
	jimenez motrsports LLC dba RGV Cycles		2023	2025-1263185			
	San Juan, 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	01/3	0/2025			
	being filed.		<u>.</u>	Acknowledged:			
	City of Mcallen	<b>Dat</b> : 02/0					
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		
	12-24-P16-93						
	PURCHASE OF TWO (2) NEW POLICE PACKAGE MOTORO	CYCLES					
4				Nature of			
ľ	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 addrace is						
	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 cor (Declarant)	ntractin	g 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 USI CERTIFICATION		
1	Name of business entity filing form, and the city, state and country of the business of business.	ss entity's place	Certificate Number:		
	jimenez motrsports LLC dba RGV Cycles		2025-1263185		
	San Juan, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for who being filed.	ich the form is	01/30/2025		
	City of Mcallen		Date Acknowledged:		
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 condensation of the services.	y to track or identify ntract.	the contract, and pro	vide a	
	12-24-P16-93 PURCHASE OF TWO (2) NEW POLICE PACKAGE MOTORCYCLES				
4	Name of Interested Parks		Notice to the second se	f interest	
	Name of Interested Party City, State, Cou	intry (place of busine	(6.1.6.5.11.2.)	oplicable)	
			Controlling	Intermediary	
		and the second of the plant operation	and the second s	and the same	
		······································			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Rodrigo Calley Contreves	, and my date of b	oirth is Ol Febru	My 1971	
	My name is Rodrigo Calley Contreves  My address is 50Z E INTENSTATE HUY Z, SAN ( (street) (ci	STAN T	78589 (zip code)	Hidalgo (country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County, State of To	xdb_, on the_	30 ay of January	1,20,25	
		V July	(month)	l (year)	
	Signature of au	therized agent of contr	racting business entity		
=0	ms provided by Texas Ethics Commission	(Declarent)	and a control of the		

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.			OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		icate Number: -1262659	
	Gregory Strategies LLC		2020	1202055	
	Austin, TX United States		Date F		
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract for which the form is	01/29/	/2025	
	McAllen Public Utility		Date A	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the cor	ntract, and prov	vide a
	Gregory Strategies LLC Consulting				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	- post of post-orange
_			$\rightarrow$	Controlling	Intermediary
			$\perp$		
			$\neg$		
			$\top$		
			$\top$		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is David Whitley	, and my date of b	oirth is _	10/15/1982	<u>}                                    </u>
	My address is 1122 Colorado St., Ste. 2399 (street)	, AustinTX	7	78701	USA
	(street)	(city) (sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCounty	y, State of TEXAS, on the 2	29th <sub>da</sub>	y of January	_, <sub>20</sub> _25
	X	QQAAAA	_;	(month)	(year)
		Signature of authorized agent of contr (Declarant)	racting t	business entity	

FORM **1295** 

						10.1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ntity's place	Certificate Number: 2025-1262659			
	Gregory Strategies LLC			2025-	1202039	
	Austin, TX United States			Date F	iled:	
2		e contract for which t	the form is	01/29/	/2025	
	being filed.			D-4- A		
	McAllen Public Utility			01/29/	Acknowledged: /2025	
_	Descride the identification of the theory of the theory					
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided to the services of the provided the services of the servi	ity or state agency to ded under the contrac	track or identify	the cor	ntract, and prov	ride a
	Gregory Strategies LLC Consulting					
4					Nature of	interest
	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	plicable)
_			100	$\dashv$	Controlling	Intermediary
				$\perp$		
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	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	y of	, 20
					(month)	(year)
		Signature of authorize	zed agent of contr (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	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:		
	of business. T X Public Affairs LLC		2025	-1257740		
	Austin, TX 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		5/2025		
	being filed.	audici da Apriliando de de puedo proportionidado protecto internacional de la constante de la	_			
	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 services.		the co	ontract, and pro	vide a	
	05-24-NB152-01 State executive branch, legislative branch and other state ag	ency advocacy				
	State exceeding brailers, registative brailers and other state ag	ency advocacy				
4	Name of Intercepted Party	City State County (along of business			f interest	
	Name of Interested Party	City, State, Country (place of busine	ess			
Há	ausenfluck, Amber	Austin, TX United States		Х	Intermediary	
Lι	iis , Saenz	Austin, TX United States		×		
		-				
					į	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Amber Hausenfluc	, and my date of	birth is	01-11	-1982	
	My address is 1501 Bartor Springs Rd (street)	#101 Austin T	ate)	78704 (zip code)	, USA (country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in TRAVIS Count	ry, State of Texas, on the	<u>15</u> d	ay of <b>Janua</b>	24, 20 25 (year)	
		Imber Hausen	W	uch	,	
		Signature of authorized agent of cont	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.	arties	CE	OFFICE USE		
1 Name of business entity filing form, and the city, state		-1	RTIFICATION	OF FILING	
of business.	and country of the business entity's place		ficate Number: -1179310		
T X Public Affairs LLC					
Austin, TX United States			Filed:		
<ol> <li>Name of governmental entity or state agency that is a p being filed.</li> </ol>	party to the contract for which the form is	06/24	4/2024		
City of McAllen					
Provide the identification number used by the governm description of the services, goods, or other property to	nental entity or state agency to track or identif be provided under the contract.	y the co	ontract, and pro	vide a	
05-24-NBI52-01					
State executive branch, legislative branch and other	state agency advocacy				
4			Nature o	f interest	
Name of Interested Party	City, State, Country (place of busi	ness)	(check a	oplicable)	
			Controlling	Intermediary	
Hausenfluck, Amber	Austin, TX United States		X		
Saenz, Luis	Austin, TX United States		X		
			, –		
. P					
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION					
My name is Amber Hausenfl	uck, and my date of	birth is	61-11-	1982.	
My address is 1501 Bareton Sprin	igs Rd #101 Austin -	X1	78704	USA	
(street)	(city) (s	state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true a	and correct.				
Executed in TRAVIS	County, State ofTexas, on the	_15_d			
		11	(month)	(year)	
	Signature of authorized agent of cor	ntracting	business entity		
	(Declarant)	3	7		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number:			
	Model 1 Commercial Vehicles, Inc.	2024-1232694				
	Irving, TX United States	Date	Date Filed:			
2		ne contract for which the form is	1-27	7-2025		
	being filed. City of McAllen			Acknowledged:		
	City of McAilen		Date	Acknowledged:		
_	Provide the identification number used by the governmental enti	tity or state agency to track or identify	the C	ontract and prov	vide a	
3	description of the services, goods, or other property to be provide		THE G	Ulliaci, and prov	/IUC a	
	SW0797C					
	PROJECT NO. 01-25-P25-01 PURCHASE OF SEVEN (7) PARATE	RANSIT VEHICLES				
		<u> </u>		Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	oplicable)	
				Controlling	Intermediary	
		<u>l</u>		<u> </u>		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
				s 07/08/1973		
	My name is Jason Spore	, and my date of	birth is	;	<del></del> •	
	My address is 11601 Cyrus Way, Suite 101	Mukilteo V	VΑ	98275	. USA .	
	(street)		tate)	(zip code)	(country)	
	` ,	<b>,</b>	,	, ,	, ,,	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Crahamiah	Out 6 Machinetes 4 H	2046	. Cotobo		
	Executed in Snohomish Count	ty, State of <u>Washington</u> on the	_29tn_c	day of <u>October</u> (month)	r, 20 <u>24</u> . (year)	
		//		(monut)	(year)	
		Signature of authorized agent of cont	tracting	a husiness entity		
		Declarant)	u aculi (	y มนรแเซรร ยาแเ <u>ง</u>		

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				Certificate Number:			
	of business.  Model 1 Commercial Vehicles, Inc.		2024	2024-1232694			
	Irving, 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		29/2024			
	being filed.			Date Acknowledged:			
	Fort Bend County Transit	rt Bend County Transit 02					
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.						
	SW0797C						
	Qty 7 Glaval Universal buses						
4	Name of laters and Bouts	City Chata Carrier (allega afficial		Nature of			
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	Intermediary		
				Controlling	intermediary		
5	Check only if there is NO Interested Party.			1			
6	UNSWORN DECLARATION						
	My name is	, and my date o	f birth is	s			
	My address is(street)		, state)	(zip code)	, (country)		
	(Sucot)	(vity)	olalo)	(ZIP GOUE)	(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 co (Declarant)	ntractin	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.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place	Certificate Number: 2025-1261667		
l	G&E Escobedo Construction, Inc.		2025	-1201007	
	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		8/2025	
ľ	being filed.				
	City Of McAllen			Acknowledged: 8/2025	
┡					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		the co	ontract, and prov	/ide a
	12-24-S09-391	NED #050 505 INOTAL ATION O		4 E E I O O I O I I A I	
	PROJECT NO. 12-24-S09-391 TRENCHING AND BORING S ELECTRICAL CONDUIT	SERVICES FOR INSTALLATION O	F IRA	AFFIC SIGNAL	
┰				Nature of	finterest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
L				Controlling	Intermediary
Г					
	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	i	
1	Mondiferencia				
	My address is(street)	(city)	, tate)	(zip code)	(country)
	(50001)	(Oity) (SI	<i>j</i>	(2.p 00de)	(oodinay)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	/, State of, on the _	c	day of	, 20
				(month)	(year)
l					
		Signature of authorized agent of con (Declarant)	tractinç	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 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: 2025-1261667			
	G&E Escobedo Construction, Inc.						
2	Mission, TX United States  Name of governmental entity or state agency that is a party to the or	contract for which the form is	110733333	Filed: 8/2025			
	being filed. City Of McAllen		Date	Acknowledged:			
	Only Of Moralet		June	Actionicages.			
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 identi d under the contract.	fy the c	ontract, and prov	ride a		
	12-24-S09-391						
	PROJECT NO. 12-24-S09-391 TRENCHING AND BORING SE ELECTRICAL CONDUIT	ERVICES FOR INSTALLATION	OF TRA	AFFIC SIGNAL			
4	Name of Interested Party	City, State, Country (place of bus	ness)	Nature of			
		,, , , , , , , , , , , , , , , , , , , ,		Controlling	Intermediary		
		<del></del>					
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION				1		
	My name is Linda C. Vasquez	, and my date of	of birth is	: Oct 2	5,1978		
	My address is 1629 Amigo St	. Mission 7	Χ.	78573	USA.		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.			1			
	Executed in Hidalgo county,	State of TLXAS, on the	28		arpo 25.		
			)/	(month)	(year)		
		ully	109	0			
		Signature of authorized agent of co (Declarant)	ntractin	g business entity			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE					
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: 5-1261732			
	KSA Engineers, Inc.		2020 1201/02				
	Longview, 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	01/28/2025				
	being filed. City of McAllen, Texas		Date Acknowledged:				
	City of McAiler, Texas		01/28/2025				
3	Provide the identification number used by the governmental enti	ty or state agency to track or identify	the c	ontract and prov	vide a		
3	description of the services, goods, or other property to be provided		, the c	ontract, and pro-	nuc u		
	12-24-S24-01 (103741) KSA Amendment 12-2020 for professional services in connec	L1					
4	Name of Interested Party	City, State, Country (place of busin	occ)	Nature of (check ap			
	Name of interested Faity	City, State, Country (place of busin	iessj	Controlling	Intermediary		
Da	awson, Jr., Eugene H.	San Antonio, TX United States		X	orou.u.ry		
Sloane, Dylan		West Palm Beach, FL United States		Х			
Sı	uire, Raymond	San Antonio, TX United States		Х			
Fortner, Mitchell		Longview, TX United States		Х			
Pł	nipps, Craig	Sugar Land, TX United States		Х			
Αy	/lor, Christopher	Tyler, TX United States		Х			
Вι	uck, Lanny	Longview, TX United States		Х			
Ba	arry, Chris	Longview, 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.						
	Executed inCounty	y, State of , on the		day of	, 20 .		
				(month)	(year)		
		Signature of authorized agent of cor (Declarant)	itractin	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			
1	Name of business entity filing form, and the city, state and coun of business.	Certificate Number: 2025-1261732					
	KSA Engineers, Inc.						
_	Longview, TX United States	and the state of t		Filed: 8/2025			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	01/20	312023			
	City of McAllen, Texas		Date	Acknowledged:			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a		
	12-24-S24-01 (103741) KSA Amendment 12-2020 for professional services in connec	ction with the PFC Application No. 1	L <b>1</b>				
4			_		f interest		
	Name of Interested Party	City, State, Country (place of busin	ess)		pplicable)		
D	awson, Jr., Eugene H.	San Antonio, TX United States		Controlling X	Intermediary		
SI	oane, Dylan	West Palm Beach, FL United States		X			
Sı	uire, Raymond	San Antonio, TX United States		х			
F	ortner, Mitchell	Longview, TX United States		Х			
PI	nipps, Craig	Sugar Land, TX United States		Х			
Αy	ylor, Christopher	Tyler, TX United States		Х			
В	uck, Lanny	Longview, TX United States		Х			
В	arry, Chris	Longview, TX United States		х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Mitchell L. Fortn	<u>ter</u> , and my date of	birth is	<u>4/17/196</u>	2		
	My address is140 E. Tyler Street, Suite 600	, Longview , T	<u> </u>		, USA .		
	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed inCount	ty, State of <u>Texas</u> , on the	28th <sub>c</sub>	day of <u>January</u> (month)	7, 20 <u>25</u> (year)		
		Meletila	< ;	Intur			
		Signature of authorized agent of con	itractino	g business entity			

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2025-1262221			
l	SHI Government Solutions		2025	-1202221		
	Austin, 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		9/2025		
ľ	being filed.					
	City of McAllen	Date Acknowledged: 01/29/2025				
3	Provide the identification number used by the governmental enti	ontract and prov	vide a			
ľ	description of the services, goods, or other property to be provide			zinaci, ana pro	, ac a	
	PROJECT NO01-25-P29-01					
l	PROJECT NO01-25-P29-01 PURCHASE OF MFA RENEW	VAL THROUGH TEXAS DEPARTM	ENT C	OF INFORMATI	ıON	
_	RESOURCES DIR -TSO-4288					
4			_ ,	Nature of		
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
┡				Controlling	Intermediary	
┢	<u> </u>					
L						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
l	My name is	, and my date of	birth is	·	·	
l						
l	My address is(street)				·,·	
l	(street)	(city) (st	.ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	y, State of, on the _	c	day of	, 20	
l				(month)		
l						
		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.			CEI	OFFICE USE			
1	Name of business entity filing form, and the city, state and cou of business.		Certificate Number: 2025-1262221					
	SHI Government Solutions			2020	ZUZU-1ZUZZZ1			
	Austin, TX United States				Filed:			
2	Name of governmental entity or state agency that is a party to being filed.	the contract f	or which the form is	01/2	9/2025			
	City of McAllen							
3	Provide the identification number used by the governmental er			entify the c	ontract, and pro	vide a		
	description of the services, goods, or other property to be prov PROJECT NO01-25-P29-01	vided under ti	ie contract.					
	PROJECT NO01-25-P29-01 PROJECT NO01-25-P29-01 PURCHASE OF MFA RENE RESOURCES DIR -TSO-4288	WAL THROU	JGH TEXAS DEPA	RTMENT	OF INFORMAT	ION		
4					Nature o	f interest		
•	Name of Interested Party	City, State	e, Country (place of					
					Controlling	Intermediary 		
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name isTaleef Jones		, and my da	ate of birth is	, 09/29/1998	<u> </u>		
	My address is 3828 Pecana Trail	,	Austin	_, TX,	78749 (zip code)	USA		
	(street)		(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corr							
	Executed in Travis Cou	nty, State of _	Texas, o	the 29th	<sub>day of</sub> January	/, <sub>20_</sub> 25		
					(month)	(year)		
			Taleef	Jone	1			
		Signature	of authorized agent (	contractin	g 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.  OFFICE USE ONLY CERTIFICATION OF FILIN								
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2025-1262644					
	LeFevre Engineering, PLLC		2023	1202044				
	Port Mansfield, 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	01/29	9/2025				
	being filed.							
	City of McAllen - McAllen Public Utilities Board	Date Acknowledged: 01/30/2025						
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 prov	/ide a			
	12-24-S26-01							
	Environmental Assessment at Northwest Water Treatment Pla	ant						
4	1		П	Nature of	finterest			
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)			
L				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)				.,			
	(street)	(city) (st	tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	xt.						
	Executed inCounty	y, State of, on the	d					
				(month)	(year)			
		Signature of authorized agent of con (Declarant)	tracting	business entity				

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1262644				
	LeFevre Engineering, PLLC		202	.J-1202044			
	Port Mansfield, TX United States	Date	e Filed:				
2	Name of governmental entity or state agency that is a party to th being filed.	01/2	29/2025				
	City of McAllen - McAllen Public Utilities Board		Date	e Acknowledged:	:		
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 pro	vide a		
	12-24-S26-01 Environmental Assessment at Northwest Water Treatment Pl	ant					
4				Nature c	of interest		
-	Name of Interested Party	City, State, Country (place of	business)	(check a	heck applicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
•		, and my c	date of birth	o1-23-197	<b>'</b> 0		
	My address is 818 Mansfield Dr. Unit 182 (street)	Port Mansfield (city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	ot.					
	Executed in Hidalgo Count	y, State of Texas	on the 29	_day of _Januar	<u>y</u> , <sub>20</sub> 25 .		
		y, State of Texas, of	2	(month)	(year)		
		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.		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: 2025-1262971			
	GRAPEVINE DCJ, LLC					
	GRAPEVINE, 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	01/30/2025			
	being filed. CITY OF MCALLEN	Date Acknowledged: 01/30/2025				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid			nd provid	le a	
	12-24-P14-180					
	TWENTY-EIGHT (28) NEW CURRENT MODEL VEHICLES					
4				ature of in		
	Name of Interested Party	City, State, Country (place of busin			pplicable)	
			Contro	olling   I	ntermediary	
Βl	JEHLMAN, BRANDON	EHLMAN, BRANDON GRAPEVINE, TX United States				
_						
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) (si	tate) (zip c	ode)	(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 <u> </u> .	
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting busines	s 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	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1262971			
	GRAPEVINE DCJ, LLC GRAPEVINE, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			0/2025			
_	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 identif ded under the contract.	y the co	ontract, and prov	vide a		
	12-24-P14-180 TWENTY-EIGHT (28) NEW CURRENT MODEL VEHICLES						
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap			
Bl	JEHLMAN, BRANDON	GRAPEVINE, TX United States	:	Controlling X	Intermediary		
				<u> </u>			
5	Check only if there is NO Interested Party.	<del>I</del>		I			
6	My name is Dennis (howas	, and my date o	f birth is	5-10-	58.		
	My address is 2601 William Tata (street)	Grape vine. ]	state)	76051 (zip code)	, USA. (country)		
	I declare under penalty of perjury that the foregoing is true and correc	ct.					
	Executed in Count	ty, State of 😾, on the	<u>30</u>	day of Jon Los (menth)	y, 20 2J. (year)		
		557	$\geq$				
_		Signature of authorized agent of co (Declarant)	ntracting	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.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	tity's place	Certificate Number: 2025-1262969				
	SILSBEE FORD						
2	SILSBEE, TX United States  Name of governmental entity or state agency that is a party to the	a contract for which t	ha farm is	Date Filed: 01/30/202			
_	being filed.	that sharp or state agone, that is a party to the contract for thinor the form is					
	CITY OF MCALLEN			<b>Date Ackn</b> 01/30/202	_		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided by the governmental entitlement of the services of the se			the contrac	ct, and prov	vide a	
	PROJECT NO. 12-24-P14-180 TWENTY EIGHT NEW CURRENT MODEL VEHICLES						
4					Nature of		
	Name of Interested Party	City, State, Country	(place of busine		(check ap	Intermediary	
DO	DNALSON , DREW	SILSBEE, TX Uni	ted States	X	ntrolling	intermediary	
_							
_							
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) (z	rip 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			
					(month)	(year)	
		Signature of authori	zed agent of cont	racting busi	ness entity		
			(Dodarant)				

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	s. d parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
Name of business entity filing form, and the city, sta of business. SILSBEE FORD		ificate Number: 5-1262969				
SILSBEE, TX United States		Date Filed: 01/30/2025				
<ol><li>Name of governmental entity or state agency that is being filed.</li></ol>	a party to the contract for which the form is	01/3	0/2025			
CITY OF MCALLEN	ID-4-					
Provide the identification number used by the government description of the services, goods, or other property PROJECT NO. 12-24-P14-180 TWENTY EIGHT NEW CURRENT MODEL VEH	y to be provided under the contract.	tify the c	ontract, and pro	vide a		
			Nature o	of interest		
4 Name of Interested Party	City, State, Country (place of bu	ısiness)	(check a	( applicable)		
			Controlling	Intermediary		
DONALSON , DREW	SILSBEE, TX United States		×			
5 Check only if there is NO Interested Party.	]					
6 UNSWORN DECLARATION  My name is A - Clen A	ncelle , and my dat	e of birth i	3/2	156		
My address is 1311 U.S. (street)	(1.1.) (1.1.) (1.1.) (2.1					
I declare under penalty of perjury that the foregoing is to		₹\	\			
Executed in	County, State of, on	the V	_day of(month)	, 20 <b>_</b>		
	Signature of authorized agent of (Declarant)	contractir	ng basiness 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 count	ity's place	Certifi	icate Number:		
	of business. Randall Reed's Planet Ford 635			2025-	-1263241	
	GARLAND, TX United States			Date F	Filed:	
2		ne form is	01/30	/2025		
	being filed. City of McAllen			Date /	Acknowledged	<b>i</b> :
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided	ty or state agency to t ded under the contract	rack or identify i.	the co	ntract, and pr	ovide a
	PROJECT NO. 12-24-P14-180 TWENTY-EIGHT (28) NEW CURRENT MODEL VEHICLES					
4	Name of Interested Books	Oite State Occurre	/			of interest
	Name of Interested Party	City, State, Country	(place of busin	ess)	(cneck a	applicable) Intermediary
Si	arac, Admir	GARLAND, TX Ur	nited States		Controlling	X
						1
						1
	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Admir Sarac	,	and my date of	birth is	03/17/196	61
	My address is 3601 S Shiloh Rd	Garland	, <u>Tx</u>	', -	75041	_, <u>usa</u>
	(street)	(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	<b>π.</b>				
	Executed in Dallas County	y, State of <b>Texas</b>	, on the _	30th <sub>d</sub>	ay of <u>Janua</u>	
		Admir	Samo		(5114)	, (300)
					In addition of	
		Signature of authoriz	zed agent of cont (Declarant)	racting	business entity	у

FORM **1295** 

						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count			ate Number:			
	of business.  Randall Reed's Planet Ford 635			2025-12	263241		
	GARLAND, TX United States			Date File	ed:		
2					025		
	being filed.						
	City of McAllen		Date Acknowledged: 01/31/2025				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		r identify	the cont	ract, and prov	ride a	
	PROJECT NO. 12-24-P14-180						
	TWENTY-EIGHT (28) NEW CURRENT MODEL VEHICLES						
	· , ,						
4	Name of Interested Party	City, State, Country (place	of busing	,cc/	Nature of (check ap		
	Name of interested Farty	City, State, Country (place	OI BUSINE	· · —	Controlling	Intermediary	
Sa	arac, Admir	GARLAND, TX United S	tates		g	X	
_	rac, / driii						
_		<u> </u>					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	. and m	v date of h	oirth is			
	, , , , , , , , , , , , , , , , , , ,		,				
	My address 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 inCounty	v. State of	, on the	dav	of	. 20	
		,, <u></u>	_,		(month)	(year)	
		Signature of authorized age	ent of cont	racting b	usiness entity		
		(Declar		acting bi	donicoo critity		

					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		ling form, and the city, state and country of the business entity's place						
	of business.  Caldwell Country Chevrolet, II LLC		2025	5-1263090				
	Caldwell, 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	01/3	0/2025				
	being filed.							
	City of McAllen			Date Acknowledged: 01/30/2025				
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided.		fy the c	ontract, and pro	vide a			
	#12-24-P14-180							
	Twenty-Eight New Current Model Vehicles							
4				Nature o	finterest			
•	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	-			
				Controlling	Intermediary			
Sł	KYLARK	DALLAS, TX United States		X				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
Ü	UNOWORN DESCRICATION							
	My name is	, and my date o	of birth is	s	·			
	My addraga is							
	My address is(street)		state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and corre	ect.						
	Executed inCoun	ty, State of , on the	9	day of	, 20 .			
		·		(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 US			
of business. Caldwell Country Chevrolet, II LLC			Certificate Number: 2025-1263090  Date Filed:			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen			01/30/2025  Date Acknowledged:			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided #12-24-P14-180  Twenty-Eight New Current Model Vehicles	ty or state agency to track or identify ed under the contract.	the contract, and p	rovide a		
4	Name of Interested Party	City, State, Country (place of busine		of interest applicable)		
SK	YLARK	DALLAS, TX United States	X	intermediary		
_						
5	Check only if there is NO Interested Party.					
	My name is Kuybel MgYMM	, and my date of	birth is	998		
	My address is		(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct  Executed inCounty	The state of the s	30_day of Jav	), 20 <u>25</u> .		
		Signature of authorized agent of con (Declarant)	racting business enti	ty		

						1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	try of the business ent	ity's place		icate Number: 1262652		
	3 /				Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which th	e form is	01/29	/2025		
	City of McAllen				Acknowledged:		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided in the services of the provided in the services of the ser			the co	ntract, and pro	vide a	
	Project No. 08-17-S41-487  Amendment #07 to original contract						
4				. [		finterest	
	Name of Interested Party	City, State, Country (	place of busine	ess)	(check ap	Intermediary	
Pe	earcy, John	Harlingen, TX Unit	ed States		Х		
Sia	as, Chris	Harlingen, TX Unit	ed States		Х		
				_			
				_			
			9	_			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					7	
	My name is Chris Sias		and my date of t	oirth is	11.23.81		
	My address is 324 W. Van Buren	Harlingen	, <u>T</u> )	X,_	78550	U.S.A.	
	(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 Texas	, on the 2	9th_da		, 20_25	
		A.			(month)	(year)	
	* <del>====</del>	Signature of authorize	ed agent of cont (Declarant)	racting	business entity		

FORM **1295** 

						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				FICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2025-1262652				
	Megamorphosis, Inc				2032	
	Harlingen, TX United States	Date Filed	l:			
2	Name of governmental entity or state agency that is a party to the	ne form is	01/29/202	25		
	being filed.		Date Acknowledged: 01/31/2025			
	City of McAllen					
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. 08-17-S41-487					
	Amendment #07 to original contract					
4				$\Box$	Nature of	
-	Name of Interested Party	City, State, Country	(place of busine		(check ap	
				Co	ntrolling	Intermediary
P	earcy, John	Harlingen, TX Unit	ed States	Х		
Si	as, Chris	Harlingen, TX Unit	ed States	Х		
5	Check only if there is NO Interested Party.				ı	
6	UNSWORN DECLARATION					
	My name is		and my date of l	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 inCount	y, State of	, on the _	day o	f	, 20
				-	(month)	(year)
		Signature of authoriz	ed agent of cont (Declarant)	racting bus	iness entity	

FORM **1295** 

_					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE	
1		Name of business entity filing form, and the city, state and country of the business entity's place			
	of business.		2025	-1263740	
	DOGGETT HEAVY MACHINERY SERVICES SAN JUAN TY United States		Data	Filod:	
2	SAN JUAN, TX United States  Name of governmental entity or state agency that is a party to the	a contract for which the form is		<b>Filed:</b> 3/2025	
2	being filed.	e contract for which the form is	02/00	5/2020	
	CITY OF MCALLEN			Acknowledged:	
			02/03	3/2025	
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 se		the co	ontract, and prov	ride a
	PROJECT NO. 01-25-P28-01 Purch PROJECT NO. 01-25-P28-01 Purchase of John Deere 320P	Backhoe with Accessories through	Sourc	ewell Contract #	# 011723-
	JDC	<u> </u>		Nature of	interest
4	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	, 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 correct				
	Executed inCounty	y, State of, on the	c		, 20
				(month)	(year)
		Signature of authorized agent of con	tracting	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.		CER	OFFICE USE	and the same of th		
L	Name of business entity filing form, and the city, state and country	ry of the business entity's place		icate Number: ·1263740	į.		
	of business. DOGGETT HEAVY MACHINERY SERVICES		2020	12007-10			
	SAN JUAN , 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	02/03	2/2025			
	being filed.		Date /	Acknowledged:			
	CITY OF MCALLEN						
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 identif led under the contract.	y the co	ontract, and prov	ride a		
	PROJECT NO. 01-25-P28-01 Purch PROJECT NO. 01-25-P28-01 Purchase of John Deere 320P		n Sourc	ewell Contract	# 011723-		
_	JDC			Nature o			
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap			
	Name of mississing			Controlling	Intermediary		
	3						
				1	Sugar		
	5 Check only if there is NO Interested Party.						
	6 UNSWORN DECLARATION	, and my da	te of birt	h is 12/08	11987		
	My name is ASC James Office as		TY	78589	usa.		
	My address is 901 E I-7 (street)	, San Jum (city)	(state	) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and co	rrect.	71	day of FCA	8 2025		
	Executed in Hidalgs Co	ounty, State of <u>CX</u> , o	n the		nth) (year)		
		Olso J Co					
		Signature of authorized agent (Declarant)	of contra				
		e athics state ty US		Versio	n V4.1.0.5dd2a		

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		Certificate Number:			
	of business. Artisan Consulting, LLC		202	5-1263842		
	McAllen, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		03/2025		
	being filed.					
	City of McAllen Public Utility			e Acknowledged: 03/2025		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.				ride a	
	PROJECT NO. 01-25-C15-01 SHAR					
	Installation of Sanitary Sewer System					
				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 o	of birth i	is		
	Maria delegación					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	st.				
	Executed inCounty	v. State of	ے	day of	20	
		, 5.3.5 5, 511 tile	-	(month)		
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	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.					
1	Name of business entity filing form, and the city, state and c of business.	country of the business entity's place					
	Artisan Consulting, LLC		2020	7 12000-12			
	McAllen, TX United States						
2	Name of governmental entity or state agency that is a party to being filed.	to the contract for which the form is	02/0	3/2025			
	City of McAllen Public Utility		Date	Acknowledged	:		
3	Provide the identification number used by the governmental description of the services, goods, or other property to be p		ify the c	ontract, and pro	vide a		
	PROJECT NO. 01-25-C15-01 SHAR Installation of Sanitary Sewer System						
_				Nature o	of interest		
4	Name of Interested Party	City, State, Country (place of bus	siness)	Nature of interest (check applicable)  Controlling Intermediary			
				Controlling	Intermediary		
					<u> </u>		
					<u> </u>		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Javier A. Ramirez	, and my date	of birth is	<sub>s</sub> 10/04/198	.5		
	My address is 2773 Fourth St		TX ,				
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and co	orrect.					
	Executed in HidalgoC	county, State of Texas , on the	<sub>ne</sub> 3rd	day of Februa	ry , 20 25 .		
		<b>→</b>	_	(month)	) (year)		
	<u> </u>	J-4. K	->				
		Signature of ǎuthorized agent of c (Declarant)	ontractin	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				
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1264865					
	H2O Partners, Inc.		202.	2025-1264865				
	Austin, TX United States		Date	e Filed:	ſ			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/0	04/2025	ſ			
	being filed.							
	City of McAllen			Acknowledged: 05/2025				
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	∕ide a			
	PROJECT NO. 01-25-S15-01 PAVEMENT & ASSET MANAGEMENT SERVICES THROUGH	GH HGAC CONTRACT NO. HP0	8-21					
7	·			Nature of	finterest			
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 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					
				(month)	(year)			
		Signature of authorized agent of o	ontractin	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: 2025-1264865 H2O Partners, Inc. Austin, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 02/04/2025 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. 01-25-S15-01 PAVEMENT & ASSET MANAGEMENT SERVICES THROUGH HGAC CONTRACT NO. HP08-21 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. Χ 6 UNSWORN DECLARATION

Signature of authorized agent of contracting business entity (Declarant)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V4.1.0.5dd2ace2

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ificate Number: 5-1265031	
	Sames McAllen Ford		2020	7 1200001	
	McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	02/0	5/2025	
	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.		ify the c	ontract, and pro	ovide a
	12-24-P14-180 TWENTY-EIGHT (28) NEW CURRENT MODEL VEHICLES				
4				Nature c	of interest
	Name of Interested Party	City, State, Country (place of bus	iness)		pplicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				I
6	UNSWORN DECLARATION				
	My name is David Lowry	, and my date	of birth is	<sub>s</sub> 08/14/197	5
	My address is 1571 FM 1861	Ben Wheeler	TX	75754 (zip code)	_, <u>US</u>
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in Van ZandtCount	y, State of <b>Texas</b> , on th	<sub>e</sub> 5th	day of Februa	ery , 20 25 (veer)
		SI	, —	(monar)	(year)
		Signature of authorized agent of (Declarant)	ontractin	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	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number:		
	Sames McAllen Ford			2025-12650	3I		
	McAllen, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which 1	he form is	02/05/2025			
	being filed.			Doto Anima	والمطاعم الم		
	City of McAllen			Date Acknowledged: 02/05/2025			
3	Provide the identification number used by the governmental entir	ty or state agency to	track or identify		and provi	ide a	
3	description of the services, goods, or other property to be provide			common	and provi		
	12-24-P14-180						
	TWENTY-EIGHT (28) NEW CURRENT MODEL VEHICLES						
4	1				Nature of		
7	Name of Interested Party	City, State, Country	(place of busine		check app		
				Contr	olling	Intermediary	
	,						
					+		
_							
					+		
F	Check only if there is NO Interested Party.						
J	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)	(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 _	day of		, 20	
					(month)	(year)	
		Signature of authori	zed agent of cont (Declarant)	racting busine	ss 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				Certificate Number: 2025-1268201		
	Vector Concepts, Inc. Irving, TX United States		Date Filed:			
2		e contract for which the form is	02/1	1/2025		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify	the c	ontract, and pro	vide a	
	02-25-P35-01 Purchase and replace flooring at Lark Community Center Gyr					
4	8			4500.00.30.00.00.00.00.00	f interest	
· ·	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)	
Н	amilton, Lesa	Irving, TX United States		Controlling	X	
Αι	ustin, Bill	Irving, TX United States			X	
		97				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Jody Skaggs	, and my date of	birth is		7.4 ·	
	My address is 90 10 N Royal Caup, Ste 110 (street)		tate)	75063 (zip code)	, USA (country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCount	y, State of Texas, on the	114	day of Feb (month)	, 20 <u>25</u> .	
		Charles Straight		, , , , , , , , , , , , , , , , , , ,	(7501)	
		Signature of authorized agent of con (Declarant)	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.			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 er	tity's place	Certificate I					
	Vector Concepts, Inc.			 	201				
	Irving, TX United States								
2	Name of governmental entity or state agency that is a party to the contract for which the form is			02/11/2025	5				
	being filed.			Date Action	wlodes -				
	City of McAllen			Date Ackno 02/11/2025	_				
	Dravida the identification while	the overtext	tungle = 1 1 115			ido -			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			uie contraci	ι, απα prov	iue ä			
	02-25-P35-01 Purchase and replace flooring at Lark Community Center Gyr	m floor							
4	I				Nature of				
•	Name of Interested Party	City, State, Country	(place of busine	· · -		k applicable)			
				Con	trolling	Intermediary			
Ha	amilton, Lesa	Irving, TX United	States			Х			
Αι	ustin, Bill	Irving, TX United	States			X			
					$\overline{}$				
					$\longrightarrow$				
 5	Check only if there is NO Interested Party.	<u> </u>			1				
6	UNSWORN DECLARATION								
	My name is		and my date of I	oirth is		·			
	My address is			,	,				
	(street)	(city)	(sta	ate) (zi	p 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)	(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 country of the business entity's place of business.			Certificate Number: 2025-1268263				
	Cutler Repaving, Inc.			_525 12502				
	Lawrence, KS United States			Date Filed:				
2	Name of governmental entity or state agency that is a party to th	ne contract for which th	e form is	02/11/2025				
	being filed.	-						
	City of McAllen			Date Acknowledged: 02/12/2025				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			the contract,	and provi	de a		
	Project No. 01-25-C06-457							
	2025 Single Machine Repaving							
_		T			Nature of	interest		
4	Name of Interested Party	City, State, Country (	place of busine	ess) (	check app	licable)		
				Cont	rolling	Intermediary		
Ve	eskerna, Charles	Lawrence, KS Unit	ed States	Х				
Cı	utler, Douglas	Los Ranchos, NM	United States	Х				
Mi	iles, John	Lawrence, KS Unit	ed States	Х				
Ra	athbun, John	Lawrence, KS Unit	ed States	Х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, :	and my date of b	oirth is				
	My address is(street)	(city)	,,,,	ate) (zip	code)	(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		
	Count	iy, Siale II	, on the _	uay 0i	(month)	_, 20 (year)		
		Signature of authorize	ed agent of cont (Declarant)	racting busine	ess entity			

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1268263		
	Cutler Repaving, Inc.		2020 1200200			
	Lawrence, KS United States		Date F		7	
	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/11	L/2025		
	City of McAllen		Date /	Acknowledged:	8 4	
	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	vide a	
	Project No. 01-25-C06-457 2025 Single Machine Repaving					
4		1		Nature of	finterest	
•	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
_				Controlling	Intermediary	
	skerna, Charles	Lawrence, KS United States	_	Х	V.	
Cu	tler, Douglas	Los Ranchos, NM United States		X		
Mil	es, John	Lawrence, KS United States		Х	% n	
Ra	thbun, John	Lawrence, KS United States		X		
	A A		1		u Ulk	
				y		
			77			
	y . *			1 - 1		
5	Check only if there is NO Interested Party.					
6 1	UNSWORN DECLARATION			-		
1	My name is CHARLES R. VESK	ERNA , and my date of t	oirth is	APRIL	6,1950	
1	My address is					
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of KANSAS, on the	// <i>TA</i> d	lay of FEB	, 20 <u>25</u> .	
		P. Dul	/			
		Signature of authorized agent of cont	racting	business entity	7	
	(Declarant)					

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY  CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number: 5-1267705				
	Terra Firma Materials LLC		2025	-1207705				
	Edinburg, TX United States		Date	Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		1/2025				
	being filed.							
	City of McAllen			Acknowledged: 2/2025				
L								
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	ontract, and prov	/ide a			
l	Project No. 01-25-P22-120							
	Purchase & Delivery of type D Hot Mix Asphaltic Concrete (20	J25 Single Machine Repaying Proje	:Ct)					
┌	1	Ī		Nature of	finterest			
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)			
L				Controlling	Intermediary			
┢								
H								
H								
_								
L								
					L			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	. and my date of	birth is	<b>3</b>				
	,							
l	My address is	,			.,			
	My address is(street)	(city) (st	ate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	xt.						
	Executed inCounty	y, State of, on the	c	day of	, 20			
				(month)	(year)			
		Signature of authorized agent of con (Declarant)	tractinç	g business entity				

## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2025-1267705 Terra Firma Materials LLC Edinburg, TX United States Date Filed: 02/11/2025 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 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 01-25-P22-120 Purchase & Delivery of type D Hot Mix Asphaltic Concrete (2025 Single Machine Repaving Project) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** \_\_\_\_, and my date of birth is <u>9/6/1</u>979 Nancy Davenport My name is \_ My address is 9312 E. Curve Rd. **Edinburg** 78542 **USA** (zip code) (country) (state) I declare under penalty of perjury that the foregoing is true and correct. on the 11th<sub>day of</sub> February <sub>20</sub>25 Executed in Hidalgo \_County, State of Texas 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.		V0000000000000000000000000000000000000	OFFICE USE	
1	. Name of business entity filing form, and the city, state and country of the business entity's place of business.			cate Number:	
	Vector Concepts, Inc.			1200 101	
	Irving, TX United States			iled:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is			/2025	
	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 provided.	tity or state agency to track or identify ided under the contract.	the co	ntract, and prov	vide a
	02-25-P34-01				
	purchase and replace gym flooring				
4		City Chara County (along at housing	\	Nature of	
	Name of Interested Party	City, State, Country (place of busin	less)	(check ap	Intermediary
Н	amilton, Lesa	Irving, TX United States		Controlling	X
Aı	ustin, Bill	Irving, TX United States			X
		P ,			
		ti			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Tim Watkins	, and my date of	birth is		
	My address is 9010 N. Royal Lave, Ste 1 (street)		tate)	75063 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed in Dallab Coun	nty, State of Texas, on the	134	ay of Feb (month)	_, 20 25.
		1: DE		(monun)	(year)
		Signature of authorized agent of cor	tracting	business entity	
		(Declarant)	9		

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				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: 2025-1269431				
	Vector Concepts, Inc.			2020 12	05451			
	Irving, TX United States			Date Filed:				
2				02/13/2025				
_	being filed.	e contract for windin an	e ioriir is	02/10/2020				
	City of McAllen			Date Acknowledged: 02/14/2025				
3		cation number used by the governmental entity or state agency to track or identify the contract, and pro- ervices, goods, or other property to be provided under the contract.						
	02-25-P34-01							
	purchase and replace gym flooring							
_					Nature of	interest		
4	Name of Interested Party	City, State, Country (	place of busine	ss)	(check ap	( applicable)		
				C	ontrolling	Intermediary		
Ha	lamilton, Lesa Irving, TX United States		tates			Х		
Αι	Austin, Bill Irving, TX United States		tates			Х		
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	ot.						
	Executed inCount	ıy, State of	, on the _	day o	of	, 20		
					(month)	(year)		
		Signature of authorize	ed agent of conti (Declarant)	racting bus	siness entity			

FORM 1295

Complete Nos, 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE C CERTIFICATION C								
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2025-1269860					
	Compact Construction Equipment LLC		2020	-1203000				
	Irving, TX United States		Date	Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/14	4/2025				
	being filed.		Date	Acknowledged:				
	City Of McAllen		Date	riditionidageat	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 identify deducted the contract.	the co	ontract, and prov	/ide a			
	02-25-P39-01 S66 T4 BOBCAT SKID STEER LOADER							
4				Nature of	interest			
7	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap				
_				Controlling	Intermediary			
	3							
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is JERRY DUNE	, and my date of	birth is	4/17/50				
	My address is 3015 STATE HWY 161 (street)	, Ruing , T	tate)	15062 (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ot.						
	Executed inCount	y, State of Texas, on the	14	day of (month)	20 <u>24</u> . (year)			
		Signatura of authorized agent of age	traction	a hucinoss saft.				
		Signature of authorized agent of con (Declarant)	uacun	y pusiness entity				

FORM **1295** 

<u> </u>							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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		ificate Number: 5-1269860			
	Compact Construction Equipment LLC		2020	)-1209000			
	Irving, TX United States		Date Filed:				
2		e contract for which the form is	02/14	4/2025			
	being filed.						
	City Of McAllen	McAllen Date 02/1					
_	Provide the identification number used by the governmental entit				rido a		
3	description of the services, goods, or other property to be provide		/ LIIE G	Olitiaci, and prov	/IUC a		
	02-25-P39-01						
	S66 T4 BOBCAT SKID STEER LOADER						
				Nature of	f intorcat		
4	Name of Interested Party	City, State, Country (place of busin	1655)	(check ap			
	Name of interested Farty	City, Clate, Country (place of Busin	1000)	Controlling	Intermediary		
	-						
	1						
				<del>                                     </del>			
				-			
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	\$	·		
	NA Jalunga in						
	My address is(street)	(city) (s	, :tate)	(zip code)	(country)		
	()	(5.5),	,	(=-15)	(000)		
	I declare under penalty of perjury that the foregoing is true and correc	rt.					
	Executed inCounty	y, State of, on the	(	day of	, 20		
				(month)	(year)		
		Signature of authorized agent of con (Declarant)	ıtracting	g business entity			

FORM 1295

F			Lawrence and the second			2 01 2	
	Con	plete Nos. 1 - 4 and 6 if there are interested parties. plete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USI		
Name of business entity filing form, and the city, state and country of the business entity's place of business.  DOGGETT HEAVY MACHINERY SERVICES					Certificate Number: 2025-1270155		
		JUAN , TX United States		Date	Filed:		
2	Nam	ne of governmental entity or state agency that is a party to t	he contract for which the form is	11/10/2015/90/2015	7/2025		
		g filed. Y OF MCALLEN		Date	Acknowledged:		
				Dute	Ackilowicugeu.		
3	Prov	ride the identification number used by the governmental ent cription of the services, goods, or other property to be provi	tity or state agency to track or identify	the c	ontract, and pro	vide a	
		DJECT NO. 02-25-P38-01	ded under the contract.				
		N DEERE 624P WHEEL LOADER					
_					Nature o	f interest	
4		Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
_					Controlling	Intermediary	
					o .		
_							
					=		
				$\dashv$			
-				$\dashv$			
5	Chec	k only if there is NO Interested Party.				Ü	
6	UNSV	VORN DECLARATION		NS			
	My na	ame is Casey James Cawalos	, and my date of b	irth is	12/08	1487	
	My address is 901 E I-2 , San Juan , TJ , 78589 , USA . (city) (state) (zip code) (country)						
	I decl	are under penalty of perjury that the foregoing is true and correc	et.				
	Execu	ted in Hickory County	y, State of Texas, on the	1 d	ay of CBRAD	1/20 <u>25</u> .	
		Ous	TCI		(month)	(year)	
			Signature of authorized agent of contri	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			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Certificate Number: 2025-1270155						
	DOGGETT HEAVY MACHINERY SERVICES		2025-	1210133			
	SAN JUAN , 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	02/17	/2025			
	being filed. CITY OF MCALLEN		Date A	Acknowledged:			
			02/17				
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 provi	de a		
	PROJECT NO. 02-25-P38-01						
	JOHN DEERE 624P WHEEL LOADER						
1			T	Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)		applicable)		
				Controlling	Intermediary		
			$\overline{}$				
	-						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	Manageria		Link to				
	My name is	, and my date of	birth is _		·		
	My address is						
	(street)		, _ tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	v. State of on the	dء	av of	. 20		
	Outility	,, 5.3.5 51, 511 1116	u	(month)	, 20 (year)		
		Signature of authorized agent of con	tracting	business entity	_		

Forms provided by Texas Ethics Commission

FORM **1295** 

Version V4.1.0.5dd2ace2

1 of 1

				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2025-1269605	
	Perez Consulting Engineers, LLC 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	02/14/2025	
	City of McAllen		Date Acknowledged	l:
3	description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the contract, and pro	ovide a
	Project No. 03-22-S34-519  AMENDMENT NO.1 FOR ADDITIONAL SERVICES TO PERF FROM FM676 (AUBURN AVE.) TO FM1924 (3 MILE ROAD)	EZ CONSULTING ENGINEERS - B		
4	Name of Interested Party	City, State, Country (place of busine		of interest applicable)
		,	Controlling	Intermediary
5	Check only if there is NO Interested Party.		•	
3	UNSWORN DECLARATION			
	My name is	, and my date of bi	irth is <u>04/22/1969</u>	<del>)</del>
	My address is 808 Dallas Ave. (street)	, <u>McAllen</u> , <u>TX</u> (city) (stat	70001	_, <u>USA</u> (country)
	I declare under penalty of perjury that the foregoing is true and correct.	i.		
	Executed in Hidalgo County,	, State of <u>Texas</u> , on the <u>14</u>	4th day of Februar (month)	ry , 20 <u>25</u> . (year)
	•		A (monary	(year)
		Signature of authorized agent of contra (Declarant)	acting business entity	
		(========)		

www.ethics.state.tx.us

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEI	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: 2025-1269605			
	Perez Consulting Engineers, LLC		2025	5-1209005		
	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		4/2025		
	being filed.					
	City of McAllen		Acknowledged: 7/2025			
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	
	Project No. 03-22-S34-519					
	AMENDMENT NO.1 FOR ADDITIONAL SERVICES TO PER FROM FM676 (AUBURN AVE.) TO FM1924 (3 MILE ROAD)		BENT:			
4	Name of Intercepted Douby	City State County (place of business		Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	<u> </u>	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	3	·	
	My address is(street)		······································		,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCount	y, State of, on the	e	day of	, 20	
				(month)	(year)	
l		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.		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: 2025-1272806			
	4MA Construction LLC	202	3-1272000				
	Alton, 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	02/2	21/2025			
	being filed.						
	City of Mcallen			e Acknowledged: 24/2025			
ļ_	Provide the identification number used by the governmental enti	ity or state agency to track or ide	ntify the o	contract and prov	ıide a		
3	description of the services, goods, or other property to be provided		indity the C	ontiact, and prov	nue a		
	07-24-C21-707 Project No. 07-24-C21-707 Bridge Building C Restroom Reno	ovations- Change Order No. 1					
	Project No. 07-24-021-707 Bridge Building C Nestroom Nend	Wallons- Change Order No. 1					
4	ı			Nature of			
ľ	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	<u> </u>		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my dat	te of birth i	s	·		
	My address is						
	My address is(street)	,	(state)	, (zip code)	(country)		
	V4	7- 37	(	, i/	V 31		
	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 agent of (Declarant)	f 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 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:				
	4MA Construction LLC		2025-1272806				
	Alton, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/21/2025				
	being filed. City of Mcallen	llen Date Ad					
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		the contract, and pro	vide a			
	07-24-C21-707						
	Project No. 07-24-C21-707 Bridge Building C Restroom Reno	ovations- Change Order No. 1					
4	-			f interest			
•	Name of Interested Party	City, State, Country (place of busine		oplicable)			
			Controlling	Intermediary			
_							
_							
5	Check only if there is NO Interested Party.		,				
6	UNSWORN DECLARATION						
	•	, and my date of I	birth is09/11/19	70			
	My address is 810 N Alton Blvd	,,,,,	78573	USA			
	(street)	(city) (st	ate) (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed in Hidalgo County	y, State of $\frac{Texas}{}$ , on the $\frac{Z}{}$	21 _day of _Februar	y_, 20_25			
		<b>0</b>	(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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count	ry of the husiness entity's place		ificate Number:	OF FILING
_	of business.			5-1273566	
	M & R's Elite Janitorial Solutions, LLC	 	Filed		
2	Katy, TX United States  Name of governmental entity or state agency that is a party to the		e Filed: 24/2025		
_	being filed.				
	City of McAllen	Date Acknowledged: 02/25/2025			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	tify the c	contract, and prov	ide a	
	Project No. 02-25-S21-48				
	Service Contract for Janitorial Services for the McAllen Public	Library			
4				Nature of	
	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	
				Controlling	Intermediary
R	omero, Felipe	Katy, TX United States		X	
М	ejia Zelayandia, Arturo	Katy, TX United States		X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth i	s	
	May address 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	/ State of on the	20	day of	20
	County	,, 5.0.0 0, 011 ti		(month)	 (year)
		Signature of authorized agent of (Declarant)	ontractin	ng business entity	
		(Deciarant)			

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Certificate Number: 1 Name of business entity filing form, and the city, state and country of the business entity's place 2025-1273566 of business. M & R's Elite Janitorial Solutions, LLC Date Filed: Katy, TX United States 02/24/2025 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. 02-25-S21-48 Service Contract for Janitorial Services for the McAllen Public Library Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling Katy, TX United States X Romero, Felipe Katy, TX United States Χ Mejia Zelayandia, Arturo 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is Felipe Romero, Jr. My address is 2406 Legends Way USA Katy 77493 (state) (zip code) (country) (city) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas 20 25 Executed in Waller on the 25th day of February (vear)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V4.1.0.0e302ce0

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 CERTIFICAT		
1	Name of business entity filing form, and the city, state and count of business.	-	Certificate Num 2025-1273930				
	TITAN INDUSTRIAL CONSTRUCTION LLC						
2	MISSION, TX United States  Name of governmental entity or state agency that is a party to the		<b>Date Filed:</b> 02/25/2025				
	being filed.				Date Acknowle	daadı	
	CITY OF MCALLEN			ľ	Date Ackilowie	igeu.	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			or identify t	he contract, an	d provi	de a
	07-24-C22-550 CO1 EL COLLADO SUBDIVISION DRAINAGE IMPROVEMENTS						
4		<u> </u>					interest
	Name of Interested Party	City, State, Country (place of busine		SS) (che		Intermediary	
_						<del></del>	
						-+	
						$-\!\!\!+$	
						-	
						$\dashv$	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Manuel Cantu		, and	my date of b	irth is 11/20/	1980	·
	My address is 2112 S Shary Rd, Ste 5	,	Mission	, _Tx	7857	2,	Hidalgo <sub>.</sub>
	(street)		(city)	(sta	te) (zip coo	le)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	et.					
	Executed in Hidalgo Count	y, State of	Texas	, on the	-	bruary	<u>/</u> , 20 <u><b>25</b></u> . (year)
			M.	yt.	゛ フ	, <b>,</b>	(, 5 )
	<del></del>	Signatu	re of authorized a		acting business	entity	
			/ (Decl	arant			

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:				
	TITAN INDUSTRIAL CONSTRUCTION LLC	202	15-12/3930				
	MISSION, TX United States		Dat	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/	25/2025			
	being filed. CITY OF MCALLEN						
	CITT OF MICALLEIN			e Acknowledged: 25/2025			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		entify the	contract, and pro	vide a		
	07-24-C22-550 CO1						
	EL COLLADO SUBDIVISION DRAINAGE IMPROVEMENTS						
_		<u> </u>		Nature of	f interest		
4	Name of Interested Party	City, State, Country (place of b	ousiness)	l l			
		, , , , , , , , , , , , , , , , , , , ,		Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my da	ate of birth	is			
	My address is	,	,	,	.,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, or	n the				
				(month)	(year)		
		Signature of authorized agent o		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 the business entity's place of business.			Certificate Number: 2025-1274069			
	D. Wilson Construction Company						
2	McAllen, TX United States	a contract for which the forms is		Filed: 5/2025			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	OZIZ	0,2020			
	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		fy the c	ontract, and pro	vide a		
	07-22-C29-802 PROJECT NO. 07-22-C29-802- CHANGE ORDER NO. 8; AI	NZALDUAS BRIDGE INFRASTRI	JCTUR	E IMPROVEME	ENTS		
4					f interest		
	Name of Interested Party	City, State, Country (place of bus	iness)				
_				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			40/00/	1075		
	My name is Josue Reyes	, and my date o	of birth is	<sub>s</sub> _12/02/1	1975		
	My address is 1207 E. Pecan Blvd.	McAllen	ΓX <sub>,</sub>	78501	USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed in Hidalgo County	y, State of $\underbrace{Texas}_{, on th}$	25		ry <sub>, 20</sub>		
		Donie 1	2	(month)	(year)		
		Signature of authorized agent of co	ontractin	<b>Sousiness</b> 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.  CERTIFICATION OF I							
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place	Certificate Number: 2025-1274069				
	D. Wilson Construction Company			, 121 4000			
	McAllen, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/2	5/2025			
	being filed. City of McAllen		Date Acknowledged:				
	oney or morning			5/2025			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	07-22-C29-802						
	PROJECT NO. 07-22-C29-802- CHANGE ORDER NO. 8; AN	IZALDUAS BRIDGE INFRASTRUC	CTURI				
4	Name of Interested Desire	City Chata County (along all )		Nature of			
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	Intermediary		
$\vdash$	+			Controlling	intermedial y		
L							
$\vdash$							
$\vdash$							
$\vdash$							
L							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	. and my date of	birth is	<b>;</b>	_		
	,	, and my date of			·		
	My address is		,		,·		
	(street)	(city) (st	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty.	y, State of, on the _	c	day of	, 20		
				(month)	(year)		
		Signature of authorized agent of con	tractino	g business entity	<del></del>		
		(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 count of business.	try of the business entity's place	Certificate Number: 2025-1274601				
	EB Merit Construction		202	3-121-001			
	Pharr, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/2	26/2025			
	being filed.						
	City of McAllen			Acknowledged: 26/2025	ſ		
3	Provide the identification number used by the governmental enti	ity or state agency to track or iden:	tify the c	contract and prov	/ide a		
3	description of the services, goods, or other property to be provided		iny the C	ontract, and prov	nue a		
	07-24-C23-965 Kappler Park PROJECT NO. 07-24-C23-965 KAPPLER PARK – CHANGE	ORDER NO. 1					
	FROJECT NO. 07-24-023-303 NATT LERT ANN - OFFINIOL						
4	·			Nature of	interest		
•	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap			
				Controlling	Intermediary		
	-						
					_		
					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)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	ry, State of, on the	ne	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of c	ontractin	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: 2025-1274601			
	EB Merit Construction Pharr, TX United States						
2	Name of governmental entity or state agency that is a party to th	e contract for which	the form is		Filed: 6/2025		
1	being filed. City of McAllen			Date	Acknowledged:		
	only of two mon						
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	the co	ontract, and pro	vide a	
	07-24-C23-965 Kappler Park	aca anaci me contra	<b></b>				
r	PROJECT NO. 07-24-C23-965 KAPPLER PARK – CHANGE	ORDER NO. 1					
4				$\neg$	Nature o	f interest	
	Name of Interested Party	City, State, Country	y (place of busine	:ss)		oplicable)	
				$\dashv$	Controlling	Intermediary	
		-		$ \bot  $			
					i		
					~		
			-				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name isAurelio Turrubiates	·	and my date of b	irth is	12/24/196	<u>;9     </u> .	
	My address is 505 E Interstate 2	, Pharr	, <u>T</u> >	<b>〈</b> ,_	78577	,_USA	
	(street)	(city)	(sta	te)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed in Hidalgo County	y, State of TX	, on the <u></u>	26_da	ay of <u>Februa</u>	ry, 20 <u>25</u> .	
		1			(month)	(year)	
		Tout	<u></u>				
		Signature of authori	zed agent of contr (Declarant)	acting	business entity		

FORM **1295** 

						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	Name of business entity filing form, and the city, state and country of the business entity's place					
	American Surveillance Company Incorporated			2025-	-1274597		
	Brownsville, TX United States			Date F	=iled·		
2	Name of governmental entity or state agency that is a party to the	a contract for which t	ho form is		/2025		
2	being filed.	e contract for which t	ile ioiiii is				
	City of McAllen			Date Acknowledged:			
				02/26	/2025		
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 ded under the contrac	track or identify t.	the co	ntract, and prov	ride a	
	02-25-S23-155						
	SECURITY GUARD SERVICES						
		<u> </u>			Nature of	interest	
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap		
	<i>,</i>	, , ,		<i>'</i>	Controlling	Intermediary	
_							
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		and my data of	hirth ic			
	my name is	,	and my date of	DITUTIS		·	
	My address is	,	,	,		,	
	(street)	(city)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	y, State of	, on the _	d	ay of	, 20	
					(month)	(year)	
		Signature of authori	zed 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.		CF	OFFICE USE		
1	Name of business entity filing form, and the city, state and coul of business.	ntry of the business entity's place	Cer	Certificate Number:		
	American Surveillance Company Incorporated		202	25-1274597		
	Brownsville, TX United States	Dat	te Filed:			
2	Name of governmental entity or state agency that is a party to the state of the sta	he contract for which the form is	02/	/26/2025		
	being filed. City of McAllen		te Acknowledged:			
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov		tify the	contract, and prov	/ide a	
	02-25-S23-155					
	SECURITY GUARD SERVICES					
4				Nature of		
	Name of Interested Party	City, State, Country (place of bu	siness)			
				Controlling	Intermediary	
		1				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Eduardo Camarillo	, and my date	of birth	is <u>02/26/2025</u>		
	My address is 55 Galonsky Street	, Brownsville , .	TX	<u>, 78521</u>	, <u>USA</u> .	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed in Cameron Cour	nty, State of <u>Texas</u> , on t	he <u>26</u>	_day of <u>February</u>	, 20 <u>25</u> .	
				(month)	(year)	
		لمند مهداشمر				
	<del></del>	Signature of authorized agent of	contracti	ing business entity		
		(Declarant)		-		

FORM **1295** 

					1 of 1			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING					
1		ing form, and the city, state and country of the business entity's place			er:			
	of business.  Blackstone Security Services of Texas, Inc.			2025-1274494				
	El Paso, 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	02/26/2025				
	being filed. The City of McAllen			Date Acknowledged:				
	The City of McAllett			02/26/2025				
3		e identification number used by the governmental entity or state agency to track or identify the noting the services, goods, or other property to be provided under the contract.						
	PROJECT NO. 02-25-S23-155 SECU							
	Security Guard Services							
_		1		Natui	re of interest			
4	Name of Interested Party	City, State, Country	(place of busine	ss) (chec	k applicable)			
		-		Controllin	g Intermediary			
Ы	ackstone Security Services of Texas, Inc.	El Paso, TX Unite	ed States	X				
_								
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)		te) (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and corr	ect.						
	Executed inCou	nty, State of	, on the	dav of	, 20			
		<u> </u>		(mo				
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			
Name of business entity filing form, and the city, state and country of the business entity's place					Certificate Number:			
	of business.  Blackstone Security Services of Texas, Inc.			2025-	-1274494			
	El Paso, TX United States			Date F	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which	the form is		6/2025			
	being filed.			D-4-	<b>8</b> - l l l l			
	The 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	vide a		
	PROJECT NO. 02-25-S23-155 SECU							
	Security Guard Services							
_	<del>.</del>	l			Nature o	f interest		
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check a	pplicable)		
					Controlling	Intermediary		
31	Slackstone Security Services of Texas, Inc.  El Paso, TX United States				X			
5	Check only if there is NO Interested Party.			•				
6	UNSWORN DECLARATION							
	My name is Ryan Swindall	,	and my date of I	oirth is	10/05/198	1		
	My address is 6090 Surety, Suite 402	, El Paso	, <u>T</u> X	, . , _	79905	_, <u>US</u>		
	(street)	(city)	(sta	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed in El Paso County	y, State of Texas	, on the	26 <sub>d</sub>				
		Pina	Swin	1	(month)	(year)		
		Signature of authori	(Declarant)	racung	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.	y's place	Certificate Number: 2025-1268727					
	MLG Protection Services			2025-	1268727			
	Mission, TX United States			Date F	iled:			
2		e contract for which the	form is	02/12/				
_	being filed.	io contract for milen and	710111110					
	CITY OF MCALLEN			Date Acknowledged:				
				02/26	/2025			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the services.	ity or state agency to tra ded under the contract.	ack or identify	tify the contract, and provide a				
	PROJECT NO. 02-25-S23-155							
	SECURITY GUARD SERVICES							
		I		Т	Nature of	interest		
4	Name of Interested Party	   City, State, Country (p	lace of busine	ess)	(check ap			
	,	,, ,		<i>`</i>	Controlling	Intermediary		
				$\neg$				
	-							
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	. a	ınd 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 inCounty	y, State of	, on the _	da	ay of	, 20		
					(month)	(year)		
		Signature of authorize	d agent of cont Declarant)	racting	business entity			

FORM 1295

_					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. 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:		
	MLG Protection Services		2025	5-1268727		
	Mission, TX United States		Date	Filed:		
2		ne contract for which the form is		2/2025		
	being filed.					
	CITY OF MCALLEN		Date Acknowledged:			
3	description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a	
	PROJECT NO. 02-25-S23-155 SECURITY GUARD SERVICES					
4	Name of Interested Party	City State Country (place of hygin	\		finterest	
	Name of interested Party	City, State, Country (place of busine	3SS)		applicable)	
			$\dashv$	Controlling	Intermediary	
			$\dashv$			
	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Armand, Garza	, and my date of b	oirth is	12/02	1965	
	My address is 25)5-B. East Griffin Pkwy., Mission TX, 78772, U.S. (street) (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed in 17.dalg County	y, State of Texos, on the	16th	lay of Febru.	ራ/ <b>ካ</b> 20 <u></u>	
		$\alpha$		(	()-3·/	
	<u> </u>	Signature of authorized agent of contr	racting	business entity		
		(Declarant)				

FORM **1295** 

					1 of 1		
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Park Place Recreation Designs, Inc. San Antonio, TX United States			Certificate Number: 2025-1274582 Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	02/26/2025  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.  BUYBOARD #679-22  PROJECT NO. 02-25-S40-01 PLAYGROUND RESURFACING AT THE CROSSINGS PARK						
4	Name of Interested Party	City, State, Country (place of busin	Nature of interest (check applicable)  Controlling Intermed				
Αŀ	nrens, Andrew	San Antonio, TX United States		X			
Ahrens, Marilyn		San Antonio, TX United States		X			
Ahrens, Robert		San Antonio, TX United States		×			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			1 - /			
	*	, and my date of	birth is	10/29/19	152		
	My address is 4225 Woodburn Dr. (street)	(city) (st	X, ate)	(zip code)	, USA (country)		
	I declare under penalty of perjury that the foregoing is true and correct		10				
	Executed inCount	y, State of <u>Texas</u> , on the <u>a</u>	26th	ay of Februar (month)	7, 20 <u>25</u> . (year)		
	<u> </u>			•			
	Signature of authörized agent of contracting business entity (Declarant)						

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ificate Number: 5-1274582		
	Park Place Recreation Designs, Inc.	!	2020 1217002			
	San Antonio, TX United States		Date Filed: 02/26/2025			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/20	6/2025		
	City of McAllen	1		Acknowledged: 6/2025		
3	Provide the identification number used by the governmental entit		the co	ontract, and prov	/ide a	
	description of the services, goods, or other property to be provid	ded under the contract.				
	BUYBOARD #679-22 PROJECT NO. 02-25-S40-01 PLAYGROUND RESURFACIN	IG AT THE CROSSINGS PARK				
4	1			Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
<del> </del>				Controlling	Intermediary	
Ahrens, Andrew San Anton		San Antonio, TX United States		X		
Ar	nrens, Marilyn	San Antonio, TX United States		Х		
Ar	nrens, Robert	San Antonio, TX United States		X		
					<u> </u>	
_						
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)	( ),	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc					
	Executed inCounty	y, State of, on the _				
				(month)	(year)	
		Signature of authorized agent of conf (Declarant)	tractin	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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	· · · · · · · · · · · · · · · · · · ·	s entity filing form, and the city, state and country of the business entity's place			OF FILING	
	of business. Musco Sports Lighting, LLC			tificate Number: 5-1275577		
				- Filad.		
2	Oskaloosa, IA United States	o contract for which the form is		e Filed: 28/2025		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			10/2020		
	City of McAllen, TX			Date Acknowledged: 02/28/2025		
_	Provide the identification number used by the governmental enti	ty or state agency to track or idea			vido a	
3	description of the services, goods, or other property to be provided		ility lite (	Jonitraci, and prov	iue a	
	PROJECT NO. 02-25-S39-01					
	LIGHTING REPAIR SERVICES AT MORRIS PARK					
4				Nature of		
Ī	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap		
				Controlling	Intermediary	
M	usco Corporation	Oskaloosa, IA United States		X		
				1		
				+ +		
				+		
_	Cheek and if there is NO intercented Borton					
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			,	,	
	(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	day of	. 20 .	
		, 011	-	(month)		
		Cignoture of outborized asset of	oontroot!	na hucinosa antiti		
		Signature of authorized agent of (Declarant)	contractii	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 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.				ce Certificate Number:			
	Musco Sports Lighting, LLC				2025-127	/55//		
	Oskaloosa, IA United States				Date File	d:		
2	Name of governmental entity or state agency that is a party to the	he contract	for which the for	m is	02/28/20	25		
	being filed. City of McAllen, TX				Date Acknowledged:			
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided to the services of the ser			or identify	he contra	act, and pro	vide a	
	PROJECT NO. 02-25-S39-01							
	LIGHTING REPAIR SERVICES AT MORRIS PARK							
		1				Nature o	f interest	
4	Name of Interested Party City, State, Cour		te, Country (plac	e of busine	ss)	(check a	pplicable)	
					C	ontrolling	Intermediary	
M	usco Corporation	Oskalo	osa, IA United S	tates	×			
					$\top$			
					+			
					+			
					$-\!$			
					+			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	I M. H							
	My name isJames M. Hansen		, and r	my date of b	irth is12	2/9/1958	·	
	100 let Avenue Weet		Oskaloosa	Ior	ro 525	77	TICA	
	My address is100 1st Avenue West(street)	,	(city)	,Iov (sta	,	(zip code)	_, <u>USA</u> (country)	
	(Sueet)		(City)	(516	ie)	(Zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.						
	Executed in Mahaska Coun	ity, State of	lowa	, on the _	28th day c	of February	, 20 <u>25</u> .	
					•	(month)	(year)	
			( )Xi)	Wi	es	•		
		Signatu	re of authorized ag		acting bus	siness entity		
		ŭ	(Decla		•	,		

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: 2025-1263731			
	Catholic Charities of the Rio Grande Valley		2025	0-1203/31			
Ļ	San Juan, TX United States			Filed: 3/2025			
²	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/0	3/2025			
	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	the co	ontract, and pro	vide a		
	E-24-MC-48-0506	ed ander the contract,					
	Rent and utility assistance to McAllen Residents						
-				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)		oplicable)		
H				Controlling	Intermediary		
Г							
r							
H		4	·				
H			_				
L							
L							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			1001			
	Myname is Sister Norma Pimer	11 ed, and my date of t	oirth is	07/01/	19		
	My address is 700 virgen De San Juan (street)		X_, ate)	7858Q (zip code)	· U·S· (country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed in Hidalgo County	, State of Texas , on the	13 .	day of Feb to (month)	(year)		
		170Det.	/	(month)	(your)		
		Signature of authorized agent of cont	ractine	hucinace antite			
		(Declarant)	raciiii	y pasiness 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: 2025-1263731				
	Catholic Charities of the Rio Grande Valley	202	15-1203731				
	San Juan, TX United States	·					
2	Name of governmental entity or state agency that is a party to the	02/0	03/2025				
	being filed.	Date	Date Acknowledged:				
	City of McAllen			03/03/2025			
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	√ide a		
	E-24-MC-48-0506						
	Rent and utility assistance to McAllen Residents						
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 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 correct	t.					
	Executed inCounty	y, State of, on	the	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of (Declarant)	f contracti	ng business entity			

FORM **1295** 

_						
	Complete 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.	ry of the business entity's place		ificate Number: 5-1277598		
	Perez Consulting Engineers, LLC		2020-1211090			
	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	03/0	5/2025		
	City of McAllen		Date Acknowledged:			
	Oity of Mormon			5/2025		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		y the co	ontract, and prov	/ide a	
	PROJECT NO. 01-25-S20-01					
	PARKING IMPROVEMENTS AT MCALLEN INTERNATIONAL	L AIRPORT				
_				Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of busin	ıess)	(check ap	plicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	<sup>:</sup> 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 the		day of	, 20	
				(month)	(year)	
		Signature of authorized agent of con	ntracting	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 cou		CERTIFICATION Certificate Number:	OF FILING				
	of business. Perez Consulting Engineers, LLC				2025-1277598			
	McAllen, TX United States			ı	Date Filed:			
2	Name of governmental entity or state agency that is a party to being filed.	the contrac	t for which the for	m is	03/05/2025			
	City of McAllen			ı	Date Acknowledged:	:		
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-			or identify t	he contract, and pro	vide a		
	PROJECT NO. 01-25-S20-01							
	PARKING IMPROVEMENTS AT MCALLEN INTERNATION	NAL AIRPO	ORT					
4	Name of lateral and Barton	0:4 0:	orto Orașino (olo e			of interest		
	Name of Interested Party	City, Si	ate, Country (plac	e of busines	Controlling	pplicable) Intermediary		
						1		
5	Check only if there is NO Interested Party. $\begin{tabular}{c c} \hline X \\ \hline \end{tabular}$							
6	UNSWORN DECLARATION							
	My name isJ. David Perez, P.E.		, and r	my date of bi	rth is04/22/	1969		
	My address is 808 Dallas Ave.	,	McAllen	, <u>TX</u>	78501	_, <u>USA</u>		
	(street)		(city)	(stat	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corr	rect.						
	Executed in Hidalgo Cou	unty, State o	f_Texas	, on the <u>_5</u>	oth_day of <u>March</u>	n_, 20 <u>25</u> .		
	-				(month)	(year)		
		\	711	./				
		Signat	ure of authorized ag		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: 2025-1278012			
	Vermeer Equipment of Texas, LLC					
	Irving, TX United States	C United States				
2	Name of governmental entity or state agency that is a party to the	03/0	06/2025			
	being filed. City Of McAllen		Date	Acknowledged:		
	City of McAilen			06/2025		
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	vide a	
	02-25-P44-01					
	BRUSH WOOD CHIPPER-SOURCEWELL CONTRACT NO.	031721-VRM				
_				Nature of	interest	
4	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 dat	e 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	y, State of, on	the		, 20	
				(month)	(year)	
		Signature of authorized agent of	contractin	na husingss antity		
l		(Declarant)	contractil	ig business citilly		

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.	ry of the business entity's place	Certificate Number: 2025-1278012			
	Vermeer Equipment of Texas, LLC					
	Irving, 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	U3/UE	8/2025		
	City Of McAllen		Date .	Acknowledged:		
_	Drovide the identification number used by the second	hy or etata adonay to track or identify	the se	intract and next	vide a	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided as 25 PAA 24	ty or state agency to track or identify led under the contract.	are cc	nnacı, and pro\	nue a	
	02-25-P44-01 BRUSH WOOD CHIPPER-SOURCEWELL CONTRACT NO.	031721-VRM				
4		a		Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
			-	Controlling	Intermediary	
_						
_	-					
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is TERRY DUNNE	, and my date of	birth is	4/17/5	ماد	
	My address is 30 25 STATE HWY 161 (street)	(city) (s	state)	15062 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed in DALAS Count	ty, State of TEAS , on the	6	day of MARC	H . 2025 .	
		alla		(month)	(year)	
		Signature of authorized agent of cor	ntractin	g business entity		
1		(Doolarant)				

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		Certificate Number:			
	of business.  FND Architects Inc dba Shelter Planners of America		2	025-1277482		
	Grapevine, TX United States			ate Fi <b>l</b> ed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form	n is 0	3/05/2025		
	-	being filed.				
	City of McAllen		Pate Acknowledged: 03/06/2025	•		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided as a contract of the services.		r identify th	ne contract, and pro	ovide a	
	07-24-S61-781 PROJECT NO. 07-24-S61-781 ARCHITECTURAL DESIGN S	SERVICES FOR THE NEW	PALM VA	LLEY ANIMAL SC	CIETY	
4					of interest	
	Name of Interested Party	City, State, Country (place	ot busines	(check a	applicable)	
Me	elanie, Friedman	Fairlawn, OH United Sta	tes	X	Intermediary	
Ma	ark, Moore	Fairlawn, OH United Sta	tes	Х		
5	Check only if there is NO Interested Party.			,		
6	UNSWORN DECLARATION					
	My name is	, and m	y date of bir	th is		
	My address is(street)	,			/ourtry	
		(city)	(state	e) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	y, State of	_, on the			
				(month)	(year)	
		Signature of authorized age (Declara		acting business entity		

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	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:		
	FMD Architects Inc dba Shelter Planners of America		2025	2025-1277482		
2	Grapevine, TX United States  Name of governmental entity or state agency that is a party to the	ne contract for which the form is		Filed: 5/2025		
	being filed. City of McAllen	is solicited willow the form to	Date	Acknowledged:		
	City of McAileri		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	
	07-24-S61-781 PROJECT NO. 07-24-S61-781 ARCHITECTURAL DESIGN S	SERVICES FOR THE NEW PALM \	/ALLE	EY ANIMAL SO	CIETY	
4	Name of Interested Party	City, State, Country (place of busine	(220	Nature o (check ar	f interest	
_		ony, oute, country (place of busine		Controlling	Intermediary	
М	elanie, Friedman	Fairlawn, OH United States	*,	X		
M	ark, Moore	Fairlawn, OH United States		X		
		·				
					,	
					-	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			) ,		
	My name is MELANIE FRIEDMAN	, and my date of b	oirth is	8/17/78		
	My address is 3000 W MARKET JT (street)	(city), OH	, _ ate)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty	y, State of OHD, on the	<u>d</u> d			
				(month)	(year)	
		man form				
		Signature of authorized agent of cont (Declarant)	racting	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.		CEF	OFFICE USE	
of business. 777 Family LTD			Certificate Number: 2025-1273900 Date Filed:		
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen Grant Administration  O2/25/2025  Date Acknowledged:					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide M-21-MP-48-0506 Rental assitance for foster children.	ty or state agency to track or identify ded under the contract.	the co		
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap Controlling	_
C	antu, Eduardo	Mcallen, TX United States		х	
Cantu, Lilibet Mcallen, TX United States		Mcallen, TX United States		Х	
_					
5	Check only if there is NO Interested Party.				
6	My name is Edualdo Cantu	, and my date of	birth is	09-01-	73
My address is 2912 5. Tallson Hd McAllen TV, 18503, USA (state) (city) (state) (zip code) (country)					, <u>USA</u> (country)
	I declare under penalty of perjury that the foregoing is true and correct Executed inCounty	y, State of, on the	26 t	day of Library (month)	420 <u><b>35</b></u> (year)
		Signature of authorized agent of con (Declarant)	tracting	business entity	

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.	ntity's place	Certificate Number: 2025-1273900					
	777 Family LTD							
	McAllen, TX United States		Date F					
2	Name of governmental entity or state agency that is a party to the	the form is	02/25	5/2025				
being filed. City of McAllen Grant Administration					Acknowledged: 8/2025			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	de the identification number used by the governmental entity or state agency to track or identify the contract, and provide a						
		.l.						
	M-21-MP-48-0506 Rental assitance for foster children.							
_					Nature o	finterest		
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	plicable)		
					Controlling	Intermediary		
Ca	antu, Eduardo	Mcallen, TX Unite	ed States		X			
Cantu, Lilibet		Mcallen, TX Unite	ed 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	,		,		.,		
	(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	ay of	, 20		
					(month)	(year)		
		Signature of outbor	ized agent of cent	ractina	husinoss ontitu			
	Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count	Certificate Number:					
	of business. Andale Construction, Inc.		2025-1279840				
	Wichita, KS 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		1/2025			
_	being filed.						
	City of McAllen, TX	<b>Date</b> 03/1:					
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. 03-25-C17-01						
	High Density Mineral Bond Pavement Preservation Project						
_	!			Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date o	r birth is	S	·		
	My address is	,,	,	,	,		
	My address is(street)	(city) (s	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	t.					
	Executed inCounty	y, State of , on the		day of	, 20 .		
		<del></del>		(month)			
		Signature of authorized agent of cor (Declarant)	ntractin	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 USE	- Araba carriera and a standard and a second	
1	Name of business entity filing form, and the city, state and count of business.	(CONTRACTOR	Certificate Number: 2025-1279840			
	Andale Construction, Inc.					
	Wichita, KS United States			Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	03/1	1/2025	- 1	
	being filed. City of McAllen, TX		Date	Date Acknowledged:		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	ity or state agency to track or identif	y the c	ontract, and pro	vide a	
		ded under the contract.				
	Project No. 03-25-C17-01 High Density Mineral Bond Pavement Preservation Project					
	rigit Delisity Willieral Boliu Favellelit Freservation Froject					
4				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check a	oplicable)	
		8		Controlling	Intermediary	
	· · · · · · · · · · · · · · · · · · ·					
		5				
		% · · · · · · · · · · · · · · · · · · ·			a	
	Ē					
		g.				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isJackie Bearden / Andale Construction, In	C, and my date o	f birth is	07/10/	65	
	My address is 3170 N Ohio St	, Wichita	KS,	67219	USA	
	(street)	(city)	state)	(zip code)	(country)	
	V 2 1 2 1 2					
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Codquiak	Vanaga	1114	N.A	ر م	
	Executed in Sedgwick County	y, State of Kansas, on the	i ith	<sub>day of</sub> March	1_, <sub>20_</sub> 25	
				(month)	(year)	
	: i = 1.1					
	156	True by Bours				
		Signature of authorized agent of co	ntractin	g business entity		
		(Declarant)				

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 country of the business entity's place of business.			cate Number:	or riemo
	Rob Pelletier Construction, Inc.		2025-	1279838	
2	Dayton, TX United States		Date F		
_	being filed.	h the form is	03/11/	2025	
	City of McAllen		Date A	cknowledged:	
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contr	to track or identify ract.	the cor	ntract, and pro	∕ide a
	PROJECT NO. 02-25-P55-01 PURCH				
	PROJECT NO. 02-25-P55-01 PURCHASE OF AIR WALL TRACK SYSTEM				
4	Name of Interested Party City State Count	try (place of busine	200)	Nature of	
	Oily, State, Count	rry (piace of busilie	f business) (check Controlling		Intermediary
	,				
		the first have been a first and a second date of the control of th			material superior sup
			1		
			1		
			$\top$		
			$\dashv$		
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION			*	
	My name is RICKI Hart Chapman	_, and my date of b	irth is $\overline{1}$	.28.80	<u> </u>
	My address is 10189 FM 1940 , Dayton (city)	, <u>T</u> <u>/</u> (sta	; te)	7535 (zip code)	LS_(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Liberty County, State of TOW	on the	\day	of March	1, 2025.
	J-1/2/2			(month)	(year)
	Signature of a the	rized agent of contra	Sup	Man	
	/ Signature of autho	(Declarant)	acting bi	usiness entity	j.

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		ificate Number: 5-1279838			
	Rob Pelletier Construction, Inc.					
	Dayton, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	03/1	.1/2025			
	being filed.		Date	Acknowledged:		
	City of McAllen			.1/2025		
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	
	PROJECT NO. 02-25-P55-01 PURCH					
	PROJECT NO. 02-25-P55-01 PURCHASE OF AIR WALL TR	RACK SYSTEM				
		<u> </u>		Nature of	finterest	
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 c	of birth is	s		
	My address is(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCounty	y, State of, on the	ə	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co	ntractin	g business entity		

FORM 1295

-				***************************************		
Albertaine	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2025-1280126		
	Rio United Builders LLC					
	Mission , TX United States			Date	Filed: L/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which th	ne form is	03/11	1/2023	
	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 provide	ty or state agency to t led under the contract	rack or identify	the co	ontract, and pro	⁄ide a
	02-25-C13-534					
	Mcallen PD Evidence Storage Conversion					
4					Nature of	
	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	Intermediary
-					Controlling	memediary
		100 A				
				_		
				_		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is <u>Dagoberto Perez Jr</u>	Accounts of the second	and my date of b	oirth is	10/29/1985	Š
	My address is5783 Iowa Rd	, Mission	<u>T</u>	<sup>1</sup>	78574	USA
	(street)	(city)	(sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t				
		/, State of Texas	, on the ´	l1thd	lay of March	, 20 25 .
		_			(month)	(year)
		DAR-	~	nadankon romonakon kontaka		***************************************
		Signature of authoriz	ed agent of cont (Declarant)	racting	business entity	

FORM **1295** 

_						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place				Certificate Number:		
	of business. Rio United Builders LLC			2025-1280126	j		
	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	he form is	03/11/2025			
	being filed. City of McAllen			<b>Date Acknowle</b> 03/12/2025	dged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			the contract, ar	nd provide	a	
	02-25-C13-534 Mcallen PD Evidence Storage Conversion						
4	Name of Interested Party	City, State, Country	(place of busine		ture of int		
				Control		termediary	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	,	and my date of t	oirth is			
	My address is(street)	(city)		, ate) (zip co	,	country)	
			,50	(Zip 00)	(		
	I declare under penalty of perjury that the foregoing is true and correc						
	Executed inCounty	y, State of	, on the _		month)	20 (year)	
				·	,	,	
		Signature of authoriz	zed agent of cont (Declarant)	racting 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.					OFFICE USE	
	of business.  Texan Waste Equipment Inc. DBA Heil of Texas				Certificate Number: 2025-1281424 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.				3/13/2025 ate Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided 02-25-P52-01 PURCHASE OF THREE (3) SIDE LOADERS - BUYBOARD C	ed under th	ie contract.	or identify t	the co		
4	Name of Interested Party	City, State	e, Country (plac	e of busine	ess)	Nature of (check ap	
D/	VIS, LARRY	Houston	, TX United Sta	ates		X	
							ż
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					العاما	
	My name is <u>Jeremy Davis</u>			my date of I	birth is	10/31/86	
	My address is 5900 wheeler (street)	HO	(city)	,(st	*, ate)	(zip code)	_, (country)
	I declare under penalty of perjury that the foregoing is true and correct				CE AND	A-	
	Executed inCounty	y, State of _	lexas	, on the	14 0	day of Model (month)	
		Signatur	e of authorized a (Dec	gent of con larant)	tracting	g 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.			OFFICE USI		
1	of business. Texan Waste Equipment Inc. DBA Heil of Texas			Certificate Number: 2025-1281424 Date Filed:		
2	2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  Date A 03/14.				:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 2-25-P52-01 PURCHASE OF THREE (3) SIDE LOADERS - BUYBOARD (	ded under the contrac	ct.	the contract, and pro	ovide a	
4	Name of Interested Party	City, State, Country	(place of busine		of interest applicable)	
D	AVIS, LARRY	Houston, TX Unite	ed States	X	Intermediary	
	•					
5	Check only if there is NO Interested Party.					
6						
	My name is	,	and my date of b	oirth is	·	
	My address is(street)	,(city)		ate) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc					
	Executed inCounty	ty, State of	, on the _	day of (month)		
		Signature of authori		tracting business entity	<del></del>	
ı		· ·	(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 count of business.		Certificate Number: 2025-1280408				
	Rush Truck Center		202	3-1200400			
	Pharr, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/1	L2/2025			
	being filed.		Date	Acknowledged:			
	City of McAllen	03/14/2					
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		
	Project No.02-25-P51-01						
	Purchase of Three (3) Side Loaders Buy Board Contract No.	723-23					
4	-			Nature of			
ľ	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)	(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	э	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of co	ntractin	ig business entity			

Complete Nos 1 4 and 6 if the			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		
Name of business entity filing form, and the city, state and co     of business	Name of business entity filing form, and the city, state and country of the business entity's place of business.			
Rush Truck Center	y place	Certificate Number: 2025-1280408		
Pharr, TX United States				
2 Name of governmental entity or state agency that is a party to being filed.	the contract for which the forms in	<b>Date Filed:</b> 03/12/2025		
City of McAllen	which the form is	03/12/2025		
Sity of Monitely		Date Acknowledged	:	
3 Provide the identification number used by the government				
3 Provide the identification number used by the governmental e description of the services, goods, or other property to be pro	ntity or state agency to track or identify vided under the contract.	the contract, and pro	vide a	
Project No.02-25-P51-01				
Purchase of Three (3) Side Loaders Buy Board Contract No	0. 723-23			
4				
Name of Interested Party	City, State, Country (place of busine	SS) Nature o	f interest	
		Controlling	Intermediary	
		3	memediary	
		_		
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
Patrick LeClaire				
My name is	, and my date of birt	h is		
My address is 555 IH 35 South	. , , , , , , , , , , , , , , , , , , ,		·	
	, New Braunfels, TX	_, 78130	USA	
(street)	(city) (state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct	f			
Executed in Comal				
Executed inCounty	, State of Texas , on the 14	_day of March	.2025	
	$()$ $\rho M$	(month)	(year)	
$ \sqrt{} $	All follows			
	Sur Clato			
	Signature of authorized agent of contract (Declarant)	ing business entity		
rms provided by Texas Ethics Commission www.ethi	ics.state.tx.us	Vorgion VA 1	0.0.000	

Version V4.1.0.0e302ce0

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: 2025-1282901			
	Miguel A Gamboa dba Mag Media Productions		2023	2-1785801		
	McAllen, TX United States			e Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/1	18/2025		
	City if McAllen			e Acknowledged:		
			03/1	18/2025		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		itify the c	ontract, and prov	/ide a	
	"PROJECT NO. 01-25-P20-191 PUR	D 1//DE01///				
	PROJECT NO. 01-25-P20-191 PURCHASE OF ONE (1) L.E.	.D. VIDEO WALL				
4	1			Nature of		
•	Name of Interested Party	City, State, Country (place of bu	ısiness)	(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 dealars under populty of positive that the foregoing in twice and a second	at .				
	I declare under penalty of perjury that the foregoing is true and correc	л.				
	Executed inCounty	y, State of, on t	the			
				(month)	(year)	
		Signature of authorized agent of (Declarant)	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.		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.  Miguel A Gamboa dba Mag Media Productions  McAllen, TX United States	2025 Date	Certificate Number: 2025-1282901 Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City if McAllen		03/18/2025  Date Acknowledged:			
3	description of the services, goods, or other property to be provided under the contract. "PROJECT NO. 01-25-P20-191 PUR	entify the c	ontract, and pro	vide a		
	PROJECT NO. 01-25-P20-191 PURCHASE OF ONE (1) L.E.D. VIDEO WALL	15-1-50	Nature (	of interest		
4	Name of Interested Party City, State, Country (place of	ousiness)	(check a	pplicable)		
			Controlling	Intermediary		
_						
5	Check only if there is NO Interested Party.					
6	My name is Migrael A. Comboa and my da	ate of birth is	2-18	-1975		
	My address is 4001 Orchid Ave	, TX (state)	78504 (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.  Executed in Hidalgo County, State of Texas, o	n the 18	day of <u>Harc</u>	h, 20,25.		
	Signature of authorized agent (Declarant)	of contractin	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. 2025-1280353 Doggett Freightliner of South Texas, LLC Pharr, TX United States Date Filed: 03/12/2025 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. 03-25-P53-01 Brush Project NO. 03-25-P53-01 Brush Grapple Truck (BB) 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** Brunnamann and my date of birth is 12/23/64 I declare under penalty of perjury that the foregoing is true and correct. X \_\_\_\_, on the 127hday of Manch County, State of

Signature of authorized agent of contracting business entity (Declarant)

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 rtificate Number:	OF FILING	
1	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 siness.				
	Doggett Freightliner of South Texas, LLC					
_	Pharr, TX United States			te Filed: /12/2025		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	5 03/	12/2023		
	City of McAllen					
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	∕ide a	
	Project NO. 03-25-P53-01 Brush					
	Project NO. 03-25-P53-01 Brush Grapple Truck (BB)					
4					finterest	
	Name of Interested Party	City, State, Country (place of	business)			
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my c	late of birth	is		
	My address is					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ıt.				
	Executed inCounty		on the	day of	20	
	COUNTY	,, 5,, (	uio	day or(month)		
		Signature of authorized agent		ing business entity		
		(Declarant	t)			

FORM **1295** 

					1017
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of business.	me of business entity filing form, and the city, state and country of the business entity's place business.			
	Melden and Hunt, Inc		2025	-1284578	
	Edinburg, TX United States		Date I	Filed:	
2		contract for which the form is	03/20	0/2025	
	being filed.				
	City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or identifyed under the contract.	the co	ontract, and prov	/ide a
	03-25-S50-01 PROJECT NO. 03-25-S50-01 BOEYE RESERVOIR RECLAIM FACILITY	(BALBOA ACRES REGIONAL ST	ORM	WATER DETE	NTION
4				Nature of	interest
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	·
				Controlling	Intermediary
_					
		<u> </u>		<u> </u>	
5	Check only if there is NO Interested Party.	ž.			į
6	UNSWORN DECLARATION				
	My name is Jawbo Hernunder	, and my date of b	irth is .	10-15	-82
	62011 11 112 -1	1/ 1.1 +		70	25.1
	My name is <u>Jawbo Hernun der</u> My address is <u>6704 W 164m J</u> (street)	_,,,,,	<u>/</u> , _ te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County,	Tage	om	March	96
	Executed in 11100100 County, S	State of TEXUS, on the 2	<u> </u>	(month)	(year)
		Anth	<b>&gt;</b>		
		Signature of authorized agent of contro (Declarant)	acting	business entity	<del></del>
_					

FORM **1295** 

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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		ificate Number: 5-1284578		
	Melden and Hunt, Inc		2020	)-1204373		
	Edinburg, TX United States		Date	Filed:		
2		e contract for which the form is	03/2	0/2025		
	being filed.		Date	* else en ledands		
	City of McAllen		Date Acknowledged: 03/20/2025			
Ļ	Provide the identification would be the governmental out	to an atota a successite two all out identifications			dda a	
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	
	03-25-S50-01	MA (DALDON ACDES DECIONALS	TODA	MAYATED DETE	NITIONI	
	PROJECT NO. 03-25-S50-01 BOEYE RESERVOIR RECLAIN FACILITY	M (BALBUA ACKES KEGIONAL S	IURIV	/IWATER DETE	NTION	
4	1	<u> </u>		Nature of	finterest	
"	Name of Interested Party	City, State, Country (place of busin	ıess)	(check ap	plicable)	
<u> </u>				Controlling	Intermediary	
L						
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	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
	Executed inCounty	y, State of, on the	(			
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	ıtractin	g business entity		

FORM **1295** 

-						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country	ry of the business entity's place	Certificate Number:			
	of business. Telepro Communications	, , , , , ,	2025-1286499			
	Mission, TX United States					
2	Name of governmental entity or state agency that is a party to the	contract for which the		Filed: 5/2025		
	penig meu,	contract for which the form is	03/2.	3/2023		
	City of McAllen		Date	Acknowledged:		
_	Provided to the pro-					
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	the c	ontract, and pro	vide a	
	03-25-P54-01	ed under the contract.				
	PROJECT NO. 03-25-P54-01 PURCHASE OF ACCESS CON	TROL EQUIPMENT TO TELEPRO	CON	MUNICATION	S (TIPS)	
-				······································	3 (11-3)	
4	Name of Interested Party	City, State, Country (place of busine		Nature of		
		City, State, Country (place of busine	ess)	(check ap		
			-	Controlling	Intermediary	
-						
			=			
			_			
			l			
_						
5	Check only if there is NO Interested Party.					
	X					
; t	JNSWORN DECLARATION					
	<sub>My name is</sub> Edgar Rodriguez			03-25-2025	,	
	ny mame is	, and my date of bi	rth is	03-23-2020	·	
١	My address is 12005 N. Bryan Rd.	Mission TX	(	78573	USA	
	(street)	(city) (stat		(zip code)	(country)	
		, ,,	-,	(4.6 222)	(oodiniy)	
	declare under penalty of perjury that the foregoing is true and correct.	10				
Е	executed in Hidalgo County,	State of Texas on the	75	March	25	
	County,	on the 4	da	ay of(month)		
				(month)	(year)	
	<u>B</u>	joint of				
		Signature of authorized agent of contra	ecting	husiness entity		
		(Declarant)	.c.nig	ouomicss enuty		

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 count of business.	try of the business entity's place	Certificate Number: 2025-1286499			
	Telepro Communications		2020	7-1200-100		
	Mission, TX United States			Filed:		
2		e contract for which the form is	03/2	5/2025		
	being filed. City of McAllen		Date	Acknowledged:		
	City of McAlleri			03/25/2025		
_	Provide the identification number used by the governmental entit	ity or state agency to track or identify	the c	ontract and prov	vide a	
3	description of the services, goods, or other property to be provide		THE CO	ontract, and prov	iue a	
	03-25-P54-01 PROJECT NO. 03-25-P54-01 PURCHASE OF ACCESS CON	NTROL EQUIPMENT TO TELEPRO	O COM	MMUNICATION:	S (TIPS)	
4				Nature of		
•	Name of Interested Party	City, State, Country (place of busin	ess)	(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	3		
	My address is		,		,·	
	(street)	(city) (st	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
	Executed inCounty	y, State of, on the	(			
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	g 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	Name of business entity filing form, and the city, state and count of business.	Certif	Certificate Number: 2025-1286874			
	B2Z Engineering, LLC		2025	)-1200014		
	Mission, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	03/20	6/2025			
	City of McAllen		Date Acknowledged: 03/26/2025			
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	ıide a	
	01-24-S13-01 PROJECT NO. 01-24-S13-01 – AMENDMENT NO. 2 – YUM	IA ROADWAY WIDENING FROM 2	ND S	TREET TO JAC	KSON AVE	
	(FM2061)			T Notice of	**-4	
4	Name of Interested Party	City, State, Country (place of busin	nnee)	Nature of		
	Name of interested Faity	City, State, Country (place of busing	less	Controlling	plicable) Intermediary	
G	onzalez, Aisha	Mission, TX United States		X	Intermedial y	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			,		
	My name is	, and my date of	i 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	ty, State of, on the		day of	, 20	
				(month)	(year)	
		Signature of authorized agent of con	ntracting	g 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 parti	ies.		CE	OFFICE USE			
Name of business entity filing form, and the city, state and country of the business entity's place of business. B2Z Engineering, LLC				2025	Certificate Number: 2025-1286874			
, , , , , , , , , , , , , , , , , , , ,				00/0	Filed: 6/2025			
2	being filed.  City of McAllen	ty to the contract i		Date Acknowledged:				
3	Provide the identification number used by the government description of the services, goods, or other property to be 01-24-S13-01  PROJECT NO. 01-24-S13-01 – AMENDMENT NO. 2 - (FM2061)	e provided under t	he contract.	•	•			
4	Name of Interested Party	City, Stat	e, Country (place of	business)		f interest pplicable)		
					Controlling	Intermediary		
Gonzalez, Aisha		Mission	, TX United States		X			
5	Check only if there is NO Interested Party.					L		
6	UNSWORN DECLARATION							
	My name is Aisha Gonzalez		, and my o	date of birth is	01/23/19	79		
	My address is 900 S. Stewart Rd. Suite 12	,	Mission	_, _TX,	78572	USA_		
	(street)		(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true an	ıd correct.	_					
	Executed in Hidalgo	_County, State of _	Texas	on the 26th	day of March	1, 20_25 (year)		
	_		ra Cho	mal	(Indian)	(your)		
	_	Signature	e of authorized agent (Declaran		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: 2025-1286184			
	Prairie Event Supply Inc		202	.5-1200104		
	Mingo, IA United States	Date	e Filed:			
2	Name of governmental entity or state agency that is a party to the	03/2	25/2025			
	being filed. The City of McAllen		Date Acknowledged: 03/26/2025			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ntify the o	contract, and prov	/ide a	
	PROJECT NO. 03-25-P40-133 PURCHASE OF TRANSPORTABLE 10-ROW BLEACHERS					
4	-			Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of bu	usiness)	(check ap	pplicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.			,		
6	UNSWORN DECLARATION					
	My name is	, and my dat	e of birth	is		
	No. and decare in					
	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			
				(month)	(year)	
		Cignostrum of suith selections of	oortes -1°	na huoinean		
		Signature of authorized agent of (Declarant)	contractil	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.		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	100	ificate Number: 5-1286184	
	Prairie Event Supply Inc Mingo, IA United States	9		Filed:	
2		ne contract for which the form is		5/2025	
	The City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	PROJECT NO. 03-25-P40-133 PURCHASE OF TRANSPORTABLE 10-ROW BLEACHERS		- www.min.ogover.min.ogover.min.ogover.min.ogover.min.ogover.min.ogover.min.ogover.min.ogover.min.ogover.min.og	A STATE OF THE STA	
4	Name of Interested Party	City, State, Country (place of busine	iess)		f interest pplicable)
				Controlling	Intermediary
-damen					
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION				
	My name is Sofie Stonewall	, and my date of t	birth is	10-25-	<u>.89</u> .
	My address is 800 SE Hummingbold CiV. (street)	, (\(\right)\) authee, (st	<u>\</u> ate)	SO 263 (zip code)	, <u>US</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correc	et.			
	Executed in Danlas County	y, State of TA, on the	<u>25</u> d	day of <u>Mount</u> (month)	, 20 <u>75</u> . (year)
		Suhin Story	1		
		Signature of authorized agent of contr (Declarant)	racting	j 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.	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: 2025-1288597			
l	EB Merit Construction		2023	7 1200337		
	Pharr, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	03/3:	1/2025		
l	being filed.					
	City of McAllen		Date Acknowledged: 03/31/2025			
L						
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	ontract, and prov	∕ide a	
	PROJECT NO. 07-24-C23-965					
	PROJECT NO. 07-24-C23-965 CHANGE ORDER NO. 2 FOR	R KAPPLER PARK "CAMP MCALL	EN"			
Ι.		I		Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	pplicable)	
	!			Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
L						
6	UNSWORN DECLARATION					
	My name is	and my date of	birth is	<b>S</b>		
	, · · · <del>· · ·</del>				·	
	My address is					
	My address is(street)	(city) (s	tate)	(zip code)	(country)	
	•		•	•	- ·	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of, on the	(	day of	, 20	
				(month)		
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

FORM **1295** 

L						1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFIC	E USI	E ONLY	
Ļ	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ificate Nu			
	EB Merit Construction		202	5-128859	7		
	Pharr, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	03/3	1/2025			
	City of McAllen		Date	Acknowle	edned:		
	•			Date Acknowledged:			
3	Provide the identification number used by the governmental enti	ity or state agency to track or ider	tify the c	ontract, a	nd pro	vide a	
	description of the services, goods, or other property to be provide	ded under the contract.					
	PROJECT NO. 07-24-C23-965 PROJECT NO. 07-24-C23-965 CHANGE ORDER NO. 2 FOR	S KADDI ED DADK "CAMD MCA	I I ENI				
		CTOATT ELECT ARRECAME MICE	LLEIN				
4	Name of Interested Party	Oite Otal O				f interest	
	Name of interested Party	City, State, Country (place of bu	siness)	ess) (chec		leck applicable)	
				Control	iing	intermediary	
					~		
					$\neg$		
5	Check only if there is NO Interested Party.						
	X						
6	UNSWORN DECLARATION						
	My name is <u>Aurelio Turrubiates</u>	, and my date	of hirth ic				
		, and my date	סו טוונוו וא			·	
	My address is 505 E Interstate 2	,Pharr,	TX ,	78577	,	USA .	
	(street)	(city)	(state)	(zip coo	de)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct						
	r declare under penalty or perjury that the foregoing is true and correct	ι.					
	Executed in Hidalgo County	, State of <u>Texas</u> , on th	e _31_d	ay of M	arch	_, 20 <u>_ <b>25</b></u> .	
		m			nonth)	(year)	
		-Ale					
		Signature of authorized agent of c (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	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1284880				
	Hydro Resources - Mid Continent, Inc.		202	25-1284880			
	Creedmoor, TX United States	Date	e Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/2	21/2025			
	being filed.						
	City of McAllen			Date Acknowledged: 03/24/2025			
Ļ	Provide the identification number used by the governmental enti-	ty or state agency to track or ide			rido a		
3	description of the services, goods, or other property to be provide		enary une	contract, and prov	nue a		
	Project No. 02-25-C14-623						
	Test Drilling and Temporary Well Testing						
4	1			Nature of	interest		
•	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my da	te of birth	is	·		
	My address is		,	,	,·		
	(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	the	day of	, 20 .		
		, ,		(month)	, _o (year)		
		Signature of authorized agent o	ıf contracti	na husiness entity			
		(Declarant)	ı cuntactlı	ing business entitly			

FORM 1295

					1 of 1			
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE				
1		CERTIFICATION OF FILING Certificate Number:						
	oi business.	y at the business chuty's place		1284880				
	Hydro Resources - Mid Continent, Inc.							
2	Creedmoor, TX United States		Date Fi					
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	03/21/	2025				
	City of McAllen		Date A	Date Acknowledged:				
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.							
	Project No. 02-25-C14-623	ed white the contract.						
	Test Drilling and Temporary Well Testing				i			
4			$\Box$	Nature of	interest			
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicabie)			
_			-	Controlling	Intermediary			
_			_					
		<del></del>						
					12.1			
_								
				i				
_								
5	Check only if there is NO Interested Party.							
_		<u></u>						
Þ	UNSWORN DECLARATION							
	My name is Josh Buse	, and my date of t	oirth is _	June 18, 1	992			
	My address is 11536 Old Lockhart Road	Creedmoor T	X 7	78610	USA			
	(street)		ate)	(zip code)	(country)			
			·					
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in Travis County,	State of Texas on the	21_da	y of <u>March</u> (month)	_, 20 <u>25</u> . (year)			
			1	()	() 421/			
		North De						
		Signature of authorized agent of cont (Declarant)	racting t	ousiness entity	<del>-</del>			
		U (Decidiant)						

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no int						FFICE USE	ONLY OF FILING	
1	Name of business entity filing form, and the c	<u> </u>	try of the b	usiness entity's	s place	Certifica	ate Number:	OI I ILIIVO	
	Electrical SamPat LLC					2025-12	296696		
	Lavon, TX United States					Date File	ed:		
2	Name of governmental entity or state agency	that is a party to the	e contract	for which the fo	orm is	04/16/2	025		
	being filed.								
	City of McAllen					Date Ac	knowledged:		
3	Provide the identification number used by the description of the services, goods, or other provides and the services of the se				or identify	the cont	ract, and prov	ride a	
	02-25-P33-645								
	Purchase, Delivery and Installation of LED	Lights							
4							Nature of		
•	Name of Interested Party		City, Stat	e, Country (pla	ce of busine	· · —	<u>`</u>	applicable)	
						-   (	Controlling	Intermediary	
_									
						_			
_	Check only if there is NO Interested Party.								
5	Check only if there is no interested Party.	X							
6	UNSWORN DECLARATION								
	My name is Samuel Pa	tino		, and	my date of b	oirth is	10/08/19	983	
	My address is 17342 FM 2755		,		, _Tex	as,	75166	,US	
	(street)			(city)	(sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing	ing is true and correc	ct.						
	Executed in	County	y, State of _	Texas	, on the _	<u>16</u> day	ofApril		
						2	(month)	(year)	
				April	tot				
			Signatur	e of authorized a	agent of cont	racting b	usiness entity		
				(Dec	Jaiaill)				

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.	try of the business entity's place	Certificate Number:						
	Electrical SamPat LLC		2025	-1296696					
	Lavon, TX United States		Date	Filed:					
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		6/2025					
_	being filed.	e contract for which the form is							
	City of McAllen		Date Acknowledged: 04/16/2025						
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		the co	ontract, and prov	vide a				
	02-25-P33-645								
	Purchase, Delivery and Installation of LED Lights								
4				Nature of	interest				
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)				
				Controlling	Intermediary				
$\vdash$									
L									
H									
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	, and my date of	birth is	i	·				
	My address is				,				
	(street)	(city) (st	tate)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	ct.							
	Executed inCounty	y, State of, on the	c	day of	, 20				
				(month)	(year)				
		Signature of authorized agent of con (Declarant)	tracting	g business entity					

FORM 1295

				7017	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			USE ONLY ION OF FILING	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place	Certificate Number: 2025-1298392		
	StageRight Corporation		2025-1256352		
	Clare, MI United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	04/21/2025		
	City of McAllen		Date Acknowled	ged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the contract, and	provide a	
	04-25-P59-01				
	Portable Staging				
4	Name of Interested Dayles	City State County (ulass of busine		ire of interest	
	Name of Interested Party	City, State, Country (place of busine	Controllin	ck applicable)	
			Controlle	ig intermediary	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Amy K Whitney	, and my date of I	birth is 7-6	<del>-71</del>	
	My address is 7/40 19 Mile Fd (street)	Maron . 1	17 4966 (zip code	5 USA	
	\\	,y, (a.	, (	,	
	I declare under penalty of perjury that the foregoing is true and correct Executed in County,	t. 1, State of Michigan, on the	20 nd day of Af	γ.l , 20 25.	
1		, 1 / ,	(m)	onth) (year)	
		my Calmi	<b>4</b> 5		
		Signature <sup>(</sup> of authorized agent of cont (Declarant)	racting business e	entity	

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 count of business.	try of the business entity's place	Certificate Number: 2025-1298392				
	StageRight Corporation		202	ZUZD-1Z9099Z			
	Clare, MI 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	21/2025			
	City of McAllen			e Acknowledged: 22/2025			
		· · · · · · · · · · · · · · · · · · ·					
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		
	04-25-P59-01						
	Portable Staging						
4	- 1			Nature of	interest		
-	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	<u> </u>		
<u> </u>				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)		,	(zip code)	,		
	(street)	(city) (	(state)	(zip coae)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	y, State of, on the	э				
				(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 parties.			OFFICE USE	
1	Haine of business chary ming form, and the only, state and obtains of the business of principal states and obtains a second of the business of			icate Number: -1297537	
	Worthington Direct Holdings, LLC Dallas, TX United States		Date I	Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	04/17	//2025	
	being filed. City of McAllen		Date	Acknowledged:	
	City of McAilett				
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	the co	ontract, and prov	ride a
	03-25-P50-01 PURCHASE OF FURNI	d dilder the contract.			
	03-25-P50-01 PURCHASE OF FURNITURE FOR PAC (BB)				
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
_					
_					
e A					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION (				
	No.014 Kase	, and my date of t	nirth is	08-11	1979
	My name is	120 D. 1100 7		フくつル	1 1101
	My address is 630 (Street)	(city) (sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.			, <b>-</b> 1	
	Executed in Da a County,	TOVAL	17.	day of April	.2025
	County,		`	(month)	(year)
		(YI on I.	//_	$\sim 0$	
	s <del></del>	1 clery	<u> し</u>	husinger artit	
		Signature of authorized agent of cont (Declarant)	iacung	y business enuty	

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		Certificate Number: 2025-1297537			
	Worthington Direct Holdings, LLC						
2	Dallas, TX United States	a contract for which the form i		te Filed: /17/2025			
2	being filed.	or state agency that is a party to the contract for which the form is					
	City of McAllen			te Acknowledged: 17/2025			
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	<i>i</i> ide a		
	03-25-P50-01 PURCHASE OF FURNI						
	03-25-P50-01 PURCHASE OF FURNITURE FOR PAC (BB)						
4				Nature of			
	Name of Interested Party	City, State, Country (place of	business)				
				Controlling	Intermediary		
	<del></del>						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my c	late 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						
	Executed inCounty	y, State of, o	on the	_day of(month)			
				()	(Jour)		
				<del> </del>			
		Signature of authorized agent (Declarant		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.					FFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2025-1296952			
	4MA Construction LLC Alton, TX United States				Date Filed:			
2	Name of governmental entity or state agency that is a party to the	contract f	or which t	he form is	04/16/2			
	being filed. City of Mcallen				Date Ac	cknowledged:		
	ony or mountain				10			
3	Provide the identification number used by the governmental entity				the con	tract, and prov	ride a	
	description of the services, goods, or other property to be provide PROJECT NO. 07-24-C21-707 – C	ea unaer ti	ne contrac	τ.				
	Restroom renovations							
	Т				Т	Nature of	interest	
4	Name of Interested Party	City, State	e, Country	(place of busine	ess)	(check ap		
					$-\Gamma$	Controlling	Intermediary	
					$\top$			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Manuel Anaya			and my date of b	oirth is _	09-11-1970		
	My address is 810 N Alton Blvd.	, _Alto	on	, <u>Tx</u>	,	78573	USA_	
	(street)		(city)	(sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	, , , , , , , , , , , , , , , , , , , ,		Tx	, on the _	6	April	<sub>20</sub> 25	
	Executed inCounty,	, State of _		, on the _	day	y of (month)	, 20 (year)	
		1	Marz					
		Signature	e of authoriz	 zed agent of cont	racting b	usiness entity		
				(Declarant)	3	,		

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING				
1		_	tificate Number:	OF FILING			
1	of business.	of business entity filing form, and the city, state and country of the business entity's place iness.					
	4MA Construction LLC						
	Alton, TX United States						
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	04/1	16/2025			
	City of Mcallen	<b>Date</b> 04/:					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		tify the o	contract, and prov	vide a		
	PROJECT NO. 07-24-C21-707 - C						
	Restroom renovations						
7				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap	k applicable)		
				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	t.					
	Executed inCounty	, State of, on tl	ne		, 20		
				(month)	(year)		
		Signature of authorized agent of o	contractir	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.				USE ONLY ION OF FILING	G	
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  The Salvation Army McAllen, TX United States  Certificate Number: 2025-1287307  Date Filed:			er:				
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	03/26/2025 Date Acknowled	03/26/2025  Date Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided to be pro	ded under the contrac	ct.	the contract, and	provide a		
4	Name of Interested Party	City, State, Country	(place of busine	ess) (chec	re of interest		
				Controllir	ng Intermediar	ry	
						-	
				-		-	
5	Check only if there is NO Interested Party.						
_	UNICHODAL DECLARATION					4	
	unsworn declaration  My name is Art Penhale		and my date of b	birth is10/10/	1958		
	My address is1221 River Bend Dr	, Dallas		X 7524			
	(street)	(city)	(sta	ate) (zip code	) (country)		
	I declare under penalty of perjury that the foregoing is true and correct Executed in DallasCount	ct. y, State ofTexas	, on the _	27th ay of Ma	rch , 20 25 (year)		
		Signature of author		racting business e	ntity		
			(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 country	_	tificate Number:	OF FILING			
_	of business.						
	The Salvation Army			e Filed:			
	McAllen, TX United States	United States					
2	Name of governmental entity or state agency that is a party to the being filed.	I entity or state agency that is a party to the contract for which the form is					
	City of McAllen	<b>Date Ack</b> 04/24/20					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		tify the	contract, and prov	vide a		
	E-24-MC-48-0506 Emergency Shelter Grant 1) Furnishings/Bedding 2) Supplies	necessary for Shelter Operation	1				
_				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of bu	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 hirth	ie			
	my hanc is		Or Birtir		·		
	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 t	he		, 20		
				(month)	(year)		
		Signature of authorized agent of (Declarant)	contracti	ng business entity			

FORM 1295

	the state of the s		Contract - General		
	Complete Nos. 1 - 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 of business.	cate Number: 1302566			
	Diverse Construction		2023	1302300	
	Brownsville, TX United States		Date F	iled:	
2	Name of governmental entity or state agency that is a party to the contra	act for which the form is	04/29	/2025	
	being filed.				
	City of McAllen - Purchasing & Contracting Dept.			cknowledged: 0/2025	
3	Provide the identification number used by the governmental entity or statement of the services, goods, or other property to be provided und	ate agency to track or identifier the contract.	y the co	ntract, and prov	ride a
	04-25-C18-662 SOUTHWEST TREATMENT PLANT ROOF REPAIR				
				Nature of	20 Tel Carlo High High High High High High High High
4.	Name of Interested Party City,	State, Country (place of busi	ness)		plicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is <u>Michael Cisneros</u>	, and my date	of birth	is <u>October</u>	<u>18</u> , <u>1971</u> .
	My address is 67 North Tupelo Circle (street)	Brownsville (city)	Texas (state)	, <u>78521</u> (zip code)	, <u>Us</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correct.				
		te of <u>Texas</u> , on	the <u>30</u>	_day of _April (mon	
		ila Cus	<u>~</u>		
	Signal Si	gnature of authorized agent of (Declarant)	contrac	ting business en	tity

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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: 2025-1302566			
	Diverse Construction		202	5-1302300		
	Brownsville, TX United States	tates				
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	04/2	9/2025		
_	being filed.					
	City of McAllen - Purchasing & Contracting Dept.			Acknowledged: 0/2025		
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	
	04-25-C18-662					
	SOUTHWEST TREATMENT PLANT ROOF REPAIR					
4				Nature of	finterest	
•	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)	
				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	ct.				
	Executed inCounty	v. State of on the		day of	. 20	
		,,, on the		(month)	(year)	
		Signature of authorized agent of cor (Declarant)	ntractin	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.		CEI	OFFICE USE				
1	Name of business entity filing form, and the city, state and c	of business entity filing form, and the city, state and country of the business entity's place						
	of business.			Certificate Number: 2025-1303913				
	Kubota Membrane USA Corporation	Date	Filed:					
2	Bothell, WA United States  Name of governmental entity or state agency that is a party to the contract for which the form is			2/2025				
_	being filed.	to the contract for which the						
	Environmental Quality, Texas Commission on		Date	Date Acknowledged:				
3	Provide the identification number used by the governmental description of the services, goods, or other property to be p		ck or identify the c	ontract, and pro	vide a			
	04-25-P58-01 MEMBRANE THICKNER SYSTEM WW							
		1		Nature o	f interest			
4	Name of Interested Party	City, State, Country (p	lace of business)		oplicable)			
				Controlling	Intermediary			
Κı	ubota Membrane USA Corp	Bothell, WA United S	States	×				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name isBrian Codianne	, ar	nd my date of birth is	, April 26, 1967	·			
	My address is17006 Blue Canyon CV	, Leander	, <u>TX</u> ,	78641	_, _USA			
	(Street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and o	correct.						
	Executed in Travis C	County, State of <u>Texas</u>	, on the 2nd o	day of May	, 20 <u>25</u> .			
		_		(month)	(year)			
		Brian Codias						
		l agent of contracting eclarant)	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:					
	Kubota Membrane USA Corporation		2025	5-1303913			
	Bothell, WA 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	2/2025			
	being filed.		Data	V ckbowlodgod:			
	Environmental Quality, Texas Commission on		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.							
	04-25-P58-01 MEMBRANE THICKNER SYSTEM WW						
4				Nature of			
-	Name of Interested Party	City, State, Country (place of busin	ness)		(check applicable)		
				Controlling	Intermediary		
Ku	ubota Membrane USA Corp	Bothell, WA United States		X			
5	Check only if there is NO Interested Party.			1			
6	UNSWORN DECLARATION						
	My name is	, and my date o	f birth is	<b>.</b>	·		
	My address is		,				
	(street)	(city) (s	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		day of	, 20		
				(month)	(year)		
		Signature of authorized agent of cor (Declarant)	ntracting	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 coun of business.	try of the business entity's plac		tificate Number: 25-1303675		
	Polydyne Inc.					
_	Riceboro, GA United States		05/	e Filed: 01/2025		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	s 03/	01/2025		
	City of McAllen			Date Acknowledged: 05/02/2025		
_	Provide the identification number used by the governmental enti	ity or state agency to track or i	dentify the	contract and prov	vide a	
3	description of the services, goods, or other property to be provided	ded under the contract.	dentity the	contract, and prov	nue a	
	04-25-P57-01 PURCHASE OF CLARIFLOC THROUGH BUYBOARD CON	TDACT NO. 601.22				
	PORCHASE OF CLARIFLOC THROUGH BUTBOARD CON	TRACT NO. 091-23				
4				Nature of	interest	
•	Name of Interested Party	City, State, Country (place of	business)	<del></del>	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	ct.				
	Executed inCount	iy, State of,	on the	_day of	, 20	
				(month)		
		Signature of authorized agent	of contracti	ng business entity		
		(Declaran				

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			USE ONLY TION OF FILING	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certificate Number: 2025-1303675		
	Polydyne Inc.				
2	Riceboro, GA United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is	<b>Date Filed:</b> 05/01/2025		
_	being filed.		Data Aaknawila	dand.	
	City of McAllen		Date Acknowle	ugeu:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided		the contract, an	nd provide a	
	04-25-P57-01 PURCHASE OF CLARIFLOC THROUGH BUYBOARD CON	TRACT NO. 691-23			
4				ture of interest	
	Name of Interested Party	City, State, Country (place of busin	Control	eck applicable) ling Intermediary	
			Control	Intermediary	
5	Check only if there is NO Interested Party.		<b>'</b>		
6	UNSWORN DECLARATION				
Ü					
	My name is <u>Boyd Stanley, Sr. Vice-President</u>	, and my date of	birth is $04/1$	0/1960	
	My address is One Chemical Plant Road	, Riceboro, G.			
	(street)	(city) (s	tate) (zip cod	de) (country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in LIBERTY Count	y, State of <u>GEORGIA</u> , on the	2nd day of N	<u>lay</u> , 20_25	
		2/1/1	(r	month) (year)	
		Bound Stinler	Boyd Stanley Sr. Vice-Pres		
		Signature of authorized agent of con			
		(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	's place Certificate Number: 2025-1307454			
	Cubamex LLC		2020	)-1307-434		
	McAllen, TX United States		Date	Filed:		
2		e contract for which the form is	05/09	9/2025		
	being filed.		Date	Acknowledged:		
	City of McAllen			Date Acknowledged: 05/09/2025		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		the co	ontract, and prov	ride a	
	PROJECT NO. 04-25-S53-01 LEASE					
	Restaurant Services					
		Ī		Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap		
	- '	1	-	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	S		
	My address is		,			
	(street)	(city) (s	itate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of, on the				
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	ntracting	g business entity	<del></del>	

FORM 1295

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business er of business.	ntity's place		icate Number: -1307454	
	Cubamex LLC				
	McAllen, TX United States		Date I	Filed: 9/2025	
2	Name of governmental entity or state agency that is a party to the contract for which being filed.	the form is	03/05	0.2023	
	City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contract	track or identify ct.	the co	ontract, and prov	/ide a
	PROJECT NO. 04-25-S53-01 LEASE				
	Restaurant Services				
_				Nature of	interest
4	Name of Interested Party City, State, Country	y (place of busine	ess)	(check ap	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is BOLANDO R CRUZ Gil	, and my date of b	oirth is	07-10	1981
	My address is 2100 TAFT STAPT 4 . Weslac (city)		K,	785901 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.	( <b>1</b>	<b>O</b> .		
	Executed in HICA 190 County, State of TEX	, on the	10	lay of(month)	, 20 <u></u> 5 (year)
	IAU-				
	Signature of author	rized agent of cont (Declarant)	racting	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 country of business.	ry of the business entity's place		ificate Number: 5-1308651	
	Metro Electric, Inc.				
	McAllen, TX United States			e Filed: .3/2025	
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	.3/2023	
	City of McAllen			Acknowledged: .3/2025	
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
	04-25-C20-612				
	Terminal Checkpoint Expansion Project				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap	
$\vdash$				Controlling	Intermediary
<u> </u>					
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)		itate)	(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 cor	ntractin	ig business entity	

		2000			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.  Metro Electric, Inc.	try of the business entity's place		ficate Number: 5-1308651	
	McAllen, TX United States		200 E100 E100 E100 E100 E100 E100 E100 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		3/2025	
	City of McAllen			Acknowledged:	
3	description of the services, goods, or other property to be provi		itify the co	ontract, and prov	vide a
	04-25-C20-612 Terminal Checkpoint Expansion Project				
4	Non-Africa (177)	City State Country (along the	nimas =\	Nature of	
	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	Intermediary
					Augustus real Tools
	A THE CONTRACT OF THE CONTRACT				
			5		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Michael A. Gerdes	, and my date	of birth is	11/12/1961	'
	My address is 1901 Industrial Drive	McAllen,	TX,	78504	, <u>USA</u> .
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in Hidalgo Count	y, State of Texas , on t	<sub>he</sub> 13th d	day of May (month)	, 20 <u>25</u> . (year)
				(inonin)	(year)
		Constitution of the state of th	nontraction.	huoiness water	
		Signature of authorized agent of (Declarant)	Johracting	J Dusiness entity	N

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 coun of business.		ficate Number: 5-1308855		
	GXC Inc.				
	Bethpage, NY United States			Filed:	
2	Name of governmental entity or state agency that is a party to the	he contract for which the form is	05/13	3/2025	
	being filed.		Date	Acknowledged:	
	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			onaci, and prot	
	PROJECT NO.05-25-P63-01				
	PURCHASE OF ONE THREAT DETECTOR				
_		1		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
				<u> </u>	
5	Check only if there is NO Interested Party.				
,	X				
6					
	UNSWORN DECLARATION				
		and my date of	birth is	06/20/197	9
	My name isMatthew J. Hempfling	Hollow		-•	***
	My address is212 Bethpage-Sweet Hollow Rd,(street)	Old Bethpage (sity) (s	_NY,, tate)		, US . (country)
	(Sures)	(Gity) (S	iaie)	(Zip COUE)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed inSuffolkCounty,	State ofNY, on th	ie13	Bday ofN	lay,
		20_25		(month)	(year)
		7.10 11 11	2.		
		M) Hempfl	ing		
		Signature of authorized agent of con		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.		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: 2025-1308855			
	GXC Inc.		2025	0-1308833			
	Bethpage, NY 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	3/2025			
	being filed.						
	City of McAllen			Acknowledged: 3/2025			
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		
	PROJECT NO.05-25-P63-01						
	PURCHASE OF ONE THREAT DETECTOR						
4	· ·			Nature of			
_	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	3			
	My address is						
	My address is	(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** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2025-1309088		
	Sames Auto Group		2023 1303000	
	Laredo, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	05/13/2025	
	being filed.		Data Aalaa aada daad	
	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 in the services of the se		the contract, and pro	vide a
	PROJECT NO. 02-25-P36-128			
	TEN (10) POLICE PACKAGED VEHICLES			
		<u> </u>	Noture o	f intovact
4	Name of Interested Party	City, State, Country (place of busine	1	f interest
	Name of interested 1 arty	City, State, Country (place of busine	Controlling	Intermediary
			Controlling	miconnicular y
		1	I	
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is CHRIS COLLINS	, and my date of I	birth is <u>11/23/19</u> 7	3
	My address is _1400 E. Expressway 83 (street)		78501 (zip code)	.,USA- (country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.		
	Executed in BRAZOS County	y, State of TEXAS , on the _	_13_day ofMAY (month)	, 20 <u>25</u> (year)
		h		
		Signature of authorized agent of cont	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.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1309088		
	Sames Auto Group		2020	)-1309000	ļ
	Laredo, TX United States		Date	Filed:	ļ
2		e contract for which the form is	05/13	3/2025	ļ
	being filed.			* - !! - dan di	ļ
	CITY OF MCALLEN			Acknowledged: 3/2025	
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. 02-25-P36-128				
	TEN (10) POLICE PACKAGED VEHICLES				
_	-	<u> </u>		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)
				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	3	<del>.</del>
	My address is		,		,
	(street)	(city) (s	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCounty	y, State of, on the	(		
				(month)	(year)
		Signature of authorized agent of con (Declarant)	ntracting	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	
1	Name of business entity filing form, and the city, state and country of business.			cate Number: 1317826	
	Southern Trenchless Solutions, LLC La Feria, TX United States		Date F		
2	Name of governmental entity or state agency that is a party to the c		5/30/		
	being filed. The City of McAllen		Pate A	cknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		he cor	ntract, and prov	ride a
	Project No. 04-25-C19-858				
	The City of McAllen - Jasmine Ave. Sewer Improvements				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busines	ss)	(check ap	plicable) Intermediary
_				Controlling	intermediary
					de L
_					
		-			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			2/1/	NMM
	My name is	, and my date of b	irth is	219]	1911
	My address is 1303 W. 3105+ Apt 24	F. WISTACO TX (sta	(te)	78596 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.	-			
	Executed in	State of CXAS on the	50 da	ay of Ma	4, 20 25.
				(month)	(year)
		Cignature of authorized agent of sector	acting	husinosa antitu	
		Signature of authorized agent of contr (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 USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1317826			
	Southern Trenchless Solutions, LLC		2025	5-1317620		
	La Feria, 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	05/3	30/2025		
	being filed. The City of McAllen		Date	Acknowledged:		
	The City of MicAllett			06/02/2025		
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	/ide a	
	Project No. 04-25-C19-858					
	The City of McAllen - Jasmine Ave. Sewer Improvements					
4				Nature of	interest	
-	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
		<u> </u>		Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	s		
	My address is(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.				
	Executed inCounty	v. State of on the	<b>.</b>	day of	. 20 .	
		,, c.u.c o, o u.c		(month)	(year)	
		Signature of authorized agent of co	ntractin	ig 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. 2025-1318188 Vector Concepts, Inc. Date Filed: Irving, TX United States 06/02/2025 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. 02-25-P35-01 Change Order 1 for 02-25-P35-01 Purchase and Replacement of Lark Community Center Gym Floors Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary IrIrving, TX United States X Vector Concepts, Inc. 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** and my date of birth is I declare under penalty of perjury that the foregoing is true and correct. Executed in County, State of (month)

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 coun of business.  Vector Concepts, Inc.	e Cert	Certificate Number: 2025-1318188				
	Irving, TX United States		Date	e Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	02/2025					
	City of McAllen			Date Acknowledged: 06/02/2025			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 02-25-P35-01	ded under the contract.			/ide a		
	Change Order 1 for 02-25-P35-01 Purchase and Replaceme	ent of Lark Community Center	Gym Floors	3			
4	Name of Interested Party	City, State, Country (place of	business)	Nature of (check ap			
				Controlling	Intermediary		
V	ector Concepts, Inc.	IrIrving, TX United States			X		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my c	late 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 corre	ect.					
	Executed inCoun	ty, State of, o	on the	_day of(month)	, 20 (year)		
				(monul)	(year)		
		Signature of authorized agent		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			
Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number: 2025-1301713			
	PVS DX, Inc. Houston, TX United States			Date Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which t	the form is		3/2025			
	McAllen Public Utility			Date /	Date Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ty or state agency to led under the contrac	track or identify	the co	ntract, and pro	vide a		
	Project # 05-25-SP14-203 Supply Contract for Purchase and Delivery of Chlorine							
4					Nature o			
_	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	Intermediary		
Ni	cholson, Timothy F.	Detroit, MI United	States		Х			
Ni	cholson, David A.	Detroit, MI United	States		X			
Da	aniel, Jeffrey A.	Detroit, MI United	States		Х			
Fil	ler, Kurt R.	Houston, TX Unit	ed States		Х			
Ta	aub, Jonathan S.	Detroit, MI United	States		Х			
Βι	ılatovic, Milisav M.	Detroit, MI United	States		X			
5	Check only if there is NO Interested Party.							
	UNSWORN DECLARATION							
	My name is Connie O'Guynn	,	and my date of t	oirth is	03/02/67			
	My address is 1919 Jacintoport Blvd.	, Houston	, <u>TX</u>		77015 (zip code)	USA (country)		
	(street)	(city)	(St	ale j	(Zip Gode)	(wantry)		
	I declare under penalty of perjury that the foregoing is true and correct							
	Executed inCounty	, State of Texas	, on the	28th <sub>d</sub>	ay of April	, 20_25(vear)		
		Carrie C	W S	-	()	0-31)		
		Signature of authori	zed agent of cont (Declarant)	racting	business entity			

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2025-1301713				
	PVS DX, Inc.		2023	)-1301713		
	Houston, TX United States		Date	Filed:		
2		lental entity or state agency that is a party to the contract for which the form is				
	McAllen Public Utility	<b>Date</b> 06/02				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a	
	Project # 05-25-SP14-203 Supply Contract for Purchase and Delivery of Chlorine					
4	Name of Interested Ports	City State County (place of hypriga	\	Nature of		
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	Intermediary	
Ni	cholson, Timothy F.	Detroit, MI United States		X	intermediary	
Ni	cholson, David A.	Detroit, MI United States		Х		
Da	aniel, Jeffrey A.	Detroit, MI United States		Х		
Fi	ler, Kurt R.	Houston, TX United States		Х		
Ta	aub, Jonathan S.	Detroit, MI United States		Х		
Вι	ulatovic, Milisav M.	Detroit, MI United States		Х		
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	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of, on the	(			
				(month)	(year)	
		Signature of authorized agent of cor (Declarant)	ıtractin	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 business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2025-1318057				
	SPL, Inc.		2020	)-1310037			
	The Woodlands, TX United States		Date	Filed:			
2		ne contract for which the form is	06/0	2/2025			
	being filed.						
	City Of McAllen			Date Acknowledged: 06/02/2025			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		y the co	ontract, and prov	∕ide a		
	03-25-S29-93						
	ENVIRONMENTAL LABORATORY SERVICES						
_		1		Nature of	fintoroot		
4	Name of Interested Party	City, State, Country (place of busin	(22an	(check ap			
	Name of interested fairty	only, state, country (place of busin	1033)	Controlling	Intermediary		
				Controlling	intermediary		
	•						
	-						
				<u> </u>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	f 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	ty, State of, on the		day of	, 20		
				(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.				OFFICE USE	
1	Name of business entity filing form, and the city, state and of		iness entity's place		ficate Number:	OF FILING
	of business.	,			5-1318057	
	SPL, Inc. The Woodlands, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a party	to the contract fo	r which the form is		2/2025	
	being filed.			Date	Acknowledged:	
	City Of McAllen			Batte	Ackilowicugeu.	
3	Provide the identification number used by the governmental description of the services, goods, or other property to be p	l entity or state ag provided under the	ency to track or iden	tify the co	ontract, and prov	vide a
	03-25-S29-93					
	ENVIRONMENTAL LABORATORY SERVICES					
4					Nature of	
	Name of Interested Party	City, State,	Country (place of bu	siness)	(check ap	plicable) Intermediary
					Controlling	intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isJoel Grice		, and my date	of birth is	10/07/1965	
	My address is 24 Waterway, Suite 375 ,	The Woodland	S ,	_TX,	77380	USA
	(street)		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and c	correct				
			TX	Ond	May	25
	Executed inC	County, State of	, on t	he <u>ZIIU</u> c	day of(month)	, 20_25 (year)
			1 M		(monul)	(3001)
		6	/M/			
	<del></del>	Signature of	of authorized agent of (Declarant)	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 USI	
1	Name of business entity filing form, and the city, state and coun	try of the business ent	tity's place		ficate Number:	
	of business.  Daikin Applied Americas Inc. d/b/a Daikin Applied			2025	5-1319276	
	Minneapolis, MN United States			Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which th	ne form is	06/03	3/2025	
	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.			the co	ontract, and pro	vide a
	2025-1027 PROJECT NO. 05-25-P65-01 REPLACEMENT OF AC UNIT	S AT IMAS (BB)				
4						f interest
•	Name of Interested Party	City, State, Country	(place of busin	ess)	(check a	pplicable) Intermediary
					Controlling	Internedialy
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Matthew Herbranson	,	and my date of	birth is	07/28/197	9
	My address is 13600 Industrial Park Blvd	, Minneapolis	, <u>M</u> I	٠, ١	55441	, US
	(street)	(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed in Hennepin Count	ty, State of Minneso	ta, on the	4th c	day of June	
		moth			(month)	(year)
		Signature of authoriz	zed agent of cont (Declarant)	racting	g business entity	

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 count of business.	try of the business entity's place	Certificate Number: 2025-1319276			
	Daikin Applied Americas Inc. d/b/a Daikin Applied		202	3-1319210		
	Minneapolis, MN 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	06/0	03/2025		
	City of McAllen			Date Acknowledged: 06/04/2025		
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	
	2025-1027 PROJECT NO. 05-25-P65-01 REPLACEMENT OF AC UNITS	S AT IMAS (BB)				
4	-			Nature of		
_	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
$\vdash$				Controlling	Intermediary	
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)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of, on th	e	day of(month)		
				(monun)	(year)	
		Signature of authorized agent of co	ontractin	ng 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.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and coof business.	ountry of the business entity's place		ificate Number: 5-1319227	
	E-Con Group, LLC			, 101011	
	Edinburg, TX United States		Date	Filed:	
2		to the contract for which the form is	06/0	3/2025	
	being filed. City of McAllen		Date	Acknowledged	:
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr		y the co	ontract, and pro	vide a
	12-23-C04-456 Northwest Blueline Regional Stormwater Detention Facility	y Project Change Order #2 and Final			
4	Name of Interested Party	City, State, Country (place of busin	ess)		f interest
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Controlling	Intermediary
	Check only if there is NO Interested Party.				
ι	JNSWORN DECLARATION				
٨	My name is GILBORT ENCLOUEZ	, and my date of b	oirth is	12-07-	73
٨	My address is 3085 S. SUCAR RD. (street)	, EDWBURG , T (sta		28539 , (zip code)	US (country)
i	declare under penalty of perjury that the foregoing is true and corr	rect.			
Ε	Executed in HIDAGO Cour	nty, State of TEXAS, on the	KO da		_, 20 <u><b>&amp;5</b></u> .
		, H.	7	(month)	(year)
	· ·	Signature of authorized agent of contra	acting t	business entity	
		(Declarant)	ی د		

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.	s entity filing form, and the city, state and country of the business entity's place					
	E-Con Group, LLC		2023	5-1319227			
	Edinburg, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	06/0	3/2025			
	being filed.		L .				
	City of McAllen			<b>Date Acknowledged:</b> 06/04/2025			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identif ded under the contract.	y the c	ontract, and prov	vide a		
	12-23-C04-456						
	Northwest Blueline Regional Stormwater Detention Facility Pr	roject Change Order #2 and Final					
4				Nature of			
	Name of Interested Party	City, State, Country (place of busi	ness)		pplicable)		
				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)	,,,,,,	,	(zip code)	,		
	(street)	(Сіту) (	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 co (Declarant)	ntractin	g business entity			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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: 5-1322086	
	Celso Gonzalez Construction, Inc.		2020	J-1322000	
	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	06/1	.0/2025	
	being filed. City of McAllen		Date	Acknowledged:	
	City of Micalien			.0/2025	
3	Provide the identification number used by the governmental enti-	ity or state agency to track or identif			ride a
3	description of the services, goods, or other property to be provide		y uic c	Olitiact, and pro-	iue a
	PROJECT NO. 05-25-C22-547				
	SUAREZ PARK SIDEWALKS AND PARKING LOT IMPROVE	EMENTS (CDBG)			
	General Construction Services	ı .		Nature of	intoract
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	
	Tham of more and	only, claic, country (place of many	11000,	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	ŝ	·
	MALL and decoration				
	My address is(street)		state)	(zip code)	(country)
	(5.55),	(<-,7)	Jiaio,	(2.6 002-,	(000),
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCounty	y, State of, on the	e	day of	, 20
				(month)	(year)
		Signature of authorized agent of co (Declarant)	ntractin	g business entity	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	try of th	e business entity's place		ficate Number: -1322086	
	Celso Gonzalez Construction, Inc.			12020	1022000	
	Mission, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contra	act for which the form is	06/10	0/2025	
	being filed.			Date	Acknowledged:	
	City of McAllen			Date	Ackilowiedged.	
	The state of the s		-4	fra Alexandra		siata a
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or st ided und	ate agency to track or identi ler the contract.	ry the co	ontract, and prov	/ide a
	PROJECT NO. 05-25-C22-547					
	SUAREZ PARK SIDEWALKS AND PARKING LOT IMPROV	EMENT	S (CDBG)			
	General Construction Services	1	-		h1=*····	f lmanua
4	Name of Interested Party	City	State, Country (place of bus	inace)	Nature of (check ap	f interest
	Name of Interested Party	City,	State, Country (place of Dus		Controlling	Intermediary
_		+			Controlling	intermedialy
_						
					1	
_		<del>-</del>				
_		+				
L		1				
H						
Г						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Celso Gonzalez Jr.		, and my date	of birth i	s <u>07/25/1</u>	964
	My address is 614 N Conway Avenue		Mission	TX	78572	USA
	(street)		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corn	ect.				
	ilide!		Toyan	4046	. lue-	25
	Executed in Hidalgo Cour	nty, Stat	e of Texas, on the	etorn	day of June	
					(month)	) (year)
1					-	
			Total Control of the			
		Sig	nature of authorized agent of ( (Declarant)	contractii	ng business entity	1

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US		
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:		
	Negrete Kolar Architects		202	25-1322437		
	Edinburg, TX United States		Dat	e Filed:		
2	Name of governmental entity or state agency that is a party to	the contract for which the form is	06/	10/2025		
	being filed. City of McAllen		Dat	e Acknowledged	l:	
				<del></del>		
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-		lentify the	contract, and pro	ovide a	
	Project No. 01-25-S18-669 Architectural Design Services for new Indoor Shooting Ran	nge				
4	Nove of lateranted Books	Oite Otate Occupant follows of		1	of interest	
	Name of Interested Party	City, State, Country (place of	business)	Controlling	applicable) Intermediary	
				Controlling	Intermediary	
				+		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is David Negrete, AIA	, and my d	ate of birth	is <u>02/12/19</u>	953	
	My address is 1405 Tamar Lane	, Austin	_, <u>TX</u>	, 78727	USA	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and con	rrect.				
	Executed in TravisCou	unty, State of Texas, o	on the 10			
		T31,1	1.	(month	) (year)	
		Signature of authorized agent (Declarant		ng business entity	, ,	

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number:				
	Negrete Kolar Architects		2025-1322437				
	Edinburg, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		0/2025			
-	being filed.	e contract for which the form is					
	City of McAllen		Date	Acknowledged:			
			06/11	1/2025			
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	vide a		
	Project No. 01-25-S18-669						
	Architectural Design Services for new Indoor Shooting Range	•					
4	Name of little and De 1	Oite State Comment of the state		Nature of			
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	•		
$\vdash$				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	i			
	My address is		,		,·		
	(street)	(city) (st	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	ct.					
	Executed inCounty	y, State of, on the	c				
				(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.			CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. EB Merit Construction				Certificate Number: 2025-1323791		
	Pharr, TX United States				Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which t	he form is	06/12	2/2025		
	City of McAllen		1	Date .	Acknowledged:		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.	ity or state agency to t ded under the contrac	track or identify t.	the co	ontract, and pro	vide a	
	07-24-C23-965 Change order No. 3 FOR KAPPLER PARK "CAMP MCALLE	N"					
4	Nows of Interested Parks	0			Nature of		
	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	oplicable) Intermediary	
					Controlling	intermediary	
	•						
	(						
	/						
		/				4	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Aurelio Turrubiates		and my date of b	oirth is	12.24.196	<u> </u>	
	My address is505 E Interstate 2	, Pharr	, _T>	<u>{</u> ,_	78501	, <u>USA</u> .	
	(street)	(city)	(sta	ıte)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.					
	Executed in Hidalgo County	y, State of <u>Texas</u>	, on the _	12 <sub>d</sub>		, 20_25	
			7		(month)	(year)	
		Signature of authoriz	ed agent of contr (Declarant)	acting	business entity		

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	_	
1		ame of business entity filing form, and the city, state and country of the business entity's place				
-	of business.	ining form, and the city, state and country of the business entity's place				
	EB Merit Construction		<u></u>			
L	Pharr, TX United States			Filed: 2/2025		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	00/1	212025		
	City of McAllen	<b>Da</b>				
Ļ	Provide the identification number used by the governmental enti	ty or state agency to track or identif			iido a	
3	description of the services, goods, or other property to be provided		y iiie c	ontract, and prov	nue a	
	07-24-C23-965 Change order No. 3 FOR KAPPLER PARK "CAMP MCALLE!"	NI"				
	Change dide: No. 3 FOR RAFFLER FARR CAWIF WEALLE	N				
4	!			Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	<u> </u>	pplicable)	
				Controlling	Intermediary	
	-					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	and my date of	birth i	5		
	,	, and my date of	~ui 16		·	
	My address is		,		,	
	(street)	(city)	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Executed inCounty	v. State of		dav of	. 20	
		,,, on all		(month)		
		Signature of authorized agent of co	ntractin	a husiness entity		
		(Declarant)	ia acuiii	g Dubiness Chilly		

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 of business.				Certificate Number:			
	Luminator Technology Group Global, LLC			5-1324688			
	Plano, TX United States			e Filed:			
2	Name of governmental entity or state agency that is a party being filed.	to the contract for which the forn	1 is 06/1	16/2025			
	McAllen Transit Department   City of McAllen		Date	e Acknowledged:			
3	Provide the identification number used by the governmental description of the services, goods, or other property to be p		r identify the o	contract, and prov	ride a		
	05-25-P64-01 Roadrunner Pro (DVR) and parts and accessories						
4				Nature of	interest		
•	Name of Interested Party	City, State, Country (place	of business)	(check ap			
Lı	ıminator Technology Group Global, LLC	Plano, TX United States		X X	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Jenny Sharma	, and m	y date of birth i	<sub>s</sub> February 1	2, 1982		
	My address is 900 Klein Rd (street)	, Plano	, <u>TX</u>	, 75074	USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and c	correct.					
	Executed in PlanoC	County, State of Texas	_, on the	_day of <u>June</u>	, 20_25 (year)		
				,	(year)		
		Jenny Shan Signature of authorized age	ma				
		Signature of authorized age (Declar	ent of contractir ant)	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.	CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2025-1324688				
	Luminator Technology Group Global, LLC	202				
	Plano, TX United States					
2	Name of governmental entity or state agency that is a party to the	06/1	.6/2025			
	being filed.  McAllen Transit Department   City of McAllen	e Acknowledged:				
			06/16/2025			
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	ride a	
	05-25-P64-01 Roadrunner Pro (DVR) and parts and accessories					
4				Nature of		
•	Name of Interested Party	City, State, Country (place of busin	ıess)	(check ap		
				Controlling	Intermediary	
Lι	uminator Technology Group Global, LLC	Plano, TX United States		X	X	
	-					
	-			† †		
				<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) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.				
	Executed inCounty	y State of on the		day of	20	
	County	y, State of, on the		(month)	, 20 (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.  OFFICE USE ONLY CERTIFICATION OF FIL						
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1325379		
	Cutter Repaving, Inc.		2020	1050013		
	Lawrence, KS United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	06/17	7/2025		
	City of McAllen	Date	Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	/ide a	
	01-25-C06-457 C.O. 1 & Final 2025 Single Machine Repaying					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	intermediary	
Ve	skerna, Charles	Lawrence, KS United States		X	memeriary	
Cutler, Dougals		Los Ranchos, NM United States		Х		
Mi	les, John	Lawrence, KS United States		Х		
Rathbun, John		Lawrence, KS United States		×		
	· · · · · · · · · · · · · · · · · · ·					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			10		
	My name is Charles R. Veskerna	, and my date of	birth is	APRIL	1950	
	My address is		3. (ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.			Page	
	Executed inCount	y, State of KANSAS, on the	Toph	lay of WIE (month)	, 20 <u>25</u> . (year)	
		Comba Ryla	a.	0116		
	-	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		iling form, and the city, state and country of the business entity's place Certifica					
	of business. Cutler Repaving, Inc.		202	2025-1325379			
	Lawrence, KS United States	Dat	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	06/	06/17/2025			
	City of McAllen		Dat	te Acknowledged:			
			06/	/17/2025			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.	contract, and prov	vide a				
	01-25-C06-457 C.O. 1 & Final						
	2025 Single Machine Repaving						
1				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	<u> </u>			
				Controlling	Intermediary		
Ve	eskerna, Charles	Lawrence, KS United States		X			
Сι	utler, Dougals	Los Ranchos, NM United Sta	tes	Х			
M	iles, 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						
	My name is	, and my date	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	ct.					
	Executed inCount	y, State of on	the	day of	, 20 .		
			· · · · · · · · · · · · · · · · · · ·	(month)			
		Signature of authorized agent of	contracti	ing 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 ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		ificate Number: 5-1326188			
	Guzman & Munoz Engineering and Surveying, Inc.	2023	J-13Z0100			
	Mercedes, 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	06/1	L8/2025		
	City of McAllen		Date Acknowledged: 06/18/2025			
3	Provide the identification number used by the governmental enti-	ity or state agency to track or identi				
3	description of the services, goods, or other property to be provide		ly the c	Olitiact, and pro-	nue a	
	PROJECT NO. 05-25-S63-01					
	WARE RD UTILITY IMPROVEMENTS					
_	-			Nature of	interest	
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
				Controlling	Intermediary	
L						
					ı - <u></u>	
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	ct.				
	- Court	Or to of			00	
	Executed inCounty	y, State of, on the	e	_day of (month)	, 20 (year)	
				,	V - ,	
		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 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: 2025-1326188		
	Guzman & Munoz Engineering and Surveying, Inc.		2025-	1970100	
	Mercedes, TX United States		Date F	iled:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	06/18	/2025	
	being filed.		Date /	Acknowledged:	
	City of McAllen			.o.movneugeu.	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ntract, and prov	/ide a
	PROJECT NO. 05-25-S63-01				
	WARE RD UTILITY IMPROVEMENTS				
_				Nature of	finterest
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 Jose L. Muñoz	, and my date of	birth is	10/1/1959	
	My address is 2020 E Expressway 83	<u>Mercedes</u> .Te	xas .	78570	USA .
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
	Executed in Hidalgo Count	y, State of <u>Texas</u> , on the	18tha	<sub>av of</sub> June	, 20 25
	Outil	, , , , , , , , , , , , , , , , , , , ,	u	(month)	
		Q. L. Which			
		Signature of authorized agent of cor (Declarant)	ntracting	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 co		ificate Number:	OF FILING			
	of business. D&G Energy Corporation			2025-1327071			
	McAllen, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	06/2	20/2025			
	City of McAllen		Date	Date Acknowledged:			
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pro-		entify the c	ontract, and prov	vide a		
	PROJECT NO. 01-24-S22-95 TRAFFIC SIGNAL LOOP DETECTOR - CONTRACT EXT	ENSION					
4	Name of Internated Parts	Otto Orato Occupio folica of		Nature of			
	Name of Interested Party	City, State, Country (place of	business)	(check ap	Intermediary		
5	Check only if there is NO Interested Party.			<u> </u>			
6	UNSWORN DECLARATION						
	My name is Maribel Avila	, and my da	ate of birth is	s 03/03/1979	<del>)</del>		
	My address is 10517 N Ware Rd	, McAllen	_, <u>TX</u> ,	78502	, <u>USA</u> .		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and co	prrect.					
	Executed in Hidalgo Co	ounty, State of Texas, o	n the 20th	<sub>day of</sub> June	, 20 <u>_25</u>		
				(month)	(year)		
		Maribel Avila					
		Signature of authorized agent (Declarant)	ot contractin	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.	Cert	Certificate Number:			
	D&G Energy Corporation		202	5-1327071		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		20/2025		
	being filed.					
	City of McAllen			ate Acknowledged: 6/20/2025		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the c	contract, and prov	vide a	
	PROJECT NO. 01-24-S22-95					
	TRAFFIC SIGNAL LOOP DETECTOR - CONTRACT EXTEN	SION				
4				Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	<del>                                     </del>	plicable)	
				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	ct.				
	Executed inCounty	y, State of, on the	·			
				(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 US	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business enti		Certificate Number: 2025-1328613	
	PlainsCapital Bank Dallas, TX United States			Date Filed:	
2	Name of governmental entity or state agency that is a party to the	he contract for which th		06/24/2025	
	being filed. City of McAllen			Date Acknowledged:	
	only of morales.			- aco romio mougeu	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	tity or state agency to tr ided under the contract.	ack or identify t	the contract, and pro	vide a
	Project No. 04-25-S44-65				
	Primary Depository Bank Services				
4	Name of Interested Party	City State Country (	nlace of busines		f interest
	Name of interested Party	City, State, Country (	piace of busines	Controlling	oplicable) Intermediary
				-	
		*			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Robert C. Norman	, a	and my date of bi	rth is10/09/63	
	My address is 7201 N 10th St.	McAllen	TV	70504	
	My address is	(city)	, <u>TX</u> (stat	, <u>78504</u> e) (zip code)	, US (country)
	()	(=-,,	(0.1.1.	(p ====)	(000)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in Hidalgo Count	y, State of <u>Texas</u>	, on the <u>2</u> 4	4thday of June	, 20 <u>25</u>
			17	(month)	(year)
		11 Solver	1 / .	/ Slum	
		Signature of authorize		acting 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.	Certi	Certificate Number:		
	PlainsCapital Bank		2023	5-1328613	
	Dallas, 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		4/2025	
_	being filed.				
	City of McAllen			Acknowledged: 24/2025	
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
	Project No. 04-25-S44-65				
	Primary Depository Bank Services				
4				Nature of	
ľ	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 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	ct.			
	Executed inCount		ے	day of	20
	Count	,, c.a.o or, off the		(month)	, 20 (year)
		Signature of authorized agent of co (Declarant)	ontractin	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:** 2025-1329240 A-Squared Water Treatment, LLC Rio Frio, TX United States Date Filed: 06/25/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Clty of Mcallen Date Acknowledged: 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 06-25-P68-01 PURCHASE OF FIVE (5) GORMAN RUPP HORIZONTAL PUMPS THROUGH TIPS CONTRACT NO. 250104 Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** My name is \_\_\_\_\_, and my date of birth is 03-28-1971 \_\_\_\_\_\_. Jesus Aguirre. \_\_\_\_\_, San Juan \_\_\_\_\_, Texas \_\_, 78589 \_\_\_\_ My address is 2405 Jay Drive \_\_\_ \_\_\_\_, USA \_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of Texas \_\_\_\_\_, on the 25 \_\_day of June\_\_\_ Executed in Hidalgo \_\_\_ \_, 2025 \_\_\_\_. (month) (year) DocuSigned by: JESUS AGUIRRE 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 coun of business.	usiness entity filing form, and the city, state and country of the business entity's place  Certification.			
	A-Squared Water Treatment, LLC			10 1023240	
	Rio Frio, TX United States			e Filed: 25/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	06/	25/2025	
	City of Mcallen			e Acknowledged: 26/2025	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.		entify the	contract, and prov	vide a
	06-25-P68-01 PROJECT NO. 06-25-P68-01 PURCHASE OF FIVE (5) GOF NO. 250104	RMAN RUPP HORIZONTAL PU	JMPS TH	IROUGH TIPS C	ONTRACT
4					f interest
	Name of Interested Party	City, State, Country (place of b	ousiness)	<u> </u>	,
_				Controlling	Intermediary
5	Check only if there is NO Interested Party.	<u></u>			
6	UNSWORN DECLARATION				
	My name is	, and my da	ite of birth	is	·
	My address is			_,	_,
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
	Executed inCount	ty, State of, or	n the		, 20
				(month)	(year)
		Cignoture of outbesites describe	of contract	ing huginoss	
		Signature of authorized agent of (Declarant)	n 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 USI	
1	Name of business entity filing form, and the city, state and count of business.  TransLoc, Inc.	try of the business entity's place	Certificate Number: 2025-1329072	
	Cary, NC United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	06/25/2025	
	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 PROJECT NO. 06-25-S74-01 TECH LICENSE & SVCS (TRANSLOC) - CONTRACT AMEN	ded under the contract.	the contract, and pro	vide a
4				finterest
	Name of Interested Party	City, State, Country (place of busin	ess) (check a	pplicable) Intermediary
Jo	ourney Holding Corporation	Indianapolis, IN United States	X	
De	elaney (CEO), Bill	Chippenham South West Englan	nd X	
CI	ay (CFO), Rob	Chippenham South West Englan	nd X	
Jo	nes (President), Rod	Charlotte, NC United States	Х	
В	eattie (Treasurer), Brian	Mississauga Greater Toronto Are	ea X	
Αl	lan (VP Finance), Geoff	Toronto Greater Toronto Area	Х	
Pa	aciocco (Secretary), Mark	Toronto Greater Toronto Area	Х	
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is Brian Canivet	, and my date of	birth is	1989
	My address is5060 Spectrum Way (street)		N , L4W 5N6 (zip code)	, <u>Canada</u> .
	, ,	, ,,	(ZIP 600e)	(country)
	I declare under penalty of perjury that the foregoing is true and correct		25th / June	oo 25
	Executed inCount	y, State of <u>Ontario</u> , on the _	(month)	, 20 <u>25</u> . (year)
	Signed by:		, · · · ,	. ,
	Brian	Canivet		
	7CE758391	FC1B4B1 Signature of authorized agent of cont (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	A bearing and			tificate Number: 25-1329072 e Filed:	
2		e contract for which the form is	06/2	25/2025	
	being filed. City of McAllen			e Acknowledged: 26/2025	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided PROJECT NO. 06-25-S74-01 TECH LICENSE & SVCS (TRANSLOC) - CONTRACT AMEN	ded under the contract.	entify the	contract, and prov	ride a
4	Name of Interested Party	City, State, Country (place of	ousiness)	Nature of (check ap	plicable)
				Controlling	Intermediary
Jo	urney Holding Corporation	Indianapolis, IN United Stat	es	X	
De	elaney (CEO), Bill	Chippenham South West E	ngland	X	
CI	ay (CFO), Rob	Chippenham South West E	ngland	X	
Jo	nes (President), Rod	Charlotte, NC United States	<b>S</b>	Х	
Вє	eattie (Treasurer), Brian	Mississauga Greater Toron	to Area	X	
Al	an (VP Finance), Geoff	Toronto Greater Toronto Ar	ea	Х	
Pa	aciocco (Secretary), Mark	Toronto Greater Toronto Ar	ea	Х	
	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 corre	ct.			
	Executed inCount	y, State of, o	n the	_day of	, 20
				(month)	(year)
		Signature of authorized agent (Declarant)		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 country of the business entity's place of business.			ce Cert	Certificate Number: 2025-1330798		
	Phoenix Contracting LLC		202	5-1330798		
	Ruskin, FL United States		Date	e Filed:		
2	, , , ,	the contract for which the form	is 06/3	30/2025		
	being filed. City of McAllen		Date	e Acknowledged:		
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro		identify the o	contract, and prov	ride a	
	05-25-P60-213 Mobile Command Trailer					
4	Name of Interested Party	City, State, Country (place o	f business)	Nature of (check ap		
		(piaco		Controlling	Intermediary	
Н	ughes-Stowe, Kevin	Ruskin, FL United States		X		
Pi	arsittie, Joshua	Ruskin, FL United States			X	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Kevin D Hughes-Stowe	, and my	date of birth	is 12/11/1989	·	
	My address is 9915 Smarty Jones Dr	, Ruskin	, FL	33573	, <u>US</u> .	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and cor	rrect.				
	Executed in Hillsborough Cou	unty, State of Florida,	on the 30		, 20	
		AD.		(month)	(year)	
		Signature of authorized ager	t of contraction	 na business entity		
		(Declara		. J Julian 1000 Criticy		

					1 of 1
	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	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	try of the business en		Certificate Number:	
	Phoenix Contracting LLC			2025-1330798	
	Ruskin, FL 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	06/30/2025	
-	being filed.				
	City of McAllen			Date Acknowledged:	:
				06/30/2025	
3	Provide the identification number used by the governmental enti			the contract, and pro	vide a
	description of the services, goods, or other property to be provided	led under the contrac	ot.		
	05-25-P60-213				
	Mobile Command Trailer				
_		ı		Nature c	of interest
4	Name of Interested Party	City, State, Country	/ (place of busine	ess) (check a	pplicable)
				Controlling	Intermediary
Нι	ughes-Stowe, Kevin	Ruskin, FL United	d States	X	
		<del>                                     </del>			<del>                                     </del>
Pa	arsittie, Joshua	Ruskin, FL United	d States		X
		<del>                                     </del>			<del> </del>
	,				
		<b></b>			
	,	1			
		<del>                                     </del>			<del> </del>
	,	1			
	-				
<u> </u>					<u> </u>
	,				
	-				
					<u> </u>
_	Objects with Make in NO Intercepted Double				
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
Ü	UNSWORN DECLARATION				
	My name is		, and my date of t	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.			
	- · · ·	<b>.</b>	- U		20
	Executed inCounty	y, State of	, on the _	day of (month)	
				(IIIOIIII)	(yeai <i>)</i>
		C' : af a de a			
		Signature of authori	ized agent of conti (Declarant)	racting business entity	

					1 01 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1				Certificate Number: 2025-1331226		
	BergmanKPRS Brea, CA 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	ŧ	1/2025		
being filed. City of McAllen				Acknowledged:		
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 services.		the co	ontract, and pro	vide a	
	06-25-NBI53-01 Pre-Construction Services					
4			***************************************	1	f interest	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	oplicable) Intermediary	
Ci	ty of McAllen	City of McAllen, TX United States	3	X		
***********			***************************************	APT CHANGE PER STEEL	nacionale de la companie de la comp	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************			
recessor			······································		**************************************	
K-ORAN-						
·/****						
*******					***************************************	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				*	
	My name is David Precinated	, and my date of I	bi <b>rth is</b>	7/30	/1472	
	My address is 2850 SATURU 5T (street)		ate)	92 <b>6</b> 2  (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in OTA A COUNTY	y, State of, on the _	<u>7</u> c		and the second second	
				(month)	(year)	
		Signature of authorized agent of cont	raction	husiness entity	Who to consorm the water for the second	
		(Declarant)		2 Documents Chary		

					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.		C	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  BergmanKPRS  Brea, CA United States			Certificate Number: 2025-1331226  Date Filed:		
2	Name of governmental entity or state agency that is a party to being filed.  City of McAllen	7/01/2025 Pate Acknowledged: 07/01/2025				
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be produced of the services of the servi		or identify the	contract, and pro	vide a	
4	Name of Interested Party	City, State, Country (plac	ce of business		f interest oplicable) Intermediary	
C	ty of McAllen	City of McAllen, TX Ur	nited States	X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and	my date of birth	າ is		
	My address is(street)	,(city)	, (state)	,(zip code)	_, (country)	
	I declare under penalty of perjury that the foregoing is true and cor	rect.				
	Executed inCou	unty, State of	, on the			
				(month)	(year)	
		Signature of authorized a	gent of contrac	ting business entity		

FORM 1295

_				2012	
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILIN					
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2025-1332747		
	Hamlin Pools	2020	3 10027-17		
	Pharr, TX United States		Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is	07/0	7/2025		
	being filed.	Date	Acknowledged:		
	City of McAllen	Date	Acknowledged.		
3	Provide the identification number used by the governmental entity or state agency to track or ide description of the services, goods, or other property to be provided under the contract.	ntify the c	ontract, and pro	vide a	
	PROJECT NO. 04-25-S35-375				
	Swimming Pool Renovation - PROJECT NO. 04-25-S35-375 CHANGE ORDER NO. 1 LOS PROJECT	ENCINOS	POOL REPLA	STER	
4			Nature o	f interest	
16	Name of Interested Party City, State, Country (place of b	usiness)		oplicable)	
			Controlling	Intermediary	
				8	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is, and my dat	e of birth is	10/26/	83	
	My address is 300 W. ELDORARD. , THARR (city)	TK, (state)	(zip code)	, <u>USA</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County, State of TIXAS., on	the The	day of June (month)	, 20 <u>25</u> : (year)	
1	SONIA C. LOPEZ  Notary Public, State of Texas  Comm. Expires 11-01-2025  Signature of authorized agent of	•	- Land		
V	Mua Notary ID 131336954 Signature of authorized agent of (Declarant)	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.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2025-1332747			
	Hamlin Pools		2020	7-1332141	
	Pharr, 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	07/0	7/2025	
	being filed.				
	City of McAllen			Acknowledged: 7/2025	
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
	PROJECT NO. 04-25-S35-375				
	Swimming Pool Renovation - PROJECT NO. 04-25-S35-375 PROJECT	CHANGE ORDER NO. 1 LOS ENC	CINOS	POOL REPLA	STER
4				Nature of	interest
	Name of Interested Party	City, State, Country (place of busin	iess)	(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	·
	M. Aldered				
	My address is(street)	(city) (s	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCounty	v. State ofon the		day of	. 20
	Count	,, Jacob,, on the	······	(month)	, 20 (year)
		Signature of authorized agent of con (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.		CF	OFFICE USE		
1	Name of business entity filing form, and the city, state and counti	Certificate Number:				
	of business.		202	5-1337502		
	Metro Electric, 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		.6/2025		
_	being filed.	y contract for minor the form is				
	City of McAllen			Date Acknowledged: 07/16/2025		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the c	contract, and prov	vide a	
	05-25-C21-896					
	Project No. 05-25-C21-896 Hidalgo Bridge Building "B" Canop	by Fans				
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	f birth is	s		
	My address is		_		,	
			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 (Declarant)	ntractin	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.		1	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: 2025-1337502		
	Metro Electric, Inc.		12020	200.002		
	McAllen, TX United States		Date F			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	07/16	/2025		
	being filed.		Date A	Acknowledged:		
	City of McAllen					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ntract, and prov	vide a	
	05-25-C21-896					
	Project No. 05-25-C21-896 Hidalgo Bridge Building "B" Cano	py Fans				
4				Nature of		
(0)	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	<del></del>	
				Controlling	Intermediary	
_						
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Michael A. Gerdes	, and my date of	birth is <sub>-</sub>	11/12/19		
	My address is1901 Industrial Drive	, <u>McAllen</u> , <u>T</u>	X,_	78504	USA_	
		(city) (st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed in Hidalgo County	y, State of TEXAS, on the 1	6th <sub>d</sub>	ay of July	, 20 <u>25</u>	
				(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)					

F	Complex				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US	
1	Name of business entity filing form, and the city, state and countr	V of the business entity's place		RTIFICATION	N OF FILING
	J. Pena Construction, LTD	y or the Business entity's place		ificate Number: 5-1337845	
	McAllen, TX United States			2001010	
2	Name of governmental entity or state agency that is a party to the	Contract for which the form is	100000000000000000000000000000000000000	Filed: 6/2025	
ı	being filed.  City of McAllen	contract for which the form is	0771	0/2025	
1	ony of McAileff		Date	Acknowledged	:
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or identify	the co	ontract, and pro	vide a
	PROJECT NO. 06-25-C24-900 ANZA	a under the contract.			
	General Construction				
4				Nature o	f interest
	Name of Interested Party	City, State, Country (place of busine	ss)	(check a	
				Controlling	Intermediary
L					
			$\dashv$		
			_		
			-		
_					
					8
	*		$\dashv$		
-					
			+		
5	Check only if there is NO Interested Party. $oxed{ imes}$				
6 L	JNSWORN DECLARATION				
١	My name is Tose Pena			12/12/1	817
	My address is 5808 N. 2312 Street	and my date of birt	h is _	10]11]1	967
N	My address is _ S · S · S · S · S · S · S · S · S · S	MGAILER TX	,	78504	USA
		(city) (state)	)	(zip code)	(country)
Ī	declare under penalty of perjury that the foregoing is true and correct.				
	: 1	<b>-</b>	L.		
-	County, St	tate of Texas, on the 10	day	of July	, 20 25
		10		(month)	(year)
		Auls			
	Si	ignature of authorized agent of contract	ting bu	usiness entity	
orm	s provided by Texas Ethics Commission www.ethics.s	(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: 2025-1337845					
	J. Pena Construction, LTD		2025	0-1337045			
	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		6/2025			
_	being filed.	io contract for which the form io					
	City of McAllen			Acknowledged: 6/2025			
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 identif	y the c	ontract, and prov	vide a		
	PROJECT NO. 06-25-C24-900 ANZA						
	General Construction						
_							
4				Nature of			
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap			
L		<u> </u>		Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	STOTION DESERVATION						
	My name is	, and my date o	f birth is	3			
	My address is		,		··		
		(city) (	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of, on the	)	day of	, 20		
				(month)	(year)		
		Signature of authorized agent of as	ntractic	a husiness entity			
	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 the business entity's place of business.			Certificate Number: 2025-1334564		
	Lower Rio Grande Valley Development Council-RGV Metro		2025-1334504			
2	Weslaco, TX United States  Name of governmental entity or state agency that is a party to the contract for which the	ne form is		<b>Filed:</b> 9/2025		
_	being filed.	ic ionii is				
	City of McAllen		Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to to description of the services, goods, or other property to be provided under the contract	rack or identify t.	the co	ontract, and prov	/ide a	
	Project No. 07-25-S80-01 RGV Metro Express is a commuter bus service connecting major Rio Grande Valle Harlingen, and Brownsville.	ey cities, includ	ing M	cAllen, Edinbur	g, Wesłaco,	
4	Name of Interested Party City, State, Country (	Inlace of busine	ee/	Nature of		
	Name of interested Party	(place of busine	,33)	(check ap	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Manuel Cruz	and my date of b	irth is	November	14,1971	
	My address is 301 W. Railroad Street, Weslac	;o	X,	78596	USA	
	(city)	(sta	ite)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Hidalgo County, State of I example County, State of I example County	<b>S</b> , on the _	16 <sub>d</sub>	ay of July	20	
	Manux			(monun)	(year)	
	Manuel Cruz (Jul 16, 2025 17:12 CDT)  Signature of authorize	ed agent of contr	acting	husiness ontity		
		ed agent of contr (Declarant)	acurig	nasiliess etility		

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: 2025-1334564				
	Lower Rio Grande Valley Development Council-RGV Metro		2023	3-1334304			
	Weslaco, 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	07/0	9/2025			
	City of McAllen			Acknowledged: .7/2025			
3	Provide the identification number used by the governmental enti	ty or state agency to track or iden			vide a		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	Project No. 07-25-S80-01						
	RGV Metro Express is a commuter bus service connecting mathematical Harlingen, and Brownsville.	ajor Rio Grande Valley cities, inc	cluding N				
4				Nature of			
	Name of Interested Party	City, State, Country (place of bu	siness)	(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	(city)	, (state)	(zip code)	, (country)		
	I declare under penalty of perjury that the foregoing is true and correc	ot.					
	Executed inCounty		he	day of	. 20 .		
		,, State of, off t		(month)	, 20 (year)		
				,	- ,		
		Signature of authorized agent of o	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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and co of business.		Certificate Number: 2025-1339357			
	SHI Government Solutions, Inc.		202	.0 1000001		
	Austin, TX United States			e Filed:		
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the forn	n is 07/	21/2025		
	City of McAllen		Dat	Date Acknowledged:		
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-		r identify the	contract, and prov	vide a	
	PROJECT NO. 07-25-P70-01 Please reference "PROJECT NO. 07-25-P70-01 PURCHA: completing Form 1295 and submit via email to jhinojosa@i			IGH TEXAS DIR'	' when	
4				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place	of business)	(check ap	plicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Pamela Wilkinson	, and m	y date of birth	is <u>03/05/1987</u>	<del>-</del>	
	My address is 3828 Pecana Trail	, Austin	, TX	78749	,_USA	
		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and con					
	Executed inCou	unty, State ofTX	_, on the 21s	t <sub>day of</sub> July (month)	, 20 <u>25</u> .	
		Launalli	Hom	(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 ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1339357				
	SHI Government Solutions, Inc.		202	3 1003037			
	Austin, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/2	21/2025			
	being filed.		Date	Acknowledged:			
	City of McAllen			21/2025			
Ļ	Provide the identification number used by the governmental enti-	ty or state agancy to track or iden			ido o		
3	description of the services, goods, or other property to be provided		ury trie c	ontract, and prov	nue a		
	PROJECT NO. 07-25-P70-01 Please reference "PROJECT NO. 07-25-P70-01 PURCHASE	OF MICDOSOFT 2024 SHITE:	TUDOU	CH TEVAS DID"	whon		
	completing Form 1295 and submit via email to jhinojosa@mca			3H TEXAS DIR	wiieii		
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 hirth is	e			
	,	, and my date	. or birtir t	<b>-</b>			
	My address is	(city)	, (state)	(zip code)	, (country)		
			,,	( 1 )	, - · · · · · · · · · · · · · · · · · ·		
	I declare under penalty of perjury that the foregoing is true and correc	it.					
	Executed inCounty	y, State of, on t	he	day of	, 20		
				(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.		CE	OFFICE USE			
1				CERTIFICATION OF FILING			
1				Certificate Number: 2025-1343131			
	French Ellison Truck Center						
	Corpus Christi, 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	07/2	9/2025			
	City of McAllen		Date	Acknowledged:			
				07/29/2025			
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		
	20482						
	Project NO. 07-25-P69-01 Purchase of one (1) New Current I	Model Stepp patch truck through S	Source				
4	Name of Interested Ports	Situ State County (place of busi		Nature of			
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	Intermediary		
				Controlling	intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	Muramaia						
	My name is	, and my date o	t birth is	s	·		
	My address is						
	, addi 000 10		state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	<b>^</b> †					
	racolare under periory or perjory that the folegoing is true and confec	· .					
	Executed inCounty	/, State of, on the	e				
				(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1343131		
	French Ellison Truck Center					
2	Corpus Christi, TX United States	which the form is		Filed: 9/2025		
2	Name of governmental entity or state agency that is a party to the contract for being filed.	winch the form is				
	City of McAllen		Date /	Acknowledged:		
3	description of the services, goods, or other property to be provided under the	ency to track or identify contract.	the co	ontract, and prov	ride a	
	20482 Project NO. 07-25-P69-01 Purchase of one (1) New Current Model Stepp	patch truck through So	ourcev			
4	Name of Internated Points	Country (place of busine		Nature of		
	Name of Interested Party City, State,	Country (place of busine	555)	(check ap	Intermediary	
_					y	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is HAROLD MARTIN	, and my date of b	oirth is	4/32/18	<u> </u>	
	My address is Bly COAN AND MORE , CAN	(city) (sta	(,	(zip code)	(country)	
		(3.7)	/	(-p 2220)	1	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty, State of	$\frac{\mathcal{L}}{\mathcal{L}}$ , on the $\frac{1}{2}$	<u>19</u> _d	ay of(month)	_, 20 <u>35</u> . (year)	
	La has bl	Mede			1P00 72	
	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.		1	OFFICE USE		
	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1343323		
	CRC Development & Construction Company, LLC		2023	-1343323		
	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	07/29	9/2025		
_	being filed.		D-4-	A also and adapte		
	City of McAllen		Date	Acknowledged:		
_		to a state a second to treat or identific	the or	entract and prov	ide a	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	led under the contract.	the CC	milaci, and prov	ide a	
	PROJECT NO. 05-25-C23-240 - FU					
	General Contractor					
_				Nature of		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
_						
Γ						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isCARLO CANTU	, and my date of	birth is	8-4-	73_	
	My address is 2016 5. 43th 57.	MEALLEN T	E.	78503	, USA	
			tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed in HidelyCounty	N Charles of TOVE	20th	dov of -/a/a	2025	
	Executed inCounty	y, State of (CV2), on the	29_	(month)	, 20 <u>22</u> . (year)	
		11111				
		Signature of authorized agent of cor	ntractin	g business entity		
		(Declarant)				

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.			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: 2025-1343323			
	CRC Development & Construction Company, LLC						
_	McAllen, TX United States			ate Filed: 7/29/2025			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form	is U	112912023			
	City of McAllen			Date Acknowledged: 07/30/2025			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	vide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a					
	PROJECT NO. 05-25-C23-240 - FU	aca anaci ine contract.					
	General Contractor						
		I		Nature o	f interest		
4	Name of Interested Party	City, State, Country (place o	of business	_	k applicable)		
				Controlling	Intermediary		
				•			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my	date of birt	th is			
	My address is	,	,		_,		
		(city)	(state	) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	Executed inCount	y, State of	, on the				
				(month)	(year)		
		Signature of authorized ager		cting 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	try of the business entity's place	_	ERTIFICATION tificate Number:	OF FILING	
_	of business.	y or the Ruemese smally a place		25-1344441		
	Hanson Professional Services Inc. Springfield, IL 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		01/2025		
_	being filed.					
	City of McAllen			e Acknowledged: 04/2025		
3						
3	description of the services, goods, or other property to be provide		ily tile t	contract, and prov	nue a	
	PROJECT NO. 07-25-S88-01					
	PROFESSIONAL CIVIL ENGINEERING SERVICES FOR EL	RANCHO ROAD WIDENING 2N	D STR	REET TO JACKS	ON ROAD	
Nature of interest						
•	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	<u> </u>	
				Controlling	Intermediary	
Pe	ecori, Sergio	Springfield, IL United States		X		
Ва	all, Jeffery	Springfield, IL United States		X		
Αl	dridge, Anna	Corpus Christi, TX United Stat	es	X		
Αl	m, Stephen	Springfield, IL United States		X		
Le	emieux, Brian	Bonifay, FL United States		X		
Bi	ggs, Mina	Sarasota, FL United States		Х		
CI	nepkoit, Kipkoech	St. Louis, MO United States		X		
F	olkerts, Ronda	Springfield, IL United States		Х		
Н	ollahan, Dennis	Springfield, IL 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			,	,	
		(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 th	e	_day of	, 20	
				(month)	(year)	
	_					
		Signature of authorized agent of c (Declarant)	ontractii	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	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:		
	Hanson Professional Services Inc.		202	25-1344441		
	Springfield, IL United States			e Filed:		
2		the contract for which the form is	08/	01/2025		
	being filed. City of McAllen	ι				
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-		dentify the	contract, and pro	vide a	
	PROJECT NO. 07-25-S88-01 PROFESSIONAL CIVIL ENGINEERING SERVICES FOR	EL RANCHO ROAD WIDENING	S 2ND STF	REET TO JACKS	SON ROAD	
4				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of	business)	(01110111111	pplicable)	
				Controlling	Intermediary	
Р	ecori, Sergio	Springfield, IL United State	es	X		
Ва	all, Jeffery	Springfield, IL United State	es	Х		
Al	dridge, Anna	Corpus Christi, TX United	States	Х		
Αl	m, Stephen	Springfield, IL United State	es	X		
Le	emieux, Brian	Bonifay, FL United States		X		
Bi	ggs, Mina	Sarasota, FL United States	6	X		
C	hepkoit, Kipkoech	St. Louis, MO United State	es	X		
F	olkerts, Ronda	Springfield, IL United State	es	X		
Н	ollahan, Dennis	Springfield, IL United State	es	X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Wilfredo Rivera, Jr.	, and my c	date of birth	<sub>is</sub> <u>07/10/1967</u>	, 	
	My address is 4501 Gollihar Rd.	Corpus Christi			USA	
		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and co			а -	0.5	
	Executed in NuecesCo	ounty, State of Texas	on the 1st			
		11 )11		(month)	(year)	
Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1345186				
	CORE AND MAIN LP		2025	J-1343100			
	MCALLEN, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to th	ie contract for which the form is	08/0	)4/2025			
	being filed.	<b></b>	l <sub>Doto</sub>	a strasvitodnodi.			
	CITY OF MCALLEN PURCHASING & CONTRACTING DE	EPARTMENT		Acknowledged: 04/2025			
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	/ide a		
	PROJECT NO: 06-25-SP17-501 SUPPLY CONTRACT FOR PURCHASE AND DELIVERY OF	- WATER PRODUCTS					
4				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	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		(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	e				
				(month)	(year)		
		Signature of authorized agent of co					
		(Declarant)	niuaciiii	g 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. 2025-1345186 CORE AND MAIN LP MCALLEN, TX United States Date Filed: 08/04/2025 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 -- PURCHASING & CONTRACTING DEPARTMENT Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO: 06-25-SP17-501 SUPPLY CONTRACT FOR PURCHASE AND DELIVERY OF WATER PRODUCTS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION and my date of birth is I declare under penalty of perjury that the foregoing is true and correct. County, State of Executed in \_

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V4.1.0.f10d0fd8

# **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. 2025-1345086 **FERGUSON WATERWORKS** MISSION, TX United States Date Filed: 08/04/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 06-25-SP17-501 06-25-SP17-501 WATER PRODUCTS 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.				
ò	UNSWORN DECLARATION				
	My name is George (TonZA/LT	, and	my date of birth is	6-17-	79
	My address is	Mission	-TX	7857	LUS
		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ıt.			
	Executed in Hickard County	State of IXAS	, on the	lay of Aug (month)	, 20 <u>2 \$</u>
		G	OP D	(mojar)	(year)
		/VOLIA	10/15 X	1	
		Signature of authorized ag	ent of contracting	business entity	

(Declarant)

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	<u> </u>	try of the business entity's pla		CERTIFICATION OF FILING  Certificate Number:		
_	,, ,			25-1345086		
	FERGUSON WATERWORKS					
_	MISSION, TX United States			ite Filed: :/04/2025		
2	being filed.	ernmental entity or state agency that is a party to the contract for which the form is $^{08/}$				
	CITY OF MCALLEN			te Acknowledged:		
		08/04/2025				
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 ded under the contract.	identify the	e contract, and prov	vide a	
	06-25-SP17-501 06-25-SP17-501 WATER PRODUCTS					
	00-23-3P17-301 WATER PRODUCTS					
4				Nature of		
	Name of Interested Party	City, State, Country (place o	of business	) (check ap	pplicable) Intermediary	
_	TV OF MONUEN	MCALLEN TV United Cto	****		-	
C	TY OF MCALLEN	MCALLEN, TX United Sta	ales	X	Х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	. and my	date of hirth	n is		
	•	, and my	2210 01 01111		·	
	My address is			_,	,·	
		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCoun	ty, State of,	on the	day of	, 20	
				(month)	(year)	
		Signature of authorized ager (Declara		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	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				
	DOGGETT HEAVY MACHINERY SERVICES		2025	5-1345371		
	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		14/2025		
-	being filed.					
	CITY OF MCALLEN			Acknowledged: 04/2025		
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	vide a	
	07-25-P73-01					
	JOHN DEERE FRONT WHEEL LOADER					
4	'			Nature of	finterest	
-	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					
	My address is	(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	e	day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity		

FORM 1295

_				OFFICE USE	ONLY
	Complete Nos. 1 - 4 and 6 if there are interested parties.	2 2		TIFICATION	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			icate Number:	
1	Name of business entity filing form, and the city, state and country	of the business entity's place		.1345371	
	of business.		2023	1040011	
	DOGGETT HEAVY MACHINERY SERVICES		Date F	Filed:	1
	SAN JUAN , TX United States  Name of governmental entity or state agency that is a party to the	contract for which the form is	08/04	/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for times are		or 2 M	
	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 co	ontract, and prov	ride a
	07-25-P73-01				
	JOHN DEERE FRONT WHEEL LOADER				
				Nature of	interest
4		City, State, Country (place of busin	ess)	(check ap	
	Name of Interested Party	City, State, Country (place of the		Controlling	Intermediary
				9	
-					
-					
L					
	ŭ.				
H					
Γ					
H					
L					l
					9
5	Check only if there is NO Interested Party.			The state of the s	
6	UNSWORN DECLARATION				
	1 5 m 7 5 0 5 C MAY 2 5 5	and my date o	f birth i	s 12/08	11987
	My name is (a) PA Jume) (1000(6)	C + -	~1	70000	1.00
١	My address is 901 (£ 1-2	Jan Juan 1	state)	(zip code)	_, _() /1. (country)
1		(city)	siale)	(Zip oodo)	\ <i>JI</i>
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	A .	1 01	1.1	4	et = >c
	Executed in Hidalgo County	y, State of, on the	71	day of Augu	), 20 <u>/&gt;</u> . ) (year)
				1	
	(ne	1//		and the second s	
		Signature of authorized agent of co	ntracti	ng business entity	<i>y</i>
		(Declarant)		77	

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: 2025-1345813				
	Aguaworks Pipe & Supply, LLC		202	5-1545615			
	Edinburg , TX United States			Filed:			
2		e contract for which the form is	08/0	5/2025			
	being filed. McAllen City of		Date	Acknowledged:			
	MICAIICH City of			5/2025			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ntify the c	ontract, and prov	/ide a		
	PROJECT NO. 06-25-SP17-501						
	SUPPLY CONTRACT FOR THE PURCHASE AND DELIVER	Y OF WATER PRODUCTS.					
_	·			Nature of	interest		
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap	plicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	e of birth is	s			
	My address is	,, (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 t	the				
				(month)	(year)		
		Signature of authorized agent of (Declarant)	contractin	ng business entity			

_					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USI		
1	Name of business entity filing form, and the city, state and coun of business.  Aguaworks Pipe & Supply, LLC Edinburg , TX United States		Certi 2025 Date	Certificate Number: 2025-1345813  Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  McAllen City of	ne contract for which the form is	1	5/2025 Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT NO. 06-25-SP17-501 SUPPLY CONTRACT FOR THE PURCHASE AND DELIVER	ded under the contract.	the co	ontract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of busin	iess)		f interest pplicable) Intermediary	
				Controlling	memediary	
	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	1	
	My address is 100 Knights of Columbus Dr	San Benito, T	<b>(</b> tate)	78586	Cameron	
	I declare under penalty of perjury that the foregoing is true and correct	. ,	· I	(L20)	( <b></b>	
		y, State of <b>Texas</b> , on the	5th_d	<sub>day of</sub> August	_, <sub>20</sub> 25	
		Ernie Ortega Ortega Date:	ga 2025.0	ned by E <sup>(month)</sup> 08.05 10:59:34	(year)	
		Signature of authorized agent of con (Declarant)		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 business.			Certificate Number:			
	GO Underground, LLC.		202	5-1349944			
	Harlingen, 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	08/1	L4/2025			
	being filed. City of McAllen		Date Acknowledged:				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		ntify the o	contract, and pro	vide a		
	06-23-C34-586  JACKSON HIKE & BIKE - PHASE II CHANGE ORDER NO 2						
	SACKSONTIIKE & BIKE -THASE II CHANGE SKIEK NO 2	-		T			
4	Name of Interested Party	City, State, Country (place of b	ucinoce)		f interest		
	Name of interested Party	City, State, Country (place of b	usiliess)	(check ap	Intermediary		
G	O Underground, LLC.	Harlingen, TX United States		X	intermedial y		
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is George Olivares	, and my dat	e of birth i	o7/13/1953	<del>.</del>		
	My address is 211 W. JEFFERSON AVE., STE. 7	Harlingen	Tx	78550	, USA		
		(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed in Cameron Count	y, State of Texas, on	the 14	_day of August	25 (year)		
	L	ever Olum	4	(monun)	(your)		
		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.		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:		
	GO Underground, LLC.		202	25-1349944		
	Harlingen, TX United States		Dat	e Filed:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is		14/2025		
	being filed.					
	City of McAllen					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		14/2025 contract, and prov	ide a		
	06-23-C34-586					
	JACKSON HIKE & BIKE - PHASE II CHANGE ORDER NO 2					
4				Nature of	interest	
-	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
				Controlling	Intermediary	
G	O Underground, LLC.	Harlingen, TX United States		X		
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth	is	·	
My address is,,,				,	,	
		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	State of, on the	ie			
				(month)	(year)	
	<del>-</del>	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 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		ficate Number: -1349952	
	LJH Services, Inc.		D-4-	Eilad:	
	Edinburg, TX United States	a contract for which the form is		Filed: 4/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is			
	City of Mcallen		Date	Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	vide a
	06-23-S46-60 CONTRACT EXTENSION FOR RENTAL OF PORTABLE TO	ILETS AND HANDWASHING STA	TIONS	S	
_				Nature of	finterest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
He	ernandez, Alex	Edinburg, TX United States		Х	
				,	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Alex Hernandez	and my date of			1997
	My address is 11050 FM 490	. Raymonduille, T. (sty)	L, ate)	78580 (zip code)	, USA . (country)
	I declare under penalty of perjury that the foregoing is true and correct	it.			
	Executed in Hidalao County	, State of TCXLS , on the	4"	day of Augus	1-20 25
		Allena ?		(month)	(year)
			tractic	hu Gina contit	
		/ Signature of authorized agent of cont (Declarant)	tracting	j 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: 2025-1349952				
	LJH Services, Inc.		1202	.0 10-1002			
	Edinburg, 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	08/:	14/2025			
	being filed. City of Mcallen						
	only of mountain		Date Acknowledged: 08/15/2025				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		tify the	contract, and prov	ride a		
	06-23-S46-60						
	CONTRACT EXTENSION FOR RENTAL OF PORTABLE TO	ILETS AND HANDWASHING S	TATION				
4	Nove of Internated Books	Oite Otata Occuptive follows of book	-: <b>\</b>	Nature of			
	Name of Interested Party	City, State, Country (place of bu	siness)		oplicable)		
				Controlling	Intermediary		
Н	Hernandez, Alex Edinburg, 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			<i>.</i>	,·		
		(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed inCounty	/, State of, on t	he				
				(month)	(year)		
		Signature of authorized agent of (Declarant)	 contractii	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	-therein -	Certificate Number: 2025-1352789
	Halff Associates, inc.	2023-1332769
	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.	08/20/2025
	McAllen Public Utilities	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.

07-25-583-01

Design Phase Consulting Services for the SWWTP Laboratory Backup Generator Project.

4 Name of Interested Party	City State County (place of hypinges)	Nature of interest		
Name of Interested Party	City, State, Country (place of business)	(check a	pplicable) Intermediary	
Atkinson, Erin	Fort Worth, TX United States	X	Intermediary	
Baker Daily, Jessica	Richardson, TX United States	×		
Cranston, Shaun	Austin, TX United States	Х		
Engelhardt, Cindy	Austin, TX United States	Х		
French, Sherri	Frisco, TX United States	×		
Hollis, Leigh	Frisco, TX United States	×		
Ickert, Andrew	Fort Worth, TX United States	×		
Jackson, Todd	Austin, TX United States	×		
Murray, Menton	McAllen, TX United States	×		
Pylant, Ben	Fort Worth , TX United States	×		
Sagel, Joseph	Richardson, TX United States	×		
Smith, Ryan	Richardson, 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.		CE	OFFICE USI		
1	Name of business entity filing form, and the city, state and cou	e Certi	CERTIFICATION OF FILING Certificate Number:			
	Halff Associates, inc.		2025	5-1352789		
	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	08/2	0/2025		
	being filed.  McAllen Public Utilities		Date	Acknowledged	:	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided in the services.		entify the c	ontract, and pro	ovide a	
	07-25-S83-01 Design Phase Consulting Services for the SWWTP Laborat	tory Backup Generator Project				
	Design Thase Consulting Services for the SWWTT Eaborat	Tolect.		T	6:	
4	Name of Interested Party	City, State, Country (place of	husinoss)		ture of interest	
	Name of interested Party	City, State, Country (place of	business)	Controlling	pplicable) Intermediary	
				Controlling	Intermediary	
				<u> </u>		
				<u>.</u>	<u> </u>	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Gabriel Benavides	, and my d	ate of birth is	<sub>s</sub> 12/05/198	5	
	My address is 5000 West Military Hwy.Suite 100	McAllen	_, <u>TX</u> ,	78503	, USA	
		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corr	rect.				
	Executed in Hidalgo Cou	inty, State of Texas, o	n the 20th	<sub>day of</sub> Augus	t , 20_25	
				(month)		
		Toput Ray	16	2		
		Signature of authorized agent (Declarant)		g business entity		
		(Deciarant)				

FORM **1295** 

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place	Certificate Number:
	of business.	2025-1352789
	Halff Associates, inc.	
	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.	08/20/2025
	McAllen Public Utilities	Date Acknowledged: 08/20/2025

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

07-25-S83-01

Design Phase Consulting Services for the SWWTP Laboratory Backup Generator Project.

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
Name of interested Faity	City, State, Country (place of business)	Controlling	Intermediary	
Atkinson, Erin	Fort Worth, TX United States	X		
Baker Daily, Jessica	Richardson, TX United States	×		
Cranston, Shaun	Austin, TX United States	×		
Engelhardt, Cindy	Austin, TX United States	×		
French, Sherri	Frisco, TX United States	×		
Hollis, Leigh	Frisco, TX United States	×		
Ickert, Andrew	Fort Worth, TX United States	×		
Jackson, Todd	Austin, TX United States	×		
Murray, Menton	McAllen, TX United States	×		
Pylant, Ben	Fort Worth , TX United States	×		
Sagel, Joseph	Richardson, TX United States	×		
Smith, Ryan	Richardson, TX United States	×		

FORM **1295** 

L						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 count of business.	Certificate Number: 2025-1352789					
	Halff Associates, inc.			2025-1	1352789		
	Richardson, TX United States			Date Fi	iled:		
2	Name of governmental entity or state agency that is a party to the	e contract for which t	he form is	08/20/			
_	being filed.	e contract for willer t	ile ioilli is				
	McAllen Public Utilities			<b>Date A</b> 08/20/3	cknowledged: 2025		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide					ride a	
	07-25-S83-01						
	Design Phase Consulting Services for the SWWTP Laborator	y Backup Generator	Project.				
7	!				Nature of	interest	
4	Name of Interested Party	City, State, Country	(place of busine	ess) (check appl		plicable)	
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.			•			
6	UNSWORN DECLARATION						
	My name is	,	and my date of l	birth is _			
	My address is			,		,·	
		(city)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.					
	Executed inCounty	y, State of	, on the _	da	y of	, 20	
					(month)	(year)	
		Signature of authoriz	zed agent of cont (Declarant)	tracting l	ousiness 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.	parties.	CE	OFFICE USE		
1	Name of business entity filing form, and the city, state of business.  Burns & McDonnell Engineering Company Inc.  Austin, TX United States	202	Certificate Number: 2025-1354992			
2	Name of governmental entity or state agency that is a being filed.  City of McAllen	08/2	Date Filed: 08/26/2025 Date Acknowledged:			
3	Provide the identification number used by the government description of the services, goods, or other property to 06-22-S59-624  PROJECT NO. 06-22-S59-624 AMENDMENT NO.	to be provided under the contract.	ntify the o	contract, and prov	ride a	
4	Name of Interested Party	City, State, Country (place of b	usiness)	Nature of (check ap		
Вι	urns & McDonnell Engineering Company, Inc.	KANSAS CITY, MO United S	States	х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			4.4.15.14.0.00		
	My name is Scott Pasternak	, and my dat	te of birth i	s 11/5/1969	·	
	My address is 7325 Ellaview Ln	Austin (city)	(state)	(zip code)	, U.S. (country)	
	I declare under penalty of perjury that the foregoing is true	e and correct.				
	Executed in Travis County	County, State of, on	the <u>26</u>	_day of August	, 20 <mark>_25</mark>	
		Solt Parten	Ş	(month)	(year)	
		Signature of authorized agent of	f 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.			CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	tity's place	Certificate Number: 2025-1354992			
	Burns & McDonnell Engineering Company Inc.					
2	Austin, TX United States  Name of governmental entity or state agency that is a party to the	o contract for which t	ho form is		Filed: 6/2025	
2	being filed.	e contract for which t	ne form is	00/20	5/2020	
	City of McAllen				Acknowledged: 6/2025	
3	Provide the identification number used by the governmental entit			the co	ontract, and prov	/ide a
	description of the services, goods, or other property to be provid 06-22-S59-624	ed under the contrac	t.			
	PROJECT NO. 06-22-S59-624 AMENDMENT NO. 1 BURNS	& MCDONNELL CO	ONTRACT			
4					Nature of	finterest
	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	
					Controlling	Intermediary
Вι	ırns & McDonnell Engineering Company, Inc.	KANSAS CITY, M	10 United State	S	Х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	,	and my date of I	birth is	i	·
	My address is			, _		,·
		(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of	, on the _	c		
					(month)	(year)
		Signature of authori	zed agent of cont (Declarant)	tracting	g business entity	

									1011	
		and 6 if there are interested parties. 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:			
	Roadway Asset S	ervices, LLC				]	2025-13	355661		
	Austin, TX United					1	Date File	ed:		
2		ntal entity or state agency that is a party to	the co	ontract	for which the form	ı is	08/27/2	025		
	being filed. City of McAllen, Texas  Date							knowledged:		
3		cation number used by the governmental er services, goods, or other property to be prov				r identify t	he conti	ract, and pro	vide a	
	PROJECT NO. 08 PURCHASE OF F	3-25-S100-01 PAVEMENT & ASSET MANAGEMENT SE	ERVIC	CES						
4								Nature o	f interest	
•	N	lame of Interested Party	Ci	ity, Sta	te, Country (place	of busine	· —		pplicable)	
			+					Controlling	Intermediary	
W	/illiamson, Bart		<i></i>	Austin,	TX United States		×			
G	ordon, Scot		P	Austin,	TX United States	i	×	(		
Ri	ivera, Rafael		Α	Austin,	TX United States	i	×	(		
Tŀ	nomason, Zachary		<i>P</i>	Austin,	TX United States	;	×	(		
Kr	ramer, Mark		A	Austin,	TX United States	i	×	(		
5	Check only if there	is NO Interested Party.								
_		· L								
6	UNSWORN DECLA									
	My name is	Bart Williamson			, and m	y date of b	irth is	11/02/196	66	
	My address is	7716 Tessera Parkway		,	Lago Vista	, _TX	<b>(</b>	78645	_, _US	
					(city)	(sta	te)	(zip code)	(country)	
	I declare under pena	alty of perjury that the foregoing is true and corr	rect.							
	Executed in	Travis	nty, S	tate of <sub>-</sub>	Texas	_, on the _	27_ <sub>day</sub>			
					12 1	, .	<u></u>	(month)	(year)	
					But 1		to enterent of the			
			S	Signatur	e of authorized age Declar		acting 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 partie	<del>2</del> S.			OFFICE USE	
1	Name of business entity filing form, and the city, state and		CERTIFICATION OF FILING Certificate Number:			
	of business.		25-1355661			
	Roadway Asset Services, LLC Lago Vista, TX United States	Da	ite Filed:			
2	Name of governmental entity or state agency that is a part	y to the	contract for which the form	is 08	3/27/2025	
	being filed. City of McAllen, Texas			Da	ite Acknowledged:	
		3/27/2025				
3	Provide the identification number used by the government description of the services, goods, or other property to be			identify the	contract, and pro	vide a
	PROJECT NO. 08-25-S100-01	-				
	PURCHASE OF PAVEMENT & ASSET MANAGEMEN	T SERV	/ICES			
4						f interest
•	Name of Interested Party		City, State, Country (place o	f business	· • · · · · · · · · · · · · · · · · · ·	pplicable)
					Controlling	Intermediary
W	illiamson, Bart		Austin, TX United States		X	
G	ordon, Scot		Austin, TX United States		X	
Ri	vera, Rafael		Austin, TX United States		X	
Th	omason, Zachary		Austin, TX United States		X	
Kr	amer, Mark		Austin, TX United States		X	
5	Check only if there is NO Interested Party.					
	, <u> </u>					
6	UNSWORN DECLARATION					
	My name is		, and my	date of birth	າ is	
	My address is		(city)	'(state)	,(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and	d correct.				
	Executed in	County	State of	on the	day of	20
			<u> </u>	on 010	(month)	
			Signature of authorized ager (Declara		ting business entity	<del>_</del>

FORM **1295** 

			1			
	Complete 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: 2025-1355933			
	UniFirst Corp				0 1000000	
	McAllen, TX United States				Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract	for which the form i	s 08/2	27/2025	
	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 provided.	ity or state	agency to track or i	dentify the c	contract, and prov	∕ide a
	07-24-S11-01					
	Amendment no. 01 service contract for uniform rental and cle	aning serv	rices though BuyBo	oard cooper	ative contract#6	70-22.
4					Nature of	
	Name of Interested Party	City, Stat	te, Country (place of	f business)	(check ap	
		<del> </del>			Controlling	Intermediary
				····		
			212-012-01			
		<del>                                     </del>				
_		<u></u>				
	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Mario Castellano		, and my	date of birth i	is10/02/19	70
	My address is908 Sundance Lane		San Juan	,Tx	, 78589 (zip code)	,_Hidalgo
			(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in Hidalgo County	ty, State of _	Texas,	on the <u>27</u>	_day of _ August	, <sub>20</sub> 25
				Ŋ	(month)	(year)
		N.	1 AMIL	7		
		Signatur	re of authorized agen	t of contractir	ng business entity	
		-	(Declarar	nt\	•	

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.	try of the business entity's plac	ce Cer	rtificate Number:	01 112.110
	UniFirst Corp		202	25-1355933	
	McAllen, TX United States		Dat	te Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	08/	27/2025	
	being filed. City of McAllen		Dat	te Acknowledged:	
	City of MicAllett			27/2025	
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.		dentify the	contract, and prov	<i>r</i> ide a
	07-24-S11-01				
	Amendment no. 01 service contract for uniform rental and cle	eaning services though BuyBo	ard coope	rative contract#6	70-22.
4				Nature of	interest
-	Name of Interested Party	City, State, Country (place of	business)	<del></del>	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.	L		1	
6	UNSWORN DECLARATION				
	My name is	, and my c	late of birth	is	
	My address is				
		(city)	, (state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCount	y, State of, o	on the		
				(month)	(year)
		Signature of authorized agent		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	E ONLY I OF FILING	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business ent	tity's place	Certificate Number: 2025-1355840			
	4MA Construction LLC Edinburg, TX United States			Date I	Filed:		
2	Name of governmental entity or state agency that is a party to the	contract for which th	ne form is	08/27	7/2025		
	being filed. City of Mcallen			Date	Acknowledged		
	City of Micalien				, totalomougou	•	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided NO. 07-25-C28-649  PROJECT NO. 07-25-C28-649 - CHAMPION LAKES EROSIO	ed under the contract		the co	ontract, and pro	ovide a	
				$\overline{}$	Nature (	of interest	
4	Name of Interested Party	City, State, Country	(place of busine	ess)		of interest applicable)	
	,	, ,		ĺ	Controlling	Intermediary	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Manuel Anaya		and my date of b	oirth is	9/11/1970	·	
	My address is1701 S Mon Mack Rd	, Edinburg	,T	<b>X</b> , _	78539	_, <u>USA</u>	
		(city)	(sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed in Hidalgo County	, State of <b>Texas</b>	, on the 2	<b>27th</b> _d	lay ofAugu	st_, 20_ <b>25</b>	
		Mum.	<i>B</i>		(month)		
		Signature of authoriz	zed agent of cont (Declarant)	racting	business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1355840			
	4MA Construction LLC		202	.5 1555040		
	Edinburg, 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	08/2	27/2025		
	being filed. City of Mcallen		Date	e Acknowledged:		
	City of ivicalien			28/2025		
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.		entify the	contract, and prov	vide a	
	NO. 07-25-C28-649					
	PROJECT NO. 07-25-C28-649 - CHAMPION LAKES EROSIG	ON CONTROL P2				
4				Nature of	finterest	
-	Name of Interested Party	City, State, Country (place of I	business)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	ate of birth	is		
	My addraga is					
	My address is	(city)	_, (state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	y, State of, o	n the	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent (		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.		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:		
	Sam Garcia Architect, LLC		202	5-1355709		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	08/2	08/27/2025		
	being filed. City of McAllen - Texas		Date	Acknowledged:		
		·			44	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ntiry the c	ontract, and prov	/ide a	
	03-25-S41-829 Request for Statement of Qualifications Renovations at Hidal	go Port of Enry Project No. 03-2	25-S41-82	29		
4				Nature of	f interest	
_	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap		
				Controlling	Intermediary	
G	ARCIA, SAM	McAllen, TX United States		X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Sam R. Garcia	and my dat	e of birth is	s_10/29/1979		
	My address is 1200 Auburn Ave., Suite 280, McAllen,		,		_,	
		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in Hidalgo Count	y, State of Texas, on	the 27th			
		AMRI	7	(month)	(year)	
		Signature of authorized agent of	contractin	ng business entity		
	V	(Declarant)		5		

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USI	
				CERTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	try of the business en	tity's place	Certificate Number:	
	Sam Garcia Architect, LLC			2025-1355709	
	McAllen, TX United States			Date Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which t	he form is	08/27/2025	
	being filed.			Data Aalmandadaad	
	City of McAllen - Texas			Date Acknowledged: 08/28/2025	i
_	Provide the identification number used by the governmental enti	ity or state agency to			vido o
3	description of the services, goods, or other property to be provide			the contract, and pro	viue a
	03-25-S41-829				
	Request for Statement of Qualifications Renovations at Hidal	go Port of Enry Proje	ect No. 03-25-S	41-829	
4	ı			Nature o	f interest
-	Name of Interested Party	City, State, Country	(place of busine		pplicable)
				Controlling	Intermediary
G	ARCIA, SAM	McAllen, TX Unite	ed 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		,		.,
		(city)	(sta	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 _		
				(month)	(year)
		Signature of authori	zed agent of cont (Declarant)	racting business entity	

FORM **1295** 

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and countr of business.	Certificate Number: 2025-1356134			
	Ezscape LLC				
	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	08/2	7/2025	
	being filed.		L		
	City of McAllen			Acknowledged: 8/2025	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided.	ontract, and prov	vide a		
	06-25-C27-880 PROJECT NO. 06-25-C27-880 ARTIFICIAL TURFGRASS PR	ACTICE PUTTING GREEN AND	CHIPF	PING GREEN	
_	<u>_</u>			Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)
		3,, 13, 12	,	Controlling	Intermediary
S	TEWART, JOSH	MCALLEN, TX United States		×	•
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		, state)		, (country)
	I dealers under people of porium that the forest in the same and	\ <i>,</i>		(Lip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCounty	, State of, on the		day of (month)	, 20 (year)
				(monul)	(yeai)
		Signature of authorized agent of cor (Declarant)	ntractin	g 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. 2025-1356134 Ezscape LLC mcallen, TX United States Date Filed: 08/27/2025 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. 06-25-C27-880 ARTIFICIAL TURFGRASS PRACTICE PUTTING GREEN AND CHIPPING GREEN Nature of Interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary STEWART, JOSH MCALLEN, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** and my date of birth is (state) I declare under penalty of perjury that the foregoing is true and correct. Executed in County, State of lature 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: 2025-1355351			
	Geveko Markings Inc.		202	1000001		
	Gainesville, GA United States		Dat	e Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	08/	26/2025		
	being filed.		Dat	e Acknowledged:		
	City of McAllen			28/2025		
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 se		entify the	contract, and prov	vide a	
	05-24-SP13-233					
	PROJECT NO. 05-24-SP13-233 THERMOPLASTIC MATERI	IAL EXT 1				
4				Nature of	finterest	
*	Name of Interested Party	City, State, Country (place of b	ousiness)	(check ap	plicable)	
				Controlling	Intermediary	
E	Check only if there is NO Interested Party.	L				
,	X					
6	UNSWORN DECLARATION					
	My name is	, and my da	ate of birth	is		
	My address is					
	, aaa. 656 16	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of, or	n the	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent o		ing business entity		

F			-		1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US	
1				RTIFICATION	OF FILING
	or business.	place		ficate Number: 5-1355351	
	Geveko Markings Inc.		2020	1000001	
١	Gainesville, GA United States			Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the fo being filed.	rm is	08/2	6/2025	
	City of McAllen		Date	Acknowledged:	
3	Provide the identification washes and but he				
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	ontract, and pro	vide a
	05-24-SP13-233				
	PROJECT NO. 05-24-SP13-233 THERMOPLASTIC MATERIAL EXT 1				
4				Nature o	f interest
	Name of Interested Party City, State, Country (plac	e of busine	ss)	(check a	
_				Controlling	Intermediary
			$\neg$		
			$\dashv$		
		·			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		-		
	My name is Justin Coogler, and m	ny date of bir	rth is _	3/7/19	91 .
	My address is 1883 New Harrest Rd Gaines ville				
	(city)	(state		(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hall County, State of Georgia	on the 7	eh F	vof August	20.7.5
		1		(month)	(year)
	4.tC				
	Signature of authorized age (Declar	ent of contra	cting t	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.		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	Certi	ificate Number:	0
	TELEPRO COMMUNICATIONS		202	5-1356323	
	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		28/2025	
	being filed.				
	City of McAllen			Acknowledged: 28/2025	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the c	contract, and prov	vide a
	PROJECT NO. 07-25-P71-01				
	PURCHASE OF CAMERAS AT HIDALGO INTERNATIONAL	BRIDGE			
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 o	f birth is	s	
	My address is		,		.,
			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 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	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place		ficate Number: -1356323	
	TELEPRO COMMUNICATIONS				
_	Mission, TX United States	and the state of t	Date	Filed: 3/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	00/20	3/2023	
	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 services of the services.		the co	ontract, and pro	vide a
	PROJECT NO. 07-25-P71-01 PURCHASE OF CAMERAS AT HIDALGO INTERNATIONAL	_ BRIDGE			
4		1			finterest
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	<u> </u>
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Stephanie Mena	, and my date of	birth is	04/21/99	·
	My address is 12005 N. Bryan Rd	, <u>Mission</u> , <u>T</u> (st	<b>X</b> , ate)	78573 (zip code)	, US (country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed in Hidalgo Count	ty, State of Texas , on the	28 <sub>d</sub>	lay of <u>Augus</u> (month)	st_, 20 <u>25</u> . (year)
	Su	ephanie Mena			
		Signature of authorized agent of con	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.	CE	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 entity's pl		Certificate Number:			
	VenuVentures, LLC		202	25-1356822			
	Nederland, TX United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to t	he contract for which the form	08/2	29/2025			
	being filed. City of McAllen, Texas		Date	e Acknowledged	l:		
3	Provide the identification number used by the governmental en		r identify the	contract, and pr	ovide a		
	description of the services, goods, or other property to be prov	ided under the contract.					
07-23-NBI68-01 Consulting operations services for Boeye Reservoir development project							
_				Nature of interest			
4	Name of Interested Party	City, State, Country (place	of business)	(check a	applicable)		
				Controlling	Intermediary		
Н	ughes, John	Nederland, TX United St	ates	X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is John A. Hughes	, and my	y date of birth	is <u>02/26/69</u>	<del>.</del>		
	My address is 2913 Highland Blvd	, Nederland		77627	USA		
		(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				
			41	(month	) (year)		
		Signature of authorized age	nt of contraction	ng business entity	/		
		(Declara	ant)				

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	_	_	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's	s place Ce	ertificate Number: 25-1356822	OF FILING	
	VenuVentures, LLC		20	25-1350022		
	Nederland, 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 fo	Jiii 13	08/29/2025		
	City of McAllen, Texas			te Acknowledged: /29/2025		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided or 2-23-NBI68-01		or identify the	contract, and prov	vide a	
	Consulting operations services for Boeye Reservoir development	ment project				
4				Nature of	finterest	
•	Name of Interested Party	City, State, Country (pla	ce of business	·		
				Controlling	Intermediary	
Н	ughes, John	Nederland, TX United	States	X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and	I my date of birth	n is	·	
	My address is					
	,	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCount	y, State of	, on the	day of	, 20	
				(month)	(year)	
		Signature of authorized a	agent of contract	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	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		tificate Number:	
	Weaver and Tidwell, L.L.P.		202	25-1354852	
	Austin, 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		26/2025	
_	being filed.				
	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		tify the	contract, and prov	ride a
	PROJECT NO. 03-18-S38-43				
	EXTERNAL AUDITING SERVICES				
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	plicable)
				Controlling	Intermediary
M	ackel, John	Houston, TX United States		X	
R	ook, David	Houston, TX United States		Х	
Di	arling, Rebecca	Austin, TX United States			Х
5	Check only if there is NO Interested Party.				
_					
6	UNSWORN DECLARATION				
	My name is Rebecca Darling	, and my date	of birth	is 4/16/1978	
	My address is1601 South MoPac Expressway, Suite D25		TX	,78746	, USA 
		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in TravisCounty	y, State of Texas , on	<sub>he</sub> 26		, 2025
		~		(month)	(year)
	Rebe	cca Darling			
		Signature of authorized agent of (Declarant)	contracti	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	
_	,			RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place		tificate Number: 25-1354852	
	Weaver and Tidwell, L.L.P.				
	Austin, TX United States		00/	e Filed: 26/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	08/2	20/2025	
	City of McAllen			e Acknowledged:	
			08/2	27/2025	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided.		entify the	contract, and prov	vide a
	PROJECT NO. 03-18-S38-43	ided under the contract.			
	EXTERNAL AUDITING SERVICES				
4	Name of Interested Party	City, State, Country (place of	nusiness)	Nature of (check ap	
	Hame of interested Farty	Oity, State, Soundry (place of	ousiness,	Controlling	Intermediary
Ma	ackel, John	Houston, TX United States		X	
		,			
Ro	ook, David	Houston, TX United States		X	
Da	urling, Rebecca	Austin, TX United States			Х
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	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed inCoun	ty, State of, or	n the	_day of (month)	
				(month)	(yeai)
		Signature of authorized agent (	of contraction	na husiness entity	
		(Declarant)		ng business chilly	

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 US	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's pl		tificate Number:	
	VenuVentures, LLC		202	25-1356822	
	Nederland, TX United States		Date	e Filed:	
2	Name of governmental entity or state agency that is a party to t	he contract for which the form	08/2	29/2025	
	being filed. City of McAllen, Texas		Date	e Acknowledged	l:
3	Provide the identification number used by the governmental en		r identify the	contract, and pr	ovide a
	description of the services, goods, or other property to be prov	ided under the contract.			
	07-23-NBI68-01 Consulting operations services for Boeye Reservoir develop	ment project			
_				Nature	of interest
4	Name of Interested Party	City, State, Country (place	of business)	(check a	applicable)
				Controlling	Intermediary
Н	ughes, John	Nederland, TX United St	ates	X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is John A. Hughes	, and my	y date of birth	is <u>02/26/69</u>	<del>.</del>
	My address is 2913 Highland Blvd	, Nederland		77627	USA
		(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		
			41	(month	) (year)
		Signature of authorized age	nt of contraction	ng business entity	/
		(Declara	ant)		

FORM **1295** 

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	_	_	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity's place  Cert				OF FILING
	VenuVentures, LLC		20	25-1356822	
	Nederland, TX United States			te Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	/29/2025			
	City of McAllen, Texas			te Acknowledged: /29/2025	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided or 23-NBI68-01		or identify the	contract, and prov	vide a
	Consulting operations services for Boeye Reservoir development	ment project			
4				Nature of	finterest
•	Name of Interested Party	City, State, Country (pla	ce of business	·	
				Controlling	Intermediary
Н	ughes, John	Nederland, TX United	States	X	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and	I my date of birth	n is	·
	My address is				
	,	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
	Executed inCount	y, State of	, on the	day of	, 20
				(month)	(year)
		Signature of authorized a	agent of contract	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	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ificate Number:	
	Aguaworks Pipe & Supply, LLC		2025	5-1349161	
	Edinburg , TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	08/1	2/2025	
	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.		entify the c	ontract, and pro	vide a
	08-25-SP19-198				
	Invitation to Bid for Purchase & Delivery of Meter Boxes & Lic	ds –AMI			
<u></u>				Nature o	f interest
4	Name of Interested Party	City, State, Country (place of I	ousiness)	(check ap	
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name isErnie Ortega	, and my da	ate of birth is	s 04/15/19	61
	My address is100 Knights of Columbus Dr.	San Benito	_,TX ,	78586	Cameror
		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in Cameron Count	y, State of Texas	n the 12th	ງ <sub>ay of</sub> Augus	t <sub>20</sub> 25
	Country Country	Ernie Digitally sig		(month)	, 20 (year)
		Ortega Ernie Orteg  Date: 2025. 16:37:45 -0!	08.12		<del>.</del> .
	<del></del>	Signature of authorized agent of		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 count of business.	ry of the business entity's place		ificate Number: 5-1349161	
	Aguaworks Pipe & Supply, LLC		2020	)-1349101	
	Edinburg , TX United States			Filed:	
2		e contract for which the form is	08/1	2/2025	
	being filed. City of McAllen		Date	Acknowledged:	
	City of McAileri			2/2025	
3	Provide the identification number used by the governmental entit	ty or state agency to track or identi			vide a
3	description of the services, goods, or other property to be provide		y and c	ontidot, and p. c.	nuc u
	08-25-SP19-198				
	Invitation to Bid for Purchase & Delivery of Meter Boxes & Lid	s –AMI			
_	-			Nature of	interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	
		<u> </u>		Controlling	Intermediary
_					
_					
					ı
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date c	of birth is	3	
	My address is		, (state)	(zip code)	(country)
		(Gity)	State	(Zip code)	(COurilly)
	I declare under penalty of perjury that the foregoing is true and correct	rt.			
	Executed inCounty	/, State of, on the	e		
				(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 partie	es.	CE	OFFICE USI	_
1	Name of business entity filing form, and the city, state and of business.	I country of the business entity's place	Certi	ificate Number:	
	FERGUSON WATERWORKS		202	5-1357343	
	MISSION, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party	y to the contract for which the form is	09/0	2/2025	
	being filed.		Doto	A aknowladgad	
	CITY OF MCALLEN		Date	Acknowledged:	
3	Provide the identification number used by the government description of the services, goods, or other property to be		tify the c	ontract, and pro	vide a
	08-25-SP19-198				
	METER BOXES AND LIDS AMI				
4				1	f interest
•	Name of Interested Party	City, State, Country (place of bu	siness)		pplicable)
				Controlling	Intermediary
С	ITY OF MCALLEN	MCALLEN, TX United States		X	X
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is _GEORGE GONZLEZ	, and my date of birth is _0	6-17-79_		
	My address is 1900 W EXPWY 83	,MISSION, _	TX,	78572,U\$	S
		(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and	d correct.			
	Executed in _HIDALGOCou	unty, State ofTEXAS, on the	e 2ND0	day of SEPTEMB	ER, 20_25
				(month)	(year)
		GEORGE GONZALEZ			
		Signature of authorized agent of ( (Declarant)	contractin	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.		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		rtificate Number:	
	FERGUSON WATERWORKS		202	25-1357343	
	MISSION, TX United States		Dat	te Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		02/2025	
_	being filed.				
	CITY OF MCALLEN			te Acknowledged: 02/2025	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		tify the	contract, and prov	ride a
	08-25-SP19-198				
	METER BOXES AND LIDS AMI				
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	plicable)
				Controlling	Intermediary
CI	TY OF MCALLEN	MCALLEN, TX United States		X	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				
	,	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	, State of, on t	he		
				(month)	(year)
		Signature of authorized agent of (Declarant)	contracti	ing business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested partic Complete Nos. 1, 2, 3, 5, and 6 if there are no interest					OFFICE USE	
1	Name of business entity filing form, and the city, s of business.	tate and count	ry of the business entity's	place		icate Number: -1361155	
	Diverse Construction						
2	Brownsville, TX United States  Name of governmental entity or state agency that	ic a party to the	a contract for which the fo		Date I	Filed: 9/2025	
_	being filed.	is a party to the	e contract for which the fo				
	City of McAllen - Purchasing & Contracting Dept	t.			Date I	Acknowledged:	
3	Provide the identification number used by the gov description of the services, goods, or other proper			or identify	the co	ontract, and pro	vide a
	PROJECT NO. CO1 10-24-C04-508 BALBOA DITCH SLUICE GATE						
4						Nature o	f interest
•	Name of Interested Party		City, State, Country (plac	e of busine	ss)		oplicable)
						Controlling	Intermediary
_	Cheek only if there is NO Interceted Party						
		K]					
6	UNSWORN DECLARATION						
	My name is Michael Cisneros		, and	my date of b	irth is	10 - 18 -	1971
	My address is67 North Tupleo Circle			, <u>TX</u>		78521	, <u>US</u> .
			(city)	(sta	ue)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is	true and correc	t.				
	Executed in Cameron County	County	, State ofTX	, on the _	<u>9</u> _d	ay of <u>Septemb</u> (month)	<u>er</u> , 20 <u>25</u> . (year)
			1 L. Jie	<u> </u>	_ ~		
			Signature of authorized a	gent of conti			
			(Dool	larant\			

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.			CERTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and cou of business.	ntry of the business entity's pl		ertificate Number: 025-1361155	
	Diverse Construction				
_	Brownsville, TX United States			<b>ate Filed:</b> 9/09/2025	
2	Name of governmental entity or state agency that is a party to t being filed.	the contract for which the form	nis U	310912025	
	City of McAllen - Purchasing & Contracting Dept.			ate Acknowledged: 9/10/2025	
_	Provide the identification number used by the governmental en	ntity or state agency to track or	identify the	e contract, and pro	vide a
3	description of the services, goods, or other property to be prov		identity th	c contract, and pro	viuc u
	10-24-C04-508				
	Improvements to Balboa Ditch Sluice Gate				
_		1		Nature o	f interest
4	Name of Interested Party	City, State, Country (place	of business	s) (check a	oplicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my	date of birt	th is	
	My address is	(city)	, (state	,	_, (country)
		(6.17)	(otato)	, ( <u>L.p</u> 3333)	(000)
	I declare under penalty of perjury that the foregoing is true and corr	ect.			
	Executed inCour	nty, State of	_, on the		, 20
				(month)	(year)
		Signature of authorized age		cting business entity	
		(Declara	ant)		

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.  SpawGlass Contractors, Inc.	Certificate Number: 2025-1361332
	Harlingen , 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.  City of McAllen	09/10/2025  Date Acknowledged:

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

Project No. 07-25-C26-968 General Construction

4		Nature of interest		
Name of Interested Party	City, State, Country (place of business)	(check a	pplicable) Intermediary	
SpawGlass Holdings, LLC	Selma, TX United States	X	Intermediary	
Voss, Weston	New Braunfels, TX United States	Х		
Friedel, Robert	New Braunfels , TX United States	х		
Emmons, Michael	New Braunfels, TX United States	X		
Paden, David	Austin, TX United States	Х		
Smith, Jason	San Antonio, TX United States	Х		
Ajlani, David	Corpus Christi, TX United States	Х		
Favor, Lloyd	Fort Worth, TX United States	Х		
Berry, Roger	Houston, TX United States	Х		
George, Joey	Austin, TX United States	Х		
	!		-	

FORM **1295** 

						2 of 2
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the bu	usiness entity's place	Certi	ificate Number: 5-1361332	01 11210
	SpawGlass Contractors, Inc.			2023	J-1301332	
	Harlingen , TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract 1	for which the form is	09/1	.0/2025	
	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.			entify the c	ontract, and pro	vide a
	Project No. 07-25-C26-968					
	General Construction					
4	Name of Interested Douby	City Ctot	a Cauntmy (place of h			f interest
	Name of Interested Party	City, State	e, Country (place of t	Jusiness)	Controlling	oplicable) Intermediary
					Controlling	Intermediary
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is David Ajlani		, and my da	ite of birth is	<u>\$09/22/198</u>	31
	My address is 3008 W Spur 54	,	Harlingen	TX 7	8552	US
			(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in Cameron County	y, State of _	Texas, or	the10th	day of <u>Sept.</u>	, 20_ <mark>25</mark> (year)
				3	. ,	
	<del></del>	Signatur	e of authorized agent of	of contractin	g business entity	
		3	(Declarant)		S ***)	

FORM **1295** 

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place	Certificate Number:
	of business.	2025-1361332
	SpawGlass Contractors, Inc.	
	Harlingen , 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.	09/10/2025
	City of McAllen	Date Acknowledged: 09/10/2025

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

Project No. 07-25-C26-968 General Construction

4		Nature of interest		
Name of Interested Party	City, State, Country (place of business)	(check applicable)		
		Controlling	Intermediary	
SpawGlass Holdings, LLC	Selma, TX United States	×		
Voss, Weston	New Braunfels, TX United States	Х		
Friedel, Robert	New Braunfels , TX United States	Х		
Emmons, Michael	New Braunfels, TX United States	×		
Paden, David	Austin, TX United States	Х		
Smith, Jason	San Antonio, TX United States	х		
Ajlani, David	Corpus Christi, TX United States	х		
Favor, Lloyd	Fort Worth, TX United States	×		
Berry, Roger	Houston, TX United States	×		
George, Joey	Austin, TX United States	Х		
	<u> </u>	•	•	

FORM **1295** 

L					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.		C	OFFICE USE		
1	Name of business entity filing form, and the city, state and countr of business.		Certificate Number: 2025-1361332			
	SpawGlass Contractors, Inc.		20	JZJ-130133Z		
	Harlingen , TX United States		Da	ate Filed:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form		9/10/2025		
	being filed.					
	City of McAllen			ate Acknowledged: 9/10/2025		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		identify the	e contract, and pro	vide a	
	Project No. 07-25-C26-968					
	General Construction					
4					f interest	
ľ	Name of Interested Party	City, State, Country (place o	of business			
				Controlling	Intermediary	
_	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my	date of birtl	h is		
	My address is			,	_,·	
		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of,	on the	day of	, 20	
				(month)	(year)	
		Signature of authorized agen (Declarar		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.					OFFICE USE	
1	Name of business entity filing form, and the city, state and coun	try of the	business entity's p			cate Number:	OI TILINO
	of business. SHI Government Solutions, Inc.				2025-	1361758	
	Somerset, NJ United States			1	Date F	iled:	
2	Name of governmental entity or state agency that is a party to the	ne contra	ct for which the forr	n is	09/10/	/2025	
	being filed. City of McAllen			I,	Date A	Acknowledged:	
	City of Michieff				- 4.10		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi			or identify t	he co	ntract, and pro	vide a
	PROJECT NO. 09-25-S103-01 PROJECT NO. 09-25-S103-01 RENEWAL OF THE MICROS	SOFT EN	TERPRISE AGRE	EMENT			
4						Nature o	f interest
•	Name of Interested Party	City, S	tate, Country (place	of busine	·		<u> </u>
						Controlling	Intermediary
					$\dashv$		
					-		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Taleef Jones		, and m	ny date of b	irth is <sub>-</sub>	9/29/19	98
	My address is3828 Pecana Trail	,	Austin	, <u>T</u> X	<b>(</b> ,	78749	, _USA
			(city)	(sta	te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	Executed in Travis Count	ty, State o	ofTexas_	_, on the 1	5th <sub>da</sub>	ay of	per <sub>, 20</sub> _25
				_	_	(month)	(year)
			Talsel	Oon	us		
		Signa	ture of authorized ago	ent of contr	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: 2025-1361758			
	SHI Government Solutions, Inc.		2020	J-13017 3G		
	Somerset, NJ United States			Filed:		
2		e contract for which the form is	09/1	.0/2025		
	being filed.		Date	Acknowledged:		
	City of McAllen			.5/2025		
3	Provide the identification number used by the governmental enti	ity or state agency to track or identi			ide a	
3	description of the services, goods, or other property to be provide		ly the c	Olliaci, and pro-	iue a	
	PROJECT NO. 09-25-S103-01					
	PROJECT NO. 09-25-S103-01 RENEWAL OF THE MICROS	OFT ENTERPRISE AGREEMEN	Γ			
				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap		
	,	1	,	Controlling	Intermediary	
	-			1		
	-			<del>                                     </del>		
				-		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth is	5	·	
	MAL address in					
	My address is		, (state)	(zip code)	(country)	
		(Sity)	, σιαιο,	(210 0000)	(00011113)	
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Executed inCounty	y, State of, on the	∍		, 20	
				(month)	(year)	
		Signature of authorized agent of co	ntractin	g business entity	<del></del>	

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING		
				Certificate Number:		
•	of business.	2025-1359056				
	Dulce Hay Mcallen, TX United States		Data	Filed:		
2	Name of governmental entity or state agency that is a party to the			4/2025		
	being filed.					
	City of McAllen-Grant Administration		Date Acknowledged:			
3	Provide the identification number used by the governmental entity	v or state agency to track or identify:	the co	ontract, and prov	ride a	
3	description of the services, goods, or other property to be provided	ed under the contract.		,		
	M-21-MP-48-0506					
	Tenant based rental assistance					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	:SS)	(check ap	oplicable) Intermediary	
_			$\dashv$	Controlling	intermedialy	
	4					
-			$\dashv$			
_			$\dashv$			
-						
			$\neg$			
_						
5	Check only if there is NO Interested Party.					
	X					
6	UNSWORN DECLARATION			1	1 200	
	My name is 1 > WICE Hay	, and my date of b	oirth is	Oct 10	1959	
	DONAL DAN DONA	1- Miscipia 7	V	70570	115	
	My address is 5 04 0 cm 1 Kom a	VI 10 3310VI . 1	<u> </u>	10017	N. 2	
		(city) (sta	ιτ <b>e</b> )	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	- HIDALAD	TOXAS	19	$\mathcal{A}\mathcal{A}\mathcal{A}$	H	
	Executed in County,	, State of VXVV , on the	1	day of // U U (month)	, 20 <u>// 5</u> . (year)	
	U . Z	P 1 1/2	5~	1	, ,	
	TA	Lul cettle	_			
	<del>(0)</del>	Signature of authorized agent of contr	racting	business entity		
		(Declarant)	6			

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.			CERTIFICATION	OF FILING	
1	Name of business entity filing form, and the city, state and cour of business.		Certificate Number: 2025-1359056			
	Dulce Hay					
_	Mcallen, TX United States			<b>ate Filed:</b> 9/04/2025		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form	is O	5/04/2023		
	City of McAllen-Grant Administration			ate Acknowledged: 9/17/2025		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		identify th	e contract, and pro	vide a	
	M-21-MP-48-0506					
	Tenant based rental assistance					
4				<b>I</b>	f interest	
•	Name of Interested Party	City, State, Country (place of	of business		pplicable)	
				Controlling	Intermediary	
					Į	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my	date of birt	:h is	·	
	My address is	,	,			
		(city)	(state	) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCoun	ty, State of	, on the	day of	, 20	
				(month)	(year)	
		Signature of authorized ager		cting business entity		

**FORM 1295** 

			0.1		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1				icate Number: -1348990	
	ER 1980		Date	Eilad:	- 1
	McAllen , TX United States			riieu: 2/2025	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is			
	City of McAllen-Grant Administration		Date .	Acknowledged:	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	ide a
	M-21-MP-48-0506				
	Tenant Base Rental Assistance				
H				Nature of	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
Γ					
H					
H					
L			_		
Γ					
H					
H					
L					
L					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			_ 1	1,000
	My name is TESSICA ZUNIGA	and my date of	birth is	07120	111485
	My address is 211 S. BROODWAY ST	Madlen . 7	Γχ	78501	WH.
	My address is Other Control of the C	(city) (s	tate)	(zip code)	(country)
	I declare under penalty of penjury that the foregoing is true and corre	ct		_	
	Hidalan	ty, State of TEXAS, on the	124	day of AMUU	1+20,05
	Executed inCoun	, on the		(month)	(year)
			2		
		Signature of authorized agent of cor	ntractin	ng tusiness entity	
1		(Declarant)	T	)	

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.			CERTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and coun of business.		ertificate Number: 025-1348990		
	ER 1980				
	McAllen , TX United States			ate Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form	is U	8/12/2025	
	City of McAllen-Grant Administration			ate Acknowledged: 9/23/2025	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		identify th	e contract, and pro	vide a
	M-21-MP-48-0506	ueu unuer me contract.			
	Tenant Base Rental Assistance				
4	Nouse of Interested Deuts	City State Country (place	- <b>f</b> h	_	f interest
	Name of Interested Party	City, State, Country (place o	or busines:	Controlling	oplicable) Intermediary
				Controlling	intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my	date of birt	th is	
	My address is				
	-	(city)	(state	) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
	Executed inCount	ty, State of	, on the	day of	, 20
				(month)	(year)
		Signature of authorized ager		cting 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.			FFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place	Certifica 2025-13	ate Number: 357520	
	PO Life Co McAllen, TX United States		Date Fil	ed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	09/02/2	2025	
	City of McAllen - Grant Administration		Date Ac	knowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the cont	tract, and prov	ride a
	M-21-MP-48-0506 Tenant Based Rental Assistance				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busine	_	(check ap	plicable) Intermediary
М	ugica , Miguel	McAllen, TX United States		X	memodiary
		3		ì	
,					
	<i>j</i>	<b>√</b>		~	
					*******************************
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			1 - 1 -	
	My name is Marissa Kea	, and my date of	birth is _	1 22 19	81
	My address is 3505 N. Ware Rd	, MALLEN, 7 (st	<u>X</u> ,	(zip code)	$\frac{USA}{\text{(country)}}$
	I declare under penalty of perjury that the foregoing is true and correc	et.			
	Hidelan		2nc day	of Septe	mbac 25
		May - X	)	(mond)	(year)
		Signature of authorized agent of cont	tracting b	usiness entity	nterior transfer extra del conservation transmiss
		(Declarant)	9 1		

FORM **1295** 

				1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2025-1357520			
	PO Life Co					
	McAllen, TX United States		Date Filed:			
2		e contract for which the form is	09/02/2025			
	being filed. City of McAllen - Grant Administration		Date Acknowledge	d:		
			09/22/2025			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y the contract, and pi	ovide a		
	M-21-MP-48-0506					
	Tenant Based Rental Assistance					
4			Nature	of interest		
•	Name of Interested Party	City, State, Country (place of busin	· · · · · · · · · · · · · · · · · · ·	applicable)		
			Controlling	Intermediary		
Mı	ugica , Miguel	McAllen, TX United States	X			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	f birth is	·		
	My address is			,		
		(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		
			(montl	n) (year)		
		Signature of authorized agent of cor	otracting business entit	<u></u>		
		(Declarant)	in acting business entil	ı.y		

## 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. 2025-1368646 Lone Star National Bank McAllen, TX United States Date Filed: 09/25/2025 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. 04-25-S44-65 Primary Depository Bank Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Х Lone Star National Bancshares-Texas, Inc. 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION \_, and my date of birth is \_\_\_\_\_\_ My name is Vanessa Ochoa My address is 1614 E 28th St. Mission USA 78574 TΧ (zip code) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo County, State of Texas on the 25 day of September,

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 CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certificate Number: 2025-1368646	
	Lone Star National Bank		2020 10000-0	
	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	09/25/2025	
	being filed.			
	City of McAllen		Date Acknowledged: 09/25/2025	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the contract, and prov	ide a
	Project No. 04-25-S44-65 Primary Depository Bank Services			
_		<u> </u>	Nature of	interest
4	Name of Interested Party	City, State, Country (place of busir	ness) (check ap	olicable)
	1		Controlling	Intermediary
Lo	one Star National Bancshares-Texas, Inc.	McAllen, TX United States	Х	
_				
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is	, and my date of	f birth is	
	My address is		,,	
			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		
			(month)	(year)
		Signature of authorized agent of cor (Declarant)	ntracting business entity	

FORM 1295

			630000A-0111183	PARENTE PARENT	1 01 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of business.	,		icate Number: -1371034	
	Southern Trenchless Solutions, LLC	ı	_525.	,OOT	
	La Feria,, TX United States		Date F	Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	10/01	./2025	
	being filed.		<u></u>	N okasa-dari	
	The City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the co	ontract, and prov	vide a
	Project No. 04-25-C19-858				
	The City of McAllen - Jasmine Ave. Sewer Improvements				
_	1		T	Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
		THE MALENY AND AT STREET, A STREET, AND A ST		Controlling	Intermediary
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					The American with a state of the state of th
-			_		
Bernan and an			-		
-			NAMES AND ADDRESS OF		
	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			0101	1
	My name is Kumun Closher	and my date of l	birth is	2/9/	1977
	My address is 1303 W 3rd St Apt 24, Wuslaco, TX, 1859, Le List				
	I declare under penalty of perjury that the foregoing is true and correct	t.		+	,
	Executed inCounty,	V. State of Texas, on the	18	day of DCf0/	20,25.
			-	(month)	(year)
		Signature of authorized agent of conf	tracting	g business entity	
		(Declarant)		J 3.01000 CITILLY	

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 FILIN							
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number:				
	Southern Trenchless Solutions, LLC		202	25-1371034			
	La Feria,, TX United States		Dat	e Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	10/	01/2025			
	being filed. The City of McAllen		Dat	Date Acknowledged:			
	The City of Michieff			01/2025			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	Project No. 04-25-C19-858						
	The City of McAllen - Jasmine Ave. Sewer Improvements						
4	ı			Nature of	finterest		
-	Name of Interested Party	City, State, Country (place of	business)	(check ap	·		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my da	ate of birth	is			
	My address is						
	wy dudicss is	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	et.					
	Executed inCounty	y, State of, o	n the	_day of	, 20		
				(month)	(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** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2025-1371047 San Miguel Lawn Services 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 being filed. 10/01/2025 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. 08-23-S66-118 Service Contract for Mowing of Weedy Lots Ext 1 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION My name is Miguel A Orta Tamez \_\_\_\_ and my date of birth is 05-30-1984 My address is 709 Beatrice Ave San Juan USA (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of Tex45 \_\_\_\_, on the \_\_\_\_\_day of October \_ 2025.

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 counti	Cert	Certificate Number:				
	of business. San Miguel Lawn Services		202	5-1371047			
	San Juan, 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		01/2025			
_	being filed.						
	City of McAllen			Acknowledged: 02/2025			
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		
	08-23-S66-118						
	Service Contract for Mowing of Weedy Lots Ext 1						
4				Nature of	interest		
•	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 c	of birth i	s			
	My address is				,		
			(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		
				(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.	_		OFFICE US			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATIO	N OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	try of the business er		Certificate Number 2025-1376538	:		
	Valley View Consulting, L.L.C.						
	Huddleston, VA United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	ie contract for which f	the form is	10/14/2025			
	City of McAllen	Date Acknowledge 10/14/2025	d:				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide			the contract, and pr	rovide a		
	Project No. 07-25-S78-110	act and the contract	<b>5</b> 1.				
	Internal Investment Advisory Services						
4				Nature	of interest		
4	Name of Interested Party	City, State, Country	y (place of busine	ess) (check	applicable)		
				Controlling	Intermediary		
Lc	Long, Jr., Richard Huddleston, VA United States		X				
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		<u> </u>					
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		<u>l</u>					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		, and my date of b	birth is			
	My address is	,	,	,	,		
		(city)		ate) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of	, on the _	day of	, 20		
				(month	h) (year)		
	Signature of authorized agent of contracting business entity  (Declarant)						

FORM 1295

				TOLL	
	Complete Nos. 1 - 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: 2025-1376538			
	Valley View Consulting, L.L.C. Huddleston, VA 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	10/14/2025		
	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 contract, and prov	ride a	
	Project No. 07-25-S78-110 Internal Investment Advisory Services				
4	Name of Interested Party	City, State, Country (place of busing	Nature of (check ap		
	waine of interested fairty	only, diazo, dounny (plado or such	Controlling	Intermediary	
Lo	ng, Jr., Richard	Huddleston, VA United States	Х		
-					
www.como		,			
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Julie S. Gerhardt	, and my date of		AND	
	My address is2205 Woodcrest Drive	Lynchburg , V	A (zip code)	USA (country)	
			(ZIP GOOD)	(000.1117)	
	I declare under penalty of perjury that the foregoing is true and correct		14 Oct	25	
	Executed in Lynchburg (City)	Virginia on the	day of(month)	, 20 (year)	
		Gerhardt			
	The state of the s	signature of authorized agent of con (Declarant)	tracting business entity	and another later challenge of the company of the property of the company of the	
				14 4 0 [40 105 15	

FORM **1295** 

					1 of 1		
-	Complete Nos. 1 - 4 and 6 if there are interested parties.	_		OFFICE US			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATIO	N OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	try of the business er		Certificate Number 2025-1376538	:		
	Valley View Consulting, L.L.C.						
	Huddleston, VA United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	ie contract for which f	the form is	10/14/2025			
	City of McAllen	Date Acknowledge 10/14/2025	d:				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide			the contract, and pr	rovide a		
	Project No. 07-25-S78-110	act and the contract	<b>5</b> 1.				
	Internal Investment Advisory Services						
4				Nature	of interest		
4	Name of Interested Party	City, State, Country	y (place of busine	ess) (check	applicable)		
				Controlling	Intermediary		
Lc	Long, Jr., Richard Huddleston, VA United States		X				
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_		<u> </u>			<del> </del>		
		<u> </u>					
					1		
		<u>l</u>					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		, and my date of b	birth is			
	My address is	,	,	,	,		
		(city)		ate) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of	, on the _	day of	, 20		
				(month	h) (year)		
	Signature of authorized agent of contracting business entity  (Declarant)						

FORM 1295

				TOLL	
	Complete Nos. 1 - 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: 2025-1376538			
	Valley View Consulting, L.L.C. Huddleston, VA 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	10/14/2025		
	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 contract, and prov	ride a	
	Project No. 07-25-S78-110 Internal Investment Advisory Services				
4	Name of Interested Party	City, State, Country (place of busing	Nature of (check ap		
	waine of interested fairty	only, diazo, dounny (plado or such	Controlling	Intermediary	
Lo	ng, Jr., Richard	Huddleston, VA United States	Х		
-					
www.como		,			
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Julie S. Gerhardt	, and my date of		AND	
	My address is2205 Woodcrest Drive	Lynchburg , V	A (zip code)	USA (country)	
			(ZIP GOOD)	(000.1117)	
	I declare under penalty of perjury that the foregoing is true and correct		14 Oct	25	
	Executed in Lynchburg (City)	Virginia on the	day of(month)	, 20 (year)	
		Gerhardt			
	The state of the s	signature of authorized agent of con (Declarant)	tracting business entity	and another later challenge of the company of the property of the company of the	
				14 4 0 [40 105 15	

FORM **1295** 

L				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE U	
-	Name of business entity filing form, and the city, state and cour	name of the business subtitute and	CERTIFICATIO	
	of business.	ntry of the business entity's place	Certificate Number 2025-1377351	T*
	E-Con Group, LLC		2020 2077001	
	Edinburg, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	10/15/2025	
	City of McAllen		Date Acknowledge	ď:
				41
3	Provide the identification number used by the governmental ent	ity or state agency to track or identify	the contract, and p	rovide a
	description of the services, goods, or other property to be provided 09-25-C29-480	ded under the contract.		
	Project No. 09-25-C29-480 McAllen Lateral Channel Drainage	e Improvements		
	,	r		
4	Name of Interested Party	City, State, Country (place of busine		of interest
	, , , , , , , , , , , , , , , , , , ,	only, oute, obtaining (place of busine	Controlling	applicable) Intermediary
		li .		
_				-
_				
i (	Check only if there is NO Interested Party.			
ι	INSWORN DECLARATION			
N	My name is GUBORT EURIQUEZ	, and my date of bi	rth is 12-7	.13
ĸ	ny address is 3025 S. SUCAR RO.	EDINBURG TX	10529	116
	y address to	(city) (state	e) (zip code)	(country)
ı	declare under penalty of perjury that the foregoing is true and correct.			
F	executed in HIDAGO County,	State of TEXAS, on the	THE MANAGE MANAGE	p 20 25
-	County,	State of, on the r	(month)	(year)
	· ·	Signature of authorized agent of contra	cting business entity	
		(Declarant)	and a surfice of the	

FORM **1295** 

Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Cert Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Certification of business entity filing form, and the city, state and country of the business entity's place of business.  E-Con Group, LLC Edinburg, TX United States  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 description of the services, goods, or other property to be provided under the contract.  92-25-C29-480 Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  A Name of Interested Party  City, State, Country (place of business)	2025 cknowledged: 2025	OF FILING					
of business. E-Con Group, LLC Edinburg, TX United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen  2 Provide the identification number used by the governmental entity or state agency to track or identify the contract description of the services, goods, or other property to be provided under the contract. 09-25-C29-480 Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  4 Name of Interested Party  City, State, Country (place of business)	iled: 2025 cknowledged: 2025 ntract, and prov						
E-Con Group, LLC Edinburg, TX United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track or identify the contracts of description of the services, goods, or other property to be provided under the contract. 09-25-C29-480 Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  4 Name of Interested Party  City, State, Country (place of business)	iled: 2025 cknowledged: 2025 ntract, and prov Nature of (check ap)						
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen  2 Provide the identification number used by the governmental entity or state agency to track or identify the contracts of the services, goods, or other property to be provided under the contract.  09-25-C29-480  Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  4 Name of Interested Party  City, State, Country (place of business)	2025 cknowledged: 2025 ntract, and prov  Nature of (check ap)						
being filed.  City of McAllen  Date Ac 10/15/2  3 Provide the identification number used by the governmental entity or state agency to track or identify the contract description of the services, goods, or other property to be provided under the contract.  09-25-C29-480  Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  4 Name of Interested Party  City, State, Country (place of business)	cknowledged: 2025 htract, and prov Nature of (check ap)						
City of McAllen  Date Ac 10/15/2  3 Provide the identification number used by the governmental entity or state agency to track or identify the cont description of the services, goods, or other property to be provided under the contract.  09-25-C29-480 Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  4 Name of Interested Party  City, State, Country (place of business)	2025 ntract, and prov Nature of (check ap)						
10/15/2  3 Provide the identification number used by the governmental entity or state agency to track or identify the cont description of the services, goods, or other property to be provided under the contract.  09-25-C29-480 Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  4 Name of Interested Party  City, State, Country (place of business)	2025 ntract, and prov Nature of (check ap)						
description of the services, goods, or other property to be provided under the contract.  09-25-C29-480 Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  4 Name of Interested Party  City, State, Country (place of business)	Nature of (check ap						
Project No. 09-25-C29-480 McAllen Lateral Channel Drainage Improvements  4 Name of Interested Party  City, State, Country (place of business)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (10)	(check ap						
A Name of Interested Party  City, State, Country (place of business)	(check ap	•					
Name of Interested Party  City, State, Country (place of business)  City, State, Country (place of business)	(check ap						
Name of Interested Party  City, State, Country (place of business)  City, State, Country (place of business)		ınterest					
5. Check only if there is NO Interested Party	Controlling						
5 Check only if there is NO Interested Party.	<del>- i</del>	Intermediary					
5 Check only if there is NO Interested Party.							
5 Check only if there is NO Interested Party.							
5 Check only if there is NO Interested Party.							
5 Check only if there is NO Interested Party.							
5 Check only if there is NO Interested Party.							
5 Check only if there is NO Interested Party.							
5 Check only if there is NO Interested Party.							
5 Check only if there is NO Interested Party.							
5 Check only if there is NO Interested Party.							
X							
6 UNSWORN DECLARATION							
My name is, and my date of birth is							
My address is,,,,,	(zip code)	(country)					
I declare under penalty of perjury that the foregoing is true and correct.							
Executed in, on theday	ıv of	, 20 .					
	(month)	(year)					
Signature of authorized agent of contracting b	Signature of authorized agent of contracting business entity						

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1364508		
	D L INVESTMENT 1, LLC	l l				
	MCALLEN, TX United States		Date F			
2		contract for which the form is	09/17	7/2025		
	being filed.		Date #	Acknowledged:		
	CITY OF MCALLEN GRANT ADMINISTRATION					
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	ntract, and prov	vide a	
	M-21-MP-48-0506					
	TENANT BASED RENTAL ASSISTANCE					
				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
	realing of interestion raisy			Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
ll'		, and my date of	birth is	05-23	-1968	
	My name is Dao C. Truong  My address is 35/7 Lerma Drive	Ediaburg To	٤	78539	Hidalgo	
		(city) (si	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc		-			
	Executed in Hidalgo County	y. State of TEXAS, on the	17	day of Septem	20 <u>25</u> . (year)	
	//	Don't		,	<b>3</b> - 40 /	
	4	Signature of authorized agent of an-	traction	n husinges antitu		
	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	of business. D L INVESTMENT 1, LLC			Certificate Number: 2025-1364508 Date Filed:		
2	MCALLEN, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the			/2025	
-	being filed.					
	CITY OF MCALLEN GRANT ADMINISTRATION				Acknowledged: /2025	
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 t led under the contrac	rack or identify t.	the co	ntract, and prov	ide a
	M-21-MP-48-0506 TENANT BASED RENTAL ASSISTANCE					
4					Nature of	
	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	
				$\rightarrow$	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 address is	(city)		ite)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	/, State of	, on the	da	ay of	, 20 .
			,		(month)	(year)
	Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2025-1366121				
	j23 enrerprises llc			2023-1300121				
	Alamo, TX United States		Date	Date Filed:				
2	Name of governmental entity or state agency that is a party to t being filed.	lame of governmental entity or state agency that is a party to the contract for which the form is			09/21/2025			
	City of McAllen - Grant Administration			Date Acknowledged:				
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.							
	M-21-MP-48-0506	M-21-MP-48-0506						
	Tenant Based Rental Assistance			-				
4				Nature of interest				
	Name of Interested Party	City, State, Country (place of busin	ness)		oplicable)			
_				Controlling	Intermediary			
5	Check only if there is NO Interested Party.		"					
6	UNSWORN DECLARATION							
	My name is Juan Carlos Diaz II	birth is	irth is 8/26/1985					
	My address is 705 Nora circle	Alano T	<u>×</u> ,,	78516	,			
	(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 22day of September, 20 25.							
	-2							
	- Carrier Tourist Contract Con							
	Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

					1011				
	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 USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of business.	Cert	Certificate Number: 2025-1366121						
	j23 enrerprises llc		202	5-1300121					
	Alamo, TX United States		Date	e Filed:					
2	Name of governmental entity or state agency that is a party to the	ume of governmental entity or state agency that is a party to the contract for which the form is							
	being filed.								
	City of McAllen - Grant Administration		Date Acknowledged: 10/21/2025						
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.								
	M-21-MP-48-0506								
	Tenant Based Rental Assistance								
4				Nature of interest					
Ĺ	Name of Interested Party City, State, Country (pla		siness)	(check applicable)					
				Controlling	Intermediary				
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	name is, and my date of birth is								
	My address is,,,,,								
	,	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correc	xt.							
	Executed inCounty	/, State of, on the	ne	_day of	, 20				
				(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								